



CITY OF CARSON

2026 EMPLOYEE BENEFITS GUIDE

YOUR RESOURCE FOR HEALTH, RETIREMENT,
& FINANCIAL WELLNESS



HUMAN RESOURCES DIRECTOR'S MESSAGE

Dear Carson Employees,

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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CARSON CENTER

OPEN ENROLLMENT 2026 IS SEPTEMBER 15 THROUGH OCTOBER 10, 2025

**Do you need to make changes to your medical, dental, vision, FSA, or
voluntary life insurance?**

Log onto Employee Access (EA) to make changes to your Benefits!

WHAT'S NEW & CHANGING FOR 2026



HEALTH PLAN CHANGES:

- CVS Caremark (CVS) will replace OptumRx as the new pharmacy benefits manager (PBM)
- PERS Gold Basic Plan
 - Value-Based Insurance Design (VBID)
 - in-patient deductible credits of up to \$500 for completing an expanded menu of preventive care activities such as cancer screenings, vaccinations, depression screening, or participation in a Diabetes Prevention Program

WHAT YOU NEED TO DO

HEALTH BENEFITS

- If you are not making any changes, you do not need to do anything during the open enrollment period.
- Enrollment changes can be done via Employee Access

FLEXIBLE SPENDING ACCOUNT (FSA)



- 2025 FSA does not roll over to 2026.
- **A new FSA amount will need to be elected during Open Enrollment.**
- To elect new amount:
 - Complete Open Enrollment in Employee Access
 - Submit FSA form to Human Resources at **hrbenefits@carsonca.gov**

Any elections and/or changes made during Open Enrollment will be effective January 1 through December 31, 2026. If you don't take action during Open Enrollment, you won't be able to make any changes to your benefit elections until next year's Open Enrollment. If you have a qualifying life event during the year (such as a change in marital status), you will have 30 days from the date of the event to notify Human Resources of your enrollment changes.

EMPLOYEE BENEFIT SUMMARY

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



HEALTH & WELLNESS

- 8 HMOs and 2 PPOs medical plans through CalPERS
- Principal dental plan
- Superior vision plan
- Medical & dental opt-out premium
- Flexible Spending Accounts
- Employee Assistance Program
- City-paid life insurance
- Accidental death & dismemberment
- Short & long-term Disability
- 4/10 work schedule



RETIREMENT

- Pension through CalPERS (California Public Employee Retirement System)
- Deferred compensation plan (457b) through VOYA
- City match deferred compensation



INCENTIVES

- 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

- Vacation
- Sick leave
- Administrative leave
- Military leave
- Compensatory time
- 14 holidays
- Floating holidays
- Bereavement leave
- Jury duty/court summons

PROFESSIONAL DEVELOPMENT



- Annual professional development allowance
- Tuition reimbursement
- Service organization membership
- Computer loan program



PART-TIME

- 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 (EA):



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:
310-952-1736
BENEFITS@CARSONCA.GOV**

CITY OF CARSON

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, contact the Benefits Team.

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



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)	Health must enroll or waive benefits within 60 days from hire date. Dental & Vision - 30 days from hire date.	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 from hire date.	•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 from hire date.	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.



Health Premium Rate Chart – Effective January 1, 2026



Full-Time, Mayor, and City Council

Region 3: Monthly Allowance \$2,521.55 w/Cafeteria Cap per MOU/Resolution

Region 2: Monthly Allowance \$2,570.04 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	\$963.45	\$1,926.90	\$2,504.97
Anthem Blue Cross Traditional	\$1,129.43	\$2,258.87	\$2,936.53
Blue Shield Access+	\$918.64	\$1,837.29	\$2,388.48
Blue Shield Trio	\$853.24	\$1,706.48	\$2,218.43
HealthNet Salud y Más	\$740.70	\$1,481.40	\$1,925.83
Kaiser	\$969.83	\$1,939.65	\$2,521.55
UnitedHealthcare Alliance	\$871.46	\$1,742.91	\$2,265.79
UnitedHealthcare Harmony	\$766.12	\$1,532.24	\$1,991.92
PPO Health Plans	Employee Only	Employee + 1	Family Rate
PERS Platinum	\$1,432.96	\$2,865.91	\$3,725.69
PERS Gold	\$960.80	\$1,921.60	\$2,498.08

Basic Premiums – Region 2 (Other Southern CA counties)

HMO Health Plans	Employee Only	Employee + 1	Family Rate
Anthem Blue Cross Select	\$1,017.13	\$2,034.27	\$2,644.54
Anthem Blue Cross Traditional	\$1,159.19	\$2,318.37	\$3,013.89
Blue Shield Access+	\$1,053.73	\$2,107.46	\$2,739.70
Blue Shield Trio	\$937.33	\$1,874.66	\$2,437.06
HealthNet Salud y Más	\$880.27	\$1,760.55	\$2,288.71
Kaiser	\$988.48	\$1,976.96	\$2,570.04
Sharp Performance Plus	\$916.93	\$1,833.87	\$2,384.03
UnitedHealthcare Alliance	\$951.75	\$1,903.50	\$2,474.55
UnitedHealthcare Harmony	\$857.83	\$1,715.65	\$2,230.34
PPO Health Plans	Employee Only	Employee + 1	Family Rate
PERS Platinum	\$1,427.38	\$2,854.76	\$3,711.19
PERS Gold	\$957.05	\$1,914.09	\$2,488.32

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 leftover allowance (\$200)

☐ Eligible for partial leftover allowance

☐ No leftover allowance

FULL-TIME HEALTH PREMIUMS

Monthly Allowance of \$2,521.55 for Region 3 with
Cafeteria Cap per MOU/Resolution

Region 3 (Los Angeles, Riverside and San Bernardino counties)				
Coverage Level	City Pays	Full-time Employee Pays	Total Bi-Weekly Cost (per pay period)	Leftover Allowance (per pay period)
ANTHEM BLUE CROSS SELECT HMO				
Employee Only	\$963.45	\$0.00	\$481.73	\$200.00
Employee + One Dependent	\$1,926.90	\$0.00	\$963.45	\$200.00
Employee + Family	\$2,504.97	\$0.00	\$1,252.49	\$16.58
ANTHEM BLUE CROSS TRADITIONAL HMO				
Employee Only	\$1,129.43	\$0.00	\$564.72	\$200.00
Employee + One Dependent	\$2,258.87	\$0.00	\$1,129.44	\$200.00
Employee + Family	\$2,521.55	\$414.98	\$207.49	\$0.00
BLUE SHIELD ACCESS PLUS HMO				
Employee Only	\$918.64	\$0.00	\$459.32	\$200.00
Employee + One Dependent	\$1,837.29	\$0.00	\$918.65	\$200.00
Employee + Family	\$2,388.48	\$0.00	\$1,194.24	\$133.07
BLUE SHIELD TRIO HMO				
Employee Only	\$853.24	\$0.00	\$426.62	\$200.00
Employee + One Dependent	\$1,706.48	\$0.00	\$853.24	\$200.00
Employee + Family	\$2,218.43	\$0.00	\$1,109.22	\$200.00
HEALTHNET SALUD y MAS HMO				
Employee Only	\$740.70	\$0.00	\$370.35	\$200.00
Employee + One Dependent	\$1,481.40	\$0.00	\$740.70	\$200.00
Employee + Family	\$1,925.83	\$0.00	\$962.92	\$200.00
KAISER				
Employee Only	\$969.83	\$0.00	\$484.92	\$200.00
Employee + One Dependent	\$1,939.65	\$0.00	\$969.83	\$200.00
Employee + Family	\$2,521.55	\$0.00	\$1,260.78	\$0.00
UNITED HEALTHCARE ALLIANCE HMO				
Employee Only	\$871.46	\$0.00	\$435.73	\$200.00
Employee + One Dependent	\$1,742.91	\$0.00	\$871.46	\$200.00
Employee + Family	\$2,265.79	\$0.00	\$1,132.90	\$200.00
UNITED HEALTHCARE HARMONY HMO				
Employee Only	\$766.12	\$0.00	\$383.06	\$200.00
Employee + One Dependent	\$1,532.24	\$0.00	\$766.12	\$200.00
Employee + Family	\$1,991.92	\$0.00	\$995.96	\$200.00
PERS PLATINUM PPO				
Employee Only	\$1,432.96	\$0.00	\$716.48	\$200.00
Employee + One Dependent	\$2,521.55	\$344.36	\$172.18	\$0.00
Employee + Family	\$2,521.55	\$1,204.14	\$602.07	\$0.00
PERS GOLD PPO				
Employee Only	\$960.80	\$0.00	\$480.40	\$200.00
Employee + One Dependent	\$1,921.60	\$0.00	\$960.80	\$200.00
Employee + Family	\$2,521.55	\$0.00	\$1,260.78	\$23.47

Monthly Allowance of \$2,570.04 Region 2 with
Cafeteria Cap per MOU/Resolution

Region 2 (Other Southern CA counties)				
Coverage Level	City Pays	Full-time Employee Pays	Total Bi-Weekly Cost (per pay period)	Leftover Allowance (per pay period)
ANTHEM BLUE CROSS SELECT HMO				
Employee Only	\$1,017.13	\$0.00	\$508.57	\$200.00
Employee + One Dependent	\$2,034.27	\$0.00	\$1,017.14	\$200.00
Employee + Family	\$2,570.04	\$74.50	\$37.25	\$0.00
ANTHEM BLUE CROSS TRADITIONAL HMO				
Employee Only	\$1,159.19	\$0.00	\$579.60	\$200.00
Employee + One Dependent	\$2,318.37	\$0.00	\$1,159.19	\$200.00
Employee + Family	\$2,570.04	\$443.85	\$221.93	\$0.00
BLUE SHIELD ACCESS PLUS HMO				
Employee Only	\$1,053.73	\$0.00	\$526.87	\$200.00
Employee + One Dependent	\$2,107.46	\$0.00	\$1,053.73	\$200.00
Employee + Family	\$2,570.04	\$169.66	\$84.83	\$0.00
BLUE SHIELD TRIO HMO				
Employee Only	\$937.33	\$0.00	\$468.67	\$200.00
Employee + One Dependent	\$1,874.66	\$0.00	\$937.33	\$200.00
Employee + Family	\$2,437.06	\$0.00	\$1,218.53	\$132.98
HEALTHNET SALUD y MAS HMO				
Employee Only	\$880.27	\$0.00	\$440.14	\$200.00
Employee + One Dependent	\$1,760.55	\$0.00	\$880.28	\$200.00
Employee + Family	\$2,288.71	\$0.00	\$1,144.36	\$200.00
KAISER				
Employee Only	\$988.48	\$0.00	\$494.24	\$200.00
Employee + One Dependent	\$1,976.96	\$0.00	\$988.48	\$200.00
Employee + Family	\$2,570.04	\$0.00	\$1,285.02	\$0.00
SHARP PERFORMANCE PLUS				
Employee Only	\$916.93	\$0.00	\$458.47	\$200.00
Employee + One Dependent	\$1,833.87	\$0.00	\$916.94	\$200.00
Employee + Family	\$2,384.03	\$0.00	\$1,192.02	\$186.01
UNITED HEALTHCARE ALLIANCE HMO				
Employee Only	\$951.75	\$0.00	\$475.88	\$200.00
Employee + One Dependent	\$1,903.50	\$0.00	\$951.75	\$200.00
Employee + Family	\$2,474.55	\$0.00	\$1,237.28	\$95.49
UNITED HEALTHCARE HARMONY HMO				
Employee Only	\$857.83	\$0.00	\$428.92	\$200.00
Employee + One Dependent	\$1,715.65	\$0.00	\$857.83	\$200.00
Employee + Family	\$2,230.34	\$0.00	\$1,115.17	\$200.00
PERS PLATINUM PPO				
Employee Only	\$1,427.38	\$0.00	\$713.69	\$200.00
Employee + One Dependent	\$2,570.04	\$284.72	\$142.36	\$0.00
Employee + Family	\$2,570.04	\$1,141.15	\$570.58	\$0.00
PERS GOLD PPO				
Employee Only	\$957.05	\$0.00	\$478.53	\$200.00
Employee + One Dependent	\$1,914.09	\$0.00	\$957.05	\$200.00
Employee + Family	\$2,488.32	\$0.00	\$1,244.16	\$81.72

PART-TIME WITH 8 YEARS+ HEALTH PREMIUMS

Eligible AFSCME Part-Time Employees w/8 years+ - Monthly Allowance \$471 per MOU

Region 3

(Los Angeles, Riverside and San Bernardino counties)

Coverage Level	Total Premium	City Pays	Part-time Employee Pays	Total Bi-Weekly Cost (per pay period)
ANTHEM BLUE CROSS SELECT HMO				
Employee Only	\$963.45	\$471.00	\$492.45	\$246.23
Employee + One Dependent	\$1,926.90	\$471.00	\$1,455.90	\$727.95
Employee + Family	\$2,504.97	\$471.00	\$2,033.97	\$1,016.99
ANTHEM BLUE CROSS TRADITIONAL HMO				
Employee Only	\$1,129.43	\$471.00	\$658.43	\$329.22
Employee + One Dependent	\$2,258.87	\$471.00	\$1,787.87	\$893.94
Employee + Family	\$2,936.53	\$471.00	\$2,465.53	\$1,232.77
BLUE SHIELD ACCESS PLUS HMO				
Employee Only	\$918.64	\$471.00	\$447.64	\$223.82
Employee + One Dependent	\$1,837.29	\$471.00	\$1,366.29	\$683.15
Employee + Family	\$2,388.48	\$471.00	\$1,917.48	\$958.74
BLUE SHIELD TRIO HMO				
Employee Only	\$853.24	\$471.00	\$382.24	\$191.12
Employee + One Dependent	\$1,706.48	\$471.00	\$1,235.48	\$617.74
Employee + Family	\$2,218.43	\$471.00	\$1,747.43	\$873.72
HEALTHNET SALUD y MAS HMO				
Employee Only	\$740.70	\$471.00	\$269.70	\$134.85
Employee + One Dependent	\$1,481.40	\$471.00	\$1,010.40	\$505.20
Employee + Family	\$1,925.83	\$471.00	\$1,454.83	\$727.42
KAISER				
Employee Only	\$969.83	\$471.00	\$498.83	\$249.42
Employee + One Dependent	\$1,939.65	\$471.00	\$1,468.65	\$734.33
Employee + Family	\$2,521.55	\$471.00	\$2,050.55	\$1,025.28
UNITED HEALTHCARE ALLIANCE HMO				
Employee Only	\$871.46	\$471.00	\$400.46	\$200.23
Employee + One Dependent	\$1,742.91	\$471.00	\$1,271.91	\$635.96
Employee + Family	\$2,265.79	\$471.00	\$1,794.79	\$897.40
UNITED HEALTHCARE HARMONY HMO				
Employee Only	\$766.12	\$471.00	\$295.12	\$147.56
Employee + One Dependent	\$1,532.24	\$471.00	\$1,061.24	\$530.62
Employee + Family	\$1,991.92	\$471.00	\$1,520.92	\$760.46
PERS PLATINUM PPO				
Employee Only	\$1,432.96	\$471.00	\$961.96	\$480.98
Employee + One Dependent	\$2,865.91	\$471.00	\$2,394.91	\$1,197.46
Employee + Family	\$3,725.69	\$471.00	\$3,254.69	\$1,627.35
PERS GOLD PPO				
Employee Only	\$960.80	\$471.00	\$489.80	\$244.90
Employee + One Dependent	\$1,921.60	\$471.00	\$1,450.60	\$725.30
Employee + Family	\$2,498.08	\$471.00	\$2,027.08	\$1,013.54

Region 2

(Other Southern CA counties)

Coverage Level	Total Premium	City Pays	Part-time Employee Pays	Total Bi-Weekly Cost (perpay period)
ANTHEM BLUE CROSS SELECT HMO				
Employee Only	\$1,017.13	\$471.00	\$546.13	\$273.07
Employee + One Dependent	\$2,034.27	\$471.00	\$1,563.27	\$781.64
Employee + Family	\$2,644.54	\$471.00	\$2,173.54	\$1,086.77
ANTHEM BLUE CROSS TRADITIONAL HMO				
Employee Only	\$1,159.19	\$471.00	\$688.19	\$344.10
Employee + One Dependent	\$2,318.37	\$471.00	\$1,847.37	\$923.69
Employee + Family	\$3,013.89	\$471.00	\$2,542.89	\$1,271.45
BLUE SHIELD ACCESS PLUS HMO				
Employee Only	\$1,053.73	\$471.00	\$582.73	\$291.37
Employee + One Dependent	\$2,107.46	\$471.00	\$1,636.46	\$818.23
Employee + Family	\$2,739.70	\$471.00	\$2,268.70	\$1,134.35
BLUE SHIELD TRIO HMO				
Employee Only	\$937.33	\$471.00	\$466.33	\$233.17
Employee + One Dependent	\$1,874.66	\$471.00	\$1,403.66	\$701.83
Employee + Family	\$2,437.06	\$471.00	\$1,966.06	\$983.03
HEALTHNET SALUD y MAS HMO				
Employee Only	\$880.27	\$471.00	\$409.27	\$204.64
Employee + One Dependent	\$1,760.55	\$471.00	\$1,289.55	\$644.78
Employee + Family	\$2,288.71	\$471.00	\$1,817.71	\$908.86
KAISER				
Employee Only	\$988.48	\$471.00	\$517.48	\$258.74
Employee + One Dependent	\$1,976.96	\$471.00	\$1,505.96	\$752.98
Employee + Family	\$2,570.04	\$471.00	\$2,099.04	\$1,049.52
SHARP PERFORMANCE PLUS				
Employee Only	\$916.93	\$471.00	\$445.93	\$222.97
Employee + One Dependent	\$2,384.03	\$471.00	\$1,913.03	\$956.52
Employee + Family	\$1,833.87	\$471.00	\$1,362.87	\$681.44
UNITED HEALTHCARE ALLIANCE HMO				
Employee Only	\$951.75	\$471.00	\$480.75	\$240.38
Employee + One Dependent	\$1,903.50	\$471.00	\$1,432.50	\$716.25
Employee + Family	\$2,474.55	\$471.00	\$2,003.55	\$1,001.78
UNITED HEALTHCARE HARMONY HMO				
Employee Only	\$857.83	\$471.00	\$386.83	\$193.42
Employee + One Dependent	\$1,715.65	\$471.00	\$1,244.65	\$622.33
Employee + Family	\$2,230.34	\$471.00	\$1,759.34	\$879.67
PERS PLATINUM PPO				
Employee Only	\$1,427.38	\$471.00	\$956.38	\$478.19
Employee + One Dependent	\$2,854.76	\$471.00	\$2,383.76	\$1,191.88
Employee + Family	\$3,711.19	\$471.00	\$3,240.19	\$1,620.10
PERS GOLD PPO				
Employee Only	\$957.05	\$471.00	\$486.05	\$243.03
Employee + One Dependent	\$1,914.09	\$471.00	\$1,443.09	\$721.55
Employee + Family	\$2,488.32	\$471.00	\$2,017.32	\$1,008.66

PART-TIME HEALTH PREMIUMS

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

Region 3

(Los Angeles, Riverside and San Bernardino counties)

Coverage Level	Total Premium	City Pays	Part-time Employee Pays	Total Bi-Weekly Cost (per pay period)
ANTHEM BLUE CROSS SELECT HMO				
Employee Only	\$963.45	\$157.00	\$806.45	\$403.23
Employee + One Dependent	\$1,926.90	\$157.00	\$1,769.90	\$884.95
Employee + Family	\$2,504.97	\$157.00	\$2,347.97	\$1,173.99
ANTHEM BLUE CROSS TRADITIONAL HMO				
Employee Only	\$1,129.43	\$157.00	\$972.43	\$486.22
Employee + One Dependent	\$2,258.87	\$157.00	\$2,101.87	\$1,050.94
Employee + Family	\$2,936.53	\$157.00	\$2,779.53	\$1,389.77
BLUE SHIELD ACCESS PLUS HMO				
Employee Only	\$918.64	\$157.00	\$761.64	\$380.82
Employee + One Dependent	\$1,837.29	\$157.00	\$1,680.29	\$840.15
Employee + Family	\$2,388.48	\$157.00	\$2,231.48	\$1,115.74
BLUE SHIELD TRIO HMO				
Employee Only	\$853.24	\$157.00	\$696.24	\$348.12
Employee + One Dependent	\$1,706.48	\$157.00	\$1,549.48	\$774.74
Employee + Family	\$2,218.43	\$157.00	\$2,061.43	\$1,030.72
HEALTHNET SALUD y MAS HMO				
Employee Only	\$740.70	\$157.00	\$583.70	\$291.85
Employee + One Dependent	\$1,481.40	\$157.00	\$1,324.40	\$662.20
Employee + Family	\$1,925.83	\$157.00	\$1,768.83	\$884.42
KAISER				
Employee Only	\$969.83	\$157.00	\$812.83	\$406.42
Employee + One Dependent	\$1,939.65	\$157.00	\$1,782.65	\$891.33
Employee + Family	\$2,521.55	\$157.00	\$2,364.55	\$1,182.28
UNITED HEALTHCARE ALLIANCE HMO				
Employee Only	\$871.46	\$157.00	\$714.46	\$357.23
Employee + One Dependent	\$1,742.91	\$157.00	\$1,585.91	\$792.96
Employee + Family	\$2,265.79	\$157.00	\$2,108.79	\$1,054.40
UNITED HEALTHCARE HARMONY HMO				
Employee Only	\$766.12	\$157.00	\$609.12	\$304.56
Employee + One Dependent	\$1,532.24	\$157.00	\$1,375.24	\$687.62
Employee + Family	\$1,991.92	\$157.00	\$1,834.92	\$917.46
PERS PLATINUM PPO				
Employee Only	\$1,432.96	\$157.00	\$1,275.96	\$637.98
Employee + One Dependent	\$2,865.91	\$157.00	\$2,708.91	\$1,354.46
Employee + Family	\$3,725.69	\$157.00	\$3,568.69	\$1,784.35
PERS GOLD PPO				
Employee Only	\$960.80	\$157.00	\$803.80	\$401.90
Employee + One Dependent	\$1,921.60	\$157.00	\$1,764.60	\$882.30
Employee + Family	\$2,498.08	\$157.00	\$2,341.08	\$1,170.54

Region 2

(Other Southern CA counties)

Coverage Level	Total Premium	City Pays	Part-time Employee Pays	Total Bi-Weekly Cost (per pay period)
ANTHEM BLUE CROSS SELECT HMO				
Employee Only	\$1,017.13	\$157.00	\$860.13	\$430.07
Employee + One Dependent	\$2,034.27	\$157.00	\$1,877.27	\$938.64
Employee + Family	\$2,644.54	\$157.00	\$2,487.54	\$1,243.77
ANTHEM BLUE CROSS TRADITIONAL HMO				
Employee Only	\$1,159.19	\$157.00	\$1,002.19	\$501.10
Employee + One Dependent	\$2,318.37	\$157.00	\$2,161.37	\$1,080.69
Employee + Family	\$3,013.89	\$157.00	\$2,856.89	\$1,428.45
BLUE SHIELD ACCESS PLUS HMO				
Employee Only	\$1,053.73	\$157.00	\$896.73	\$448.37
Employee + One Dependent	\$2,107.46	\$157.00	\$1,950.46	\$975.23
Employee + Family	\$2,739.70	\$157.00	\$2,582.70	\$1,291.35
BLUE SHIELD TRIO HMO				
Employee Only	\$937.33	\$157.00	\$780.33	\$390.17
Employee + One Dependent	\$1,874.66	\$157.00	\$1,717.66	\$858.83
Employee + Family	\$2,437.06	\$157.00	\$2,280.06	\$1,140.03
HEALTHNET SALUD y MAS HMO				
Employee Only	\$880.27	\$157.00	\$723.27	\$361.64
Employee + One Dependent	\$1,760.55	\$157.00	\$1,603.55	\$801.78
Employee + Family	\$2,288.71	\$157.00	\$2,131.71	\$1,065.86
KAISER				
Employee Only	\$988.48	\$157.00	\$831.48	\$415.74
Employee + One Dependent	\$1,976.96	\$157.00	\$1,819.96	\$909.98
Employee + Family	\$2,570.04	\$157.00	\$2,413.04	\$1,206.52
SHARP PERFORMANCE PLUS				
Employee Only	\$916.93	\$157.00	\$759.93	\$379.97
Employee + One Dependent	\$2,384.03	\$157.00	\$2,227.03	\$1,113.52
Employee + Family	\$1,833.87	\$157.00	\$1,676.87	\$838.44
UNITED HEALTHCARE ALLIANCE HMO				
Employee Only	\$951.75	\$157.00	\$794.75	\$397.38
Employee + One Dependent	\$1,903.50	\$157.00	\$1,746.50	\$873.25
Employee + Family	\$2,474.55	\$157.00	\$2,317.55	\$1,158.78
UNITED HEALTHCARE HARMONY HMO				
Employee Only	\$857.83	\$157.00	\$700.83	\$350.42
Employee + One Dependent	\$1,715.65	\$157.00	\$1,558.65	\$779.33
Employee + Family	\$2,230.34	\$157.00	\$2,073.34	\$1,036.67
PERS PLATINUM PPO				
Employee Only	\$1,427.38	\$157.00	\$1,270.38	\$635.19
Employee + One Dependent	\$2,854.76	\$157.00	\$2,697.76	\$1,348.88
Employee + Family	\$3,711.19	\$157.00	\$3,554.19	\$1,777.10
PERS GOLD PPO				
Employee Only	\$957.05	\$157.00	\$800.05	\$400.03
Employee + One Dependent	\$1,914.09	\$157.00	\$1,757.09	\$878.55
Employee + Family	\$2,488.32	\$157.00	\$2,331.32	\$1,165.66

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 contributed into their deferred compensation.

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</p> <p>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</p> <p>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
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
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

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
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 Coinsurance (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% (payment for physician charges only; emergency room facility charge is not covered)		10% (payment for physician charges only; emergency room facility charge is not covered)		\$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	\$20 ⁵	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

DENTAL PLAN



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, 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.



Large network. Deep discounts. Cost savings.

Employers and employees save on dental costs with Point of Service benefit design.

Help your clients and their employees save money by recommending the most popular dental design Principal® has in California—Point of Service (POS).

Big network and big savings

It's one thing to say you have a big network that results in savings. It's another to show it. In Southern California, 74% of our dental members visit a network provider. That means lower claims costs and lower rates for employers. Of those visiting a network dentist, 46% visit an EPO provider—saving up to 51% off standard fees. And that means lower out of pocket costs for employees.

Network type	Dentists in Southern California(1)	Savings
Exclusive Provider Organization (EPO)(2)	5,700+	Up to 53% discount on standard fees
Preferred Provider Organization (PPO)	13,000+	Up to 46% discount on standard fees

Let's look at an example

The POS design gives employees the freedom to choose any dentist. They save the most—and stretch the maximum benefit farther—by visiting EPO and PPO dentists.

Comparing out-of-pocket costs on a crown					
EPO dentist		PPO dentist		Non-network dentist	
Fee based on EPO provider agreement		Fee based on PPO provider agreement		Normal fee	
\$658		\$756		\$1,400	
x .50		x .50		X .50	
50% coinsurance		50% coinsurance		50% coinsurance	
\$329		\$378		\$700	
<u>\$329</u>		<u>\$378</u>		<u>\$700</u>	
Coverage pays		Coverage pays		Coverage pays	
\$329		\$378		\$700	
Employee pays		Employee pays		Employee pays	

Comparing impact on maximum benefit					
EPO dentist		PPO dentist		Non-network dentist	
Benefit maximum		Benefit maximum		Benefit maximum	
\$1,500		\$1,500		\$1,500	
Coverage pays		Coverage pays		Coverage pays	
-\$329		-\$378		-\$700	
Remaining maximum		Remaining maximum		Remaining maximum	
<u>\$1,171</u>		<u>\$1,122</u>		<u>\$800</u>	

Easily move your client to Principal

When your client is ready to switch to Principal from another carrier, we make it easy. Our seamless transition includes:

- Refreshed calendar year maximum
- Deductibles waived when satisfied with prior carrier
- Maximum rollover—we'll honor current roll-over balances, so employees don't have to start over⁽³⁾

Looking to enhance the dental benefits? Consider these options:

- 4 cleanings per year
- Composite fillings on molars
- 99th percentile out-of-network reimbursement
- Cosmetic rider
- Implant coverage
- Lifetime deductible

Find a network dentist

Go to principal.com/dentist. Select **California** then **Principal POS Plan**.

EPO providers are shown. For even more options, select **Show PPO Providers**.

Let's connect

Contact your local sales representative.

⁽¹⁾ October 2023 Zelis Network360® Analytics Suite.

⁽²⁾ EPO providers are a subset of the PPO providers.

⁽³⁾ EPO providers are a subset of the PPO providers.



principal.com

Insurance products issued by Principal Life Insurance Company®, a member of the Principal Financial Group®, Des Moines, IA 50392.

Only available in California. For producer information only. Not for use with consumers or the public. This is an overview of the benefits dental insurance provides, but there are limitations and exclusions of the coverage described here. For cost and coverage details, contact your Principal® representative. Zelis is not a member of the Principal Financial Group®. Data for both Principal and any competitors is obtained from public sources using the same data process/matching methodology for all without any adjustments and may vary in some cases. Examples are for illustrative purposes only. Actual cost of the crown may vary. Principal, Principal Financial Group, and Principal and the logomark design are registered trademarks of Principal Financial Services, Inc., a

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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.

1800 contacts®

GLASSES.COM

contactsdirect

befitting
eyewear

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 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 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.

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

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	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.

Healthcare 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

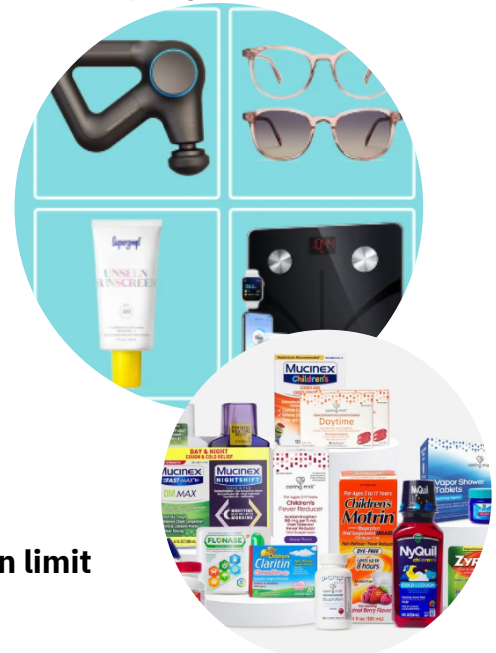
Any money left over at the end of each year must be forfeited

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.



FSA contributions are subject to a maximum contribution limit

The maximum contribution limit for 2025:

Healthcare FSA - \$3,300

Dependent Care - \$5,000 per household or \$2,500 if married filing separately

The savings really add up.

Without an FSA		With an FSA	
Gross taxable wage	\$500.00	Gross taxable wage Group	\$500.00
Federal, FICA & State Tax	-113.25	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)

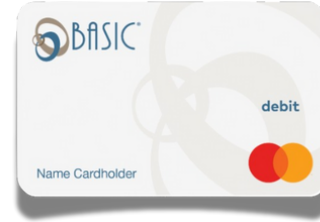


BASIC Card



All participant benefit accounts and MyCash account are linked to a single card.

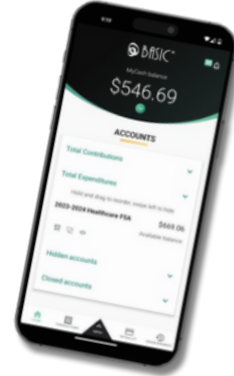
- Proprietary smart card technology withdraws funds from the appropriate account(s) based on plan design and expense eligibility.
- The BASIC Card can be used anywhere Mastercard is accepted.



BASIC BENEFITS APP

With a single app, participants can manage all their BASIC benefit accounts and benefit continuation (COBRA) plans.

- Participants can submit unpaid invoices to BASIC to pay their provider directly from their benefit account.
- Easily submit paid receipt verification to BASIC for quick reimbursement.
- Check expense eligibility anytime, anywhere.
- Lock or unlock the BASIC card if lost, stolen, or found.



MYCASH

MyCash is an unrestricted post-tax reimbursement account linked to participants' BASIC Cards.

- Reimbursements are deposited directly into the participants' MyCash accounts and are faster than check or direct deposit!
- Participants can pay COBRA premiums with their MyCash balance, credit and debit cards, setting up auto-pay, and more!
- Participants can use their BASIC Card to access MyCash funds or they can be transferred to another bank account.



HOW TO REQUEST FOR REIMBURSEMENT

STEP 1 >

SUBMITTING VERIFICATION

NEED TO SUBMIT VERIFICATION?

If BASIC requests documentation to verify a purchase or reimbursement request, follow these simple steps:

- 1) Log In to the **Web** or **Mobile App**.
- 2) Click on Transactions.
- 3) Select the transaction needing verification (look for the “**Attach Verification**” button).

Upload Documentation:

- 1) Take a photo of your receipt (Mobile)
- 2) Upload a file from your computer (Web)
- 3) Attach from Bills and Receipts (Web/Mobile)
- 4) Click **Done** to **submit**.

WHAT DOCUMENTATION DO YOU NEED?

Typically, you'll need to submit an **itemized receipt** or an Explanation of Benefits (EOB) from your insurance carrier showing the following:

Name of the person who incurred the expense (you, your spouse, or a dependent).

Expense Date: When the service was provided or when the expense occurred.

Expense Description: A detailed list of services or items purchased.

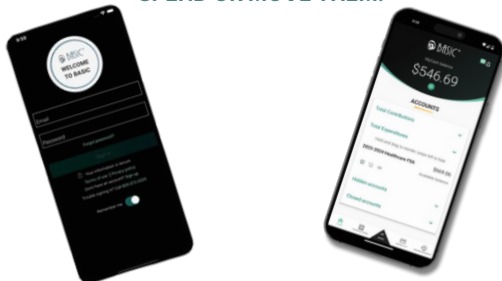
Provider or Merchant Name: The name of the provider or business.

Expense Amount: Your out-of-pocket cost or amount owed after insurance

STEP 2 >

MYCASHTRANSFERS

MYCASH IS AN INDIVIDUAL CASH ACCOUNT THAT SECURELY HOLDS YOUR REIMBURSEMENT FUNDS UNTIL YOU SPEND OR MOVE THEM.



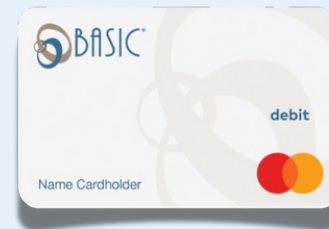
3 WAYS TO ACCESS MYCASH FUNDS

- \$ SWIPE YOUR BASIC CARD AT ANY MERCHANT THAT ACCEPTS MASTERCARD.
- \$ WITHDRAW AT AN ATM (WITH A PIN) USING YOUR BASIC CARD.
- \$ TRANSFER TO A PERSONAL BANK ACCOUNT ONLINE OR WITH THE APP

FOR MORE INFORMATION
SCAN QR CODE BELOW:
MYCASHTRANSFERS



BASIC FSA CARD



SCAN TO DOWNLOAD APP - ANDROID (GOOGLE PLAY)



SCAN TO DOWNLOAD APP - IPHONE (APP STORE)





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**



RETIREMENT BENEFITS GUIDE

Supporting Your Next Chapter



This guide is designed to take the guesswork out of retirement and ensure you know what to expect every step of the way. If you have any additional questions specific to the CalPERS retirement process, contact CalPERS at (888) 225-7377.

HAPPY RETIREMENT!

Benefit Type

Information

Resources/Contacts

Medical

Once you retire, CalPERS becomes your health benefits officer. You may enroll yourself or yourself and all eligible family members in a health plan within 60 days of your retirement date. The effective date is the first day of the month following the date CalPERS receives the Health Benefits Plan Enrollment for Retirees and Survivors form (HBD-30).
Dental & Vision through CalPERS: Some of CalPERS' Medicare plans include dental and vision for an additional cost.

<https://www.calpers.ca.gov/page/retirees/health-and-medicare/medicare>

Phone: 888-225-7377
Address: CalPERS Health Account Management Division
P.O. Box 942715
Sacramento, CA 94229-2715

Dental

Retirees can elect to enroll into a self-pay Principal dental plan. Basic is the plan administrator. You will receive a notice to enroll from Basic. \$97 per month, flat rate.

<https://www.basiconline.com/>
Phone: (800) 444-1922
<https://www.principaldental.com>

Vision

Retirees can elect to enroll into a self-pay Superior Vision plan. Basic is the plan administrator. You will receive a notice to enroll from Basic. \$5.44 per month/per person

<https://www.basiconline.com/>
Phone: (800) 444-1922
<https://www.superiorvision.com>

Basic term life (city-paid): \$100,000 policy. Retirees can convert or port their policy to an individual whole life policy. They must apply to New York Life within 31 days from their last day worked.

New York Life - Client Service Center
Phone: (800) 557-7975
Email: gbsclientservice@newyorklife.com

Accidental Death & Dismemberment (city-paid):

\$100,000 policy

Retirees can convert to an individual policy. They must apply to New York Life within 31 days from their last day worked.

Carri Bender, Vice President
Bender Benefits

Mobile: 310-427-5437

Email: cb@benderbenefits.com

Supplemental voluntary life insurance: Retirees can continue to pay for voluntary life at the same rate (\$0.49/\$1,000) up to the age of 80. Bender Benefits coordinates the payments for Voluntary Life continuation. Retirees must apply within 31 days from their last day worked.

Life Insurance



CITY OF CARSON
HUMAN RESOURCES
(310) 952-1736
hrbenefits@carsonca.gov



Voya 457(b) plan

Q: Can I contribute to my 457(b) plan after I retire or separate from the City?
No. Once you separate from employment, you can no longer make contributions to your 457(b) account.

Q: What happens to my 457(b) after I retire?
Your account remains open, and you can continue to access your funds at any time. There is no early withdrawal penalty, regardless of your age at retirement.

Q: When do I need to start taking money out of my 457(b)?
You are required to begin Required Minimum Distributions (RMDs) by age 73, unless you are still working and meet specific exceptions.

Q: Can I roll funds into or out of my 457(b)?

- Into the 457(b): Some plans allow rollovers from other eligible retirement accounts (such as IRAs or 401(k)s). Check with your plan provider for specific rules.
- Out of the 457(b): You may roll your 457(b) funds into a Traditional IRA or another qualified retirement plan. This allows for continued tax deferral and potential investment flexibility.

Q: Are withdrawals taxed?
Yes. Any withdrawals from your 457(b) account are taxed as ordinary income in the year you take the distribution.

Kristina Bell-Taylor
Financial Adviser, Voya
Mobile: 949/395-4365
Email:
kbelltaylor@voyafa.com

<https://www.voya.com>
Phone: 855-663-8692

Post-Retirement Death Benefits

Q: What Death Benefits Are Available After a Retiree Passes Away?
The benefits payable to a retired CalPERS member's beneficiary depend on the retirement benefit option the member elected at retirement. These benefits may include a one-time lump-sum payment and/or ongoing monthly payments.

<https://www.calpers.ca.gov/documents/post-retirement-survivor-benefits-retired/download>

CalPERS Special Power Of Attorney

Having a Special Power of Attorney on file with CalPERS ensures that your designated attorney-in-fact will be able to perform important duties concerning your CalPERS business, such as address changes; federal or state tax withholding elections; lost or stolen retirement checks; beneficiary designations; or retirement benefit elections, should you become unable to act on your own behalf.

<https://www.calpers.ca.gov/documents/special-power-attorney-pub/download>

PERS RETIREMENT FORMULAS

Benefit Level	Enroll Effective Date	Formula
First Level - Misc.	05/15/1969	3% @ 60
Second Level - Misc.	12/18/1996	3% @ 60
Third Level - Misc.	05/06/2011	2% @ 55
PEPRA New Members - Misc.	01/01/2013	2% @ 62

This table is for informational purposes only. Please confirm your retirement formula with your agency's retirement system



**CITY OF CARSON
HUMAN RESOURCES**
(310) 952-1736
hrbenefits@carsonca.gov





RETIREMENT BENEFITS

City of Carson employees enjoy a unique retiree benefit—administered by Bender Benefits & Insurance Services



This benefit allows their voluntary life insurance coverage to:

- Continue seamlessly into retirement, with no reduction in coverage, until age 80.
- Premiums are conveniently deducted from your CalPERS pension, ensuring uninterrupted protection for you and your loved ones without the hassle of manual payments.

This valuable, built-in feature of your employment with the City helps safeguard your family's peace of mind long after your working years.



BENDERBenefits

Cell: (310) 892-5058
rb@benderbenefits.com
BenderBenefits.com



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



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



Sean C. Arens
714-798-3067
sean_arens@us.aflac.com

Latrice Gwin
323-987-4287
Latrice.Gwin@ColonialLifeSales.com

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.

Start saving more for your child's education

The City of Carson

is proud to announce its new partnership with ScholarShare 529, a nationally-recognized college savings plan managed by TIAA-CREF Tuition Financing, Inc.

ScholarShare 529 is an industry leader with a 25-year track record of helping families like yours save to cover future college costs. Families appreciate the plan's special features including:

WHY SCHOLARSHARE 529

Benefits

A Plan for Everyone

LEARN & PLAN

How Scholarshare Works

Compare Ways to Save

The Cost of College

POPULAR RESOURCES

Choose Your
Investment Portfolio

Decide How Much to Save

WAYS TO FUND YOUR ACCOUNT

Periodic Contributions

Recurring

Contributions

Workplace Savings

Enroll anytime at ScholarShare529.com
or call 800-544-5248.

WEBINARS



**Join us to learn more
about your college
Savings Options and
ScholarShare 529**



**Schedule an
appointment with
a 529 specialist**

ADDITIONAL RESOURCES

**Get Started - Step by Step
Guide**

College Countdown

**Frequently asked
Questions**

Ugift

Informacion en Espanol

CalKIDS

**Download READYSAVE 529™
Below**



To learn more about California's ScholarShare 529, its investment objectives, risks, charges and expenses please see the Plan Description at ScholarShare529.com. Read it carefully. Prior to investing, check with your home state to learn if it offers tax or other benefits such as financial aid, scholarship funds or protection from creditors for investing in its own 529 plan. Consult your legal or tax professional for tax advice. Investments in the Plan are neither insured nor guaranteed and there is the risk of investment loss. If the funds aren't used for qualified higher education expenses, a federal 10% penalty tax on earnings (as well as federal and state income taxes) may apply. Non-qualified withdrawals may also be subject to an additional 2.5% California tax on earnings. TIAA-CREF Individual & Institutional Services, LLC, Member FINRA, distributor and underwriter for California's ScholarShare 529.4162558-0226

College savings made easy.



Employee Payroll Guide

ScholarShare 529 helps make the most of your college savings with tax benefits that can be worth thousands of dollars. And our Workplace Savings Program makes it easy—simply sign up for direct deposit and watch your savings add up.

Open a new account today by following these steps:

Step 1

- Open your ScholarShare 529 account at ScholarShare529.com.

Step 2

- Follow the step-by-step instructions to complete the sections for account owner information, beneficiary information and investment options. On the “Funding Method” page, **select Payroll Direct Deposit and the amount you would like to contribute** to your account from your paycheck each pay period.

Step 3

- Once you submit this information, you must print out the **Payroll Direct Deposit Form**. This form will be pre-filled with your name, your unique account number, the total payroll direct deposit amount, and the routing (ABA) number for the Plan’s bank. If you are funding more than one account by payroll direct deposit, the amount per pay period should be the sum of all your payroll contributions to your ScholarShare 529 accounts.

Step 4

- If your **employer does not offer a self-service portal**, submit the Payroll Direct Deposit Form to your company’s human resources, benefits or payroll department. If your **employer uses a self-service portal**, use the Payroll Direct Deposit Form to fill in the information on your own, just like you would to direct deposit your paycheck into a checking or savings account.
- Your employer will update the payroll direct deposit amount in the payroll system and **will automatically send your contributions** to ScholarShare 529.
- If your employer does not offer a self-service portal, be sure to inform your employer of any changes you wish to make to your direct deposit contributions.
- Your first contribution may take up to 1-3 pay periods.

You’re done! Once you have confirmed

your contributions to your new ScholarShare 529 account, you can sit back and take advantage of tax-free growth. It’s that easy.

Already have a ScholarShare 529 account?

- Log in to your account at ScholarShare529.com.
- Select the “Profile & Documents” link on the “My Accounts” page.
- Select “Payroll Direct Deposit” on the left side.
- Select “Change Payroll Instruction” to start the process.
- Continue to Step 3 & 4

ScholarShare529
WORKPLACE SAVINGS

ScholarShare529.com
800.544.5248

To learn more about the California 529 College Savings Plan, its investment objectives, tax benefits, risks, and costs, please see the Plan Description at ScholarShare529.com. Read it carefully. Check with your home state to learn if it offers tax or other benefits such as financial aid, scholarship funds or protection from creditors for investing in its own 529 plan. Consult your legal or tax professional for tax advice. Investments in the Plan are neither insured nor guaranteed and there is the risk of investment loss. TIAA-CREF Individual & Institutional Services, LLC, Member FINRA, distributor and underwriter for the California 529 College Savings Plan. 1316255



College savings for their future.

Learn how to save for college
with ScholarShare 529.

What is a 529?

A 529 plan is an account that allows you to invest specifically for future education expenses. Similar to IRAs and 401(k)/403(b) plans designed to help save for retirement, 529 plans are aimed at helping families save for college. The accounts are administered at the state level, and are managed by a financial services company that handles all the paperwork and oversees the investments.

Learn more about how ScholarShare 529 can help you save for college:



TAX-ADVANTAGED

Contributions grow tax-deferred, which can mean more money for college. Withdrawals are tax-free when the money is used for qualified higher education expenses.



FLEXIBLE

Funds can be used at eligible schools nationwide. So whether the beneficiary wants to be a rocket scientist, welder or chef, they're covered.



ACCESSIBLE

Anyone who is a U.S. citizen or resident alien and at least 18 years old who would like to contribute on behalf of a beneficiary (the person for whom you are contributing money, including a minor child, a spouse or yourself) can establish a 529 account.



VALUABLE

529s can be used to cover a range of expenses, including mandatory fees, books, supplies, and equipment required for enrollment or attendance, along with certain room and board costs.



800-544-5248 | [ScholarShare529.com](https://www.ScholarShare529.com)

Common Myths about 529 Plans.

Here are some common myths and misunderstandings about 529 plans and the truth behind them.

529 savings plans are only for families interested in public colleges or universities.

FALSE. Funds can be used from your 529 savings plan to send your kids, grandkids, loved ones, or even yourself to any eligible public or private U.S. college or university—or two-year technical or vocational institution—as well as qualifying international institutions.

I must open a 529 account in the state where my beneficiary will attend college.

FALSE. You can invest your money in almost any state's 529 plan, the majority of which have no residency requirements. Before investing in a particular plan, you should consider whether the state in which you or your designated beneficiary reside or have taxable income offers any specific benefits. Some states allow you to deduct contributions from your taxable state income, giving you a financial incentive to invest in your home state plan. See the plan description for any plan you are considering for more details.

All 529 plans are the same.

FALSE. While all 529 accounts offer flexible investment options, they can be different depending on where they are maintained and by whom. Some ways they can vary include contribution limits defined by the state administrator, fees to open and/or maintain an account, investment options offered, the financial services company that manages the plan and whether a state tax deduction or credit is available to residents participating in the plan. There may also be special programs or benefits defined by the particular plan.

My beneficiary gains control of my money when I open a 529 plan for them.

FALSE. The account owner is always in charge. This means you control the funds in any 529 account you open. The beneficiary cannot withdraw money, change investment options or do anything else without your consent.

FAQS ABOUT 529 COLLEGE SAVINGS PLANS

Q: Can more than one person

contribute to the account?

Anyone can contribute to an account as long as the maximum account balance does not exceed the per-beneficiary threshold set by the sponsoring state. The account owner has sole control over the assets and decides when to withdraw them.

Q: Can I change the beneficiary?

You can change your beneficiary at any time or transfer a portion of your investment to a different beneficiary. To maintain the tax benefits, the new beneficiary must be an eligible member of the previous beneficiary's family under the IRS definition, such as a sibling, an aunt, a stepchild, a first cousin or a spouse.

Q: What if my child or loved one decides not to attend college?

You have three choices:

1. Keep the funds in the account, and the investments will be available in future years if the beneficiary changes his or her mind about school.
2. Change the beneficiary to an eligible family member. Consult your tax advisor about whether this may create a taxable gift.
3. Make a nonqualified withdrawal.

You can withdraw your principal contributions without a penalty, but any earnings will be subject to applicable state and federal taxes, plus a 10% federal penalty and potentially 2.5% California tax on earnings.

Q: What if my child or loved one gets a full or partial scholarship?

If your child receives a scholarship that covers the cost of qualified higher education expenses, you can withdraw funds up to the scholarship amount without any penalty. However, you'll have to pay federal and sometimes state income taxes on the earnings portion of the withdrawal.

Q: If I open an account in my state, then move to another state, what will happen to the account?

If you move to another state, you can still keep your money invested in your account, and you can continue contributing to it. Remember, before investing in any 529 plan, consider whether the state in which you or your designated beneficiary reside has a 529 plan that offers state income tax or other benefits to residents.

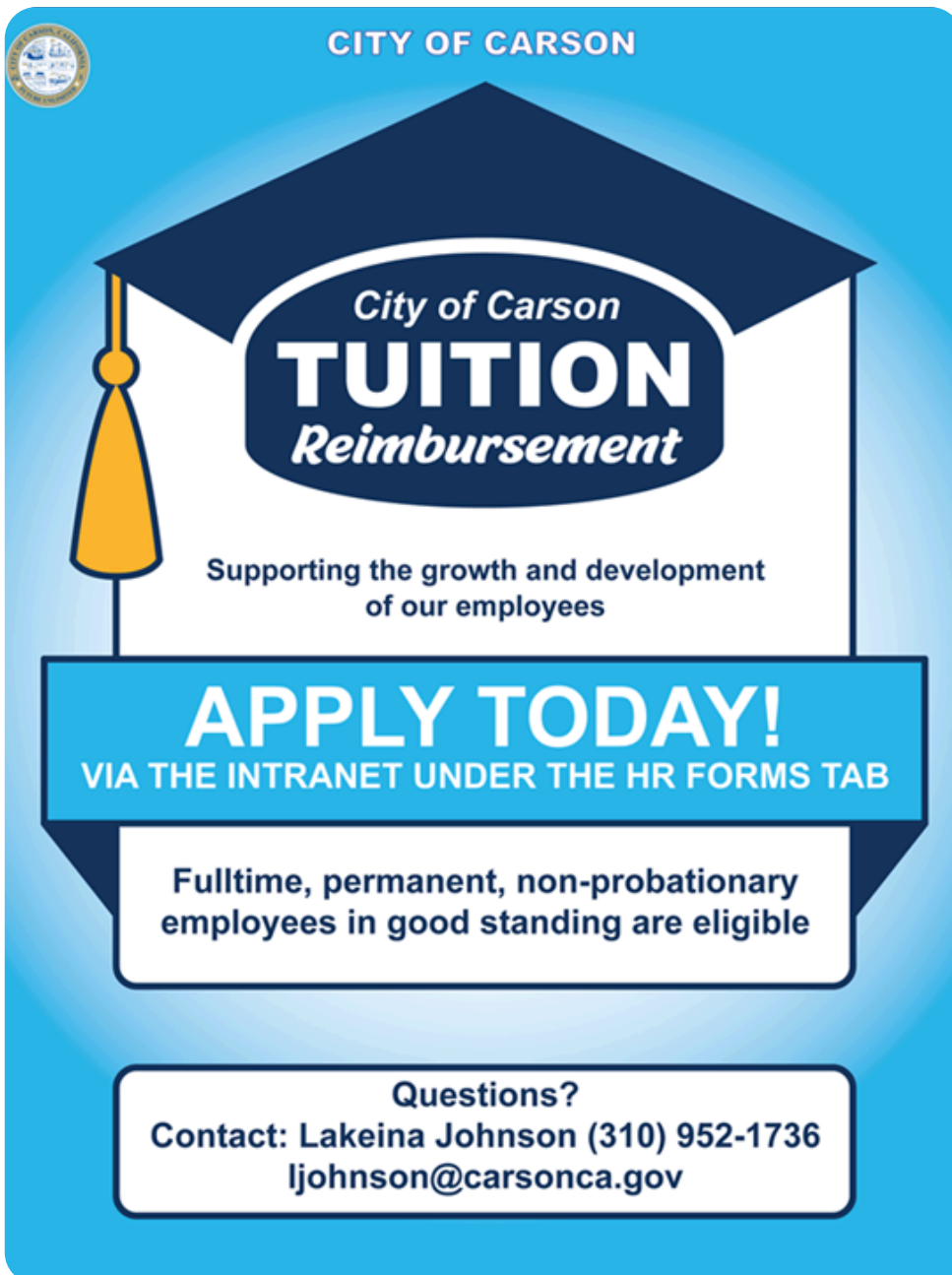


To learn more about California's ScholarShare 529, its investment objectives, risks, charges and expenses see the Plan Description at ScholarShare529.com. Read it carefully. Investments in the Plan are neither insured nor guaranteed and there is the risk of investment loss. TIAA-CREF Individual & Institutional Services, LLC, Member FINRA, is the distributor and underwriter for ScholarShare 529. FAD-3514519PR-YO424P

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



EMPLOYEE ASSISTANCE PROGRAMS

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 program. 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 People.



Our suite of value-add resources includes:

› **Employee Assistance Program**

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.

› **GuidanceResources^{®1}** 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 Coaching** 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.

[See additional information on next page ›](#)

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, 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
Web ID: NYLGBS



GROUP BENEFIT
SOLUTIONS

Additional protection when you travel.

Emergencies can happen while traveling, but help is only a phone call away.

New York Life Group Benefit Solutions (NYL GBS) Secure Travel offers pre-trip planning, assistance while traveling and emergency medical transportation benefits for covered persons traveling 100 miles or more from home (see your plan for details). Service is a phone call away, 24/7/365.

Pre-trip planning	Traveling assistance	Emergency assistance*
<ul style="list-style-type: none">• Immunization requirements• Visa and passport requirements• Embassy/consular referrals• Foreign exchange rates• Travel advisories and weather conditions• Cultural information	<ul style="list-style-type: none">• 24-hour multilingual assistance and referral to interpretation and translation services• Referrals to physicians, dentists, medical facilities and legal assistance providers• Arrangements for payment of medical expenses up to \$10,000 if required prior to treatment**• Assistance with lost or stolen items, including luggage and prescription replacement services**• Emergency cash advances, up to \$1,500**• Advancement of bail**	<ul style="list-style-type: none">• Emergency evacuation and repatriation, when medically necessary; arrange and cover the cost of transportation to the nearest adequate medical facility***• Travel arrangements for the return of a travel companion or children under age 18 who are left unattended due to the covered person's medical emergency• Cover round-trip transportation as well as accommodations, up to \$150 per day for up to seven days, for a family member or friend to visit a covered person who is hospitalized more than 100 miles away from home for more than seven days• Arrange and cover the costs associated with returning a deceased covered person's remains to his or her place of residence for burial• Emergency message relay, toll-free• Assistance with making emergency travel arrangements**



NYL GBS Secure Travel

From the United States and Canada, call **(888) 226-4567**

From other locations, call collect **(202) 331-7635** Fax: **(202) 331-1528**

Email: ops@us.generaliglobalassistance.com

Emergency services must be coordinated through Generali

Global Assistance. Services coordinated outside of this program may not be eligible for payment.

Policyholder name: City of Carson

Policy # OK0969324

Group #57

To learn more, call (888) 226-4567

* Emergency Assistance services may be insured under a group or blanket insurance policy issued by Life Insurance Company of North America. All other NYL GBS Secure Travel services are NOT insurance and do not provide reimbursement of expenses or financial losses. Expenses for medical care are not covered.

** Covered person is responsible for any advances, payments, travel-related or replacement costs and must provide confirmation of reimbursement. Credit card(s) used to guarantee reimbursement must have sufficient available limit to cover the amount of the advance.

*** Initial transport by ambulance following a covered medical emergency is excluded.

NYL GBS Secure Travel is provided under a contract with Generali Global Assistance (GGA). Neither GGA nor New York Life Group Benefit Solutions guarantees the quality of any medical services provider or medical facility. The final selection of a local medical provider or facility is the covered person's right and responsibility. The medical professionals or attorneys suggested or designated by GGA are solely responsible for their services. They are not employees or agents of GGA or New York Life Group Benefit Solutions. Emergency evacuation and repatriation benefits are insured by Life Insurance Company of North America and New York Life Group Insurance Company of NY, subsidiaries of New York Life Insurance Company. Policy Forms: GA-00-1000 et al.; BA-01-1000 et al. All other services are provided by GGA and are subject to the terms of the service agreement with GGA. Presented here are highlights of the NYL GBS Secure Travel program. See the plan documents for details.

Generali Global Assistance is not affiliated with New York Life Insurance Company.

New York Life Group Benefit Solutions products and services are provided by Life Insurance Company of North America and New York Life Group Insurance Company of NY, subsidiaries of New York Life Insurance Company. Life Insurance Company of North America is not authorized in NY and does not conduct business in NY.

New York Life Insurance Company, 51 Madison Avenue, New York, NY 10010

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811361 a 0523 SMRU 5715813.1 Exp. Date 06.02.2025



GROUP BENEFIT
SOLUTIONS

HOW TO REGISTER FOR EAP ONLINE

**EAP SERVICES IS FREE OF
CHARGE FOR EMPLOYEES**



Website: **guidanceresources.com**



Click Register and Enter:
Web ID: **NYLGBS**

Company Location Identifier: **City**
(and type a space at the end of City)

Company Location Identifier Drop Down:
Select **City of Carson**
Click Next

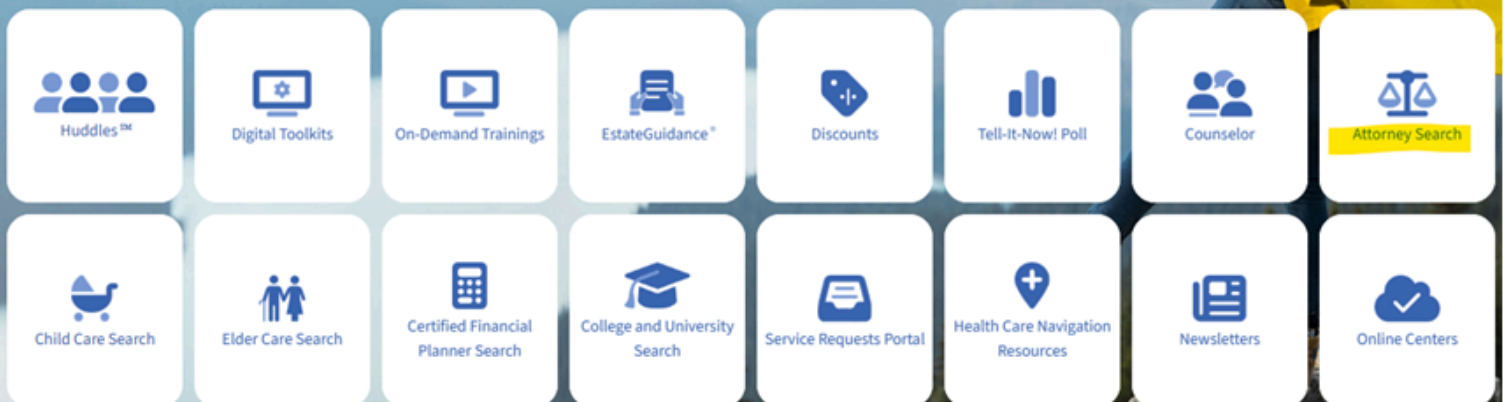
Enter your Information to Register for a
profile

Once logged in, you can click on different
services available to you.

Connect to Care - Access our in-house experts and network of care professionals



Additional Tools & Resources - Explore our helpful digital tools and resources





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](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.



VETERANS SPORTS COMPLEX

LOW EMPLOYEE MEMBERSHIP RATES

- 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.

HOURS:

Mondays/Wednesdays:

6:00 a.m. – 9:00 p.m.

Tuesdays/Thursdays/Friday:

6:00 a.m. – 12:00 p.m.
3:00 p.m. – 9:00 p.m.

Closed from
12:00 p.m. – 3:00 p.m.

Saturdays & Sundays:

7:00 a.m. – 12:00 p.m.

Hours subject to change

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



BECOME A MEMBER TODAY!

Veterans SportsComplex

22400 Moneta Avenue

Carson, CA 90745

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

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



City of Carson

IN PARTNERSHIP WITH

FunEx



UNLOCK EXCLUSIVE
DISCOUNTS

SIGN UP FOR FREE!

VISIT YOUR DISCOUNT ENTERTAINMENT WEBSITE TODAY!

<https://carsonca.funex.com>

STEP 1

Visit **the link above** or
scan the QR code.

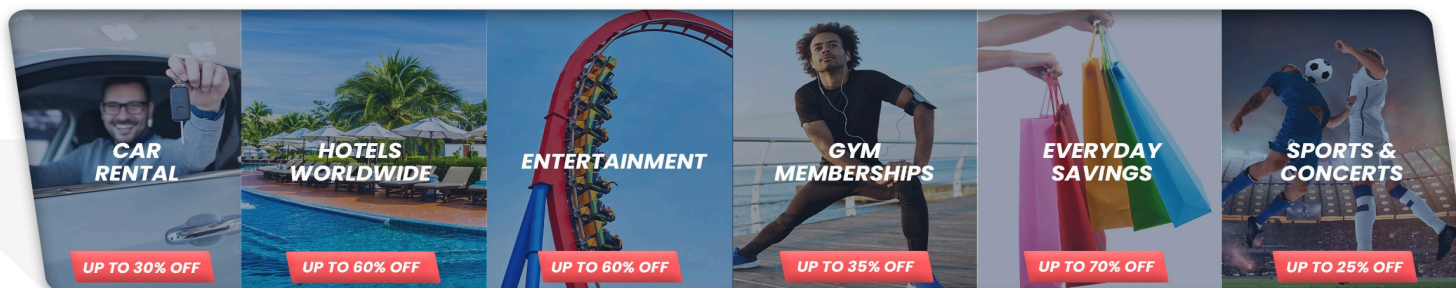
STEP 2

Click on **"Sign Up"** on
the top of the page.

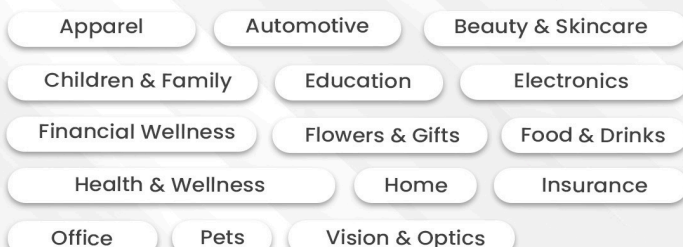
STEP 3

Enter full name & email to
complete registration.

GET EXCLUSIVE ACCESS TO:



ADDITIONAL PERKS:



AND MANY MORE!

SAVINGS FROM COAST TO COAST:



AND MUCH MORE!

Visit **the website above** for latest pricing

📞 949-367-1900

✉ help@funex.com

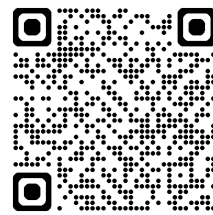
Employee Savings Tickets

Completely
Free!

Find Local Savings
Shopping
Shows & Concerts
Movie Theaters
Theme Parks
& More

Scan QR Code
or go to

<https://est.us.com>



Enter Access Code: **ETF72G**

employee
savings
TICKETS

Save on Fun!

Enter Your Access Code:

Go

Forgot your Access Code?
[Click here](#)

Not a member?
Find out how to register your company.
It is easy and it's FREE!
[Click here to Register](#)

VACATION ACCRUALS

Employee Unit:	Mayor Mayor Pro Tem Council members, City Clerk, City Treasurer, Chief Deputy City Clerk, Chief Deputy Treasurer	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	Chief Deputy City Clerk & City Treasurer: 11.33 hours/month upon appointment 13.33 hours/month commencement of 6th year 16.66 hours/month commencement of 11th year 16.66 hours/month +10 additional hours/year commencement of 20th years 16.66 hours/month +20 additional hours/year commencement of 21st years 16.66 hours/month +30 additional hours/year commencement of 22nd years 16.66 hours/month +40 additional hours/year commencement of 23rd years 500 max accrual hours	10 hours/month upon appointment 13.33 hours/month commencement of 11th year 13.33 hours/month +10 additional hours/year commencement of 20th years 13.33 hours/month +20 additional hours/year commencement of 21st years 13.33 hours/month +30 additional hours/year commencement of 22nd years 13.33 hours/month +40 additional hours/year commencement of 23rd years 800 max accrual hours	13.33 hours/month upon appointment 15.33 hours/month commencement of 6th year 18.66 hours/month commencement of 11th year 18.66 hours/month +10 additional hours/year commencement of 20th years 18.66 hours/month +20 additional hours/year commencement of 21st years 18.66 hours/month +30 additional hours/year commencement of 22nd years 18.66 hours/month +40 additional hours/year commencement of 23rd years 700 max accrual hours	11.33 hours/month upon appointment 13.33 hours/month commencement of 6th year 16.66 hours/month commencement of 11th year 16.66 hours/month +10 additional hours/year commencement of 20th years 16.66 hours/month +20 additional hours/year commencement of 21st years 16.66 hours/month +30 additional hours/year commencement of 22nd years 16.66 hours/month +40 additional hours/year commencement of 23rd years 700 max accrual hours	13.33 hours/month upon appointment 15.33 hours/month commencement of 6th year 18.66 hours/month commencement of 11th year 18.66 hours/month +10 additional hours/year commencement of 20th years 18.66 hours/month +20 additional hours/year commencement of 21st years 18.66 hours/month +30 additional hours/year commencement of 22nd years 18.66 hours/month +40 additional hours/year commencement of 23rd years 700 max accrual hours	11.33 hours/month upon appointment 13.33 hours/month commencement of 6th year 16.66 hours/month commencement of 11th year 16.66 hours/month +10 additional hours/year commencement of 20th years 16.66 hours/month +20 additional hours/year commencement of 21st years 16.66 hours/month +30 additional hours/year commencement of 22nd years 16.66 hours/month +40 additional hours/year commencement of 23rd years 600 max accrual hours

LEAVES

Employee Unit:	Mayor Mayor Pro Tem Council members, City Clerk, City Treasurer, Chief Deputy City Clerk, Chief Deputy Treasurer	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	Chief Deputy City Clerk & City Treasurer: 10 hours/month 1,200 maximum accruals	300 hours granted upon hire 10 hours/month after 30 months of employment. 1/2 of the value of the accrued sick leave balance is paid at separation, 2 to 1. 1,040 maximum accrual hours	10 hours/month 1/2 the value of the 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. 180-hour maximum accrual hours					N/A
Compensatory Time	80-hour maximum accrual hours	N/A	N/A	80-hour maximum accrual hours		
Holidays / Floating	14 paid holidays per calendar year	Floating: 30 hours upon hire and accrued each fiscal year.	14 paid holidays per calendar year			
Bereavement Leave	Chief Deputy City Clerk & City Treasurer: 20 consecutive hours of paid leave per calendar year.		5 workdays of paid leave per occurrence. (must be used within 3 months)	40 hours of paid leave per occurrence w/o carrying over into the next calendar year.	30 hours of paid leave per occurrence w/o 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.	Limited to 10 working days in a calendar year. Shall not exceed 40 hours in any work week.			

ADDITIONAL BENEFITS

Employee Unit:	Mayor Mayor Pro Tem Council members, City Clerk, City Treasurer, Chief Deputy City Clerk, Chief Deputy Treasurer	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	Mayor & Council: City matches \$6,000 per calendar year. City Clerk & City Treasurer: \$5,500 Chief Deputy City Clerk & City Treasurer: \$2,400	City matches \$11,500 per calendar year.	City matches \$2,600 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 \$700 per calendar year.
Professional Development Allowance	City Clerk & City Treasurer: \$800 each fiscal year Chief Deputy City Clerk & City Treasurer: \$600 each fiscal year	\$900 each fiscal year	\$750 each fiscal year	\$600 each fiscal year	\$400 to \$750 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. -10% of the prevailing pay rate upon attaining 30 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 10% of the prevailing pay rate upon attaining 30 years of service credit				
Uniform Allowance		N/A	The City determines eligibility standards for uniforms.		N/A	The City determines eligibility standards for uniforms.
Safety Shoes Allowance			Up to \$175			
Auto Allowance	entitled to reimbursement for their actual and necessary expenses incurred in the performance of their official duties.	\$500 per month	Based on the IRS rate.		N/A	
Mileage Allowance	City Clerk & City Treasurer: \$550 per month. Mileage reimbursement based on IRS rate. May not exceed \$75	Based on the IRS rate. May not exceed \$75	Based on the IRS rate. May not exceed \$75		Based on the 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 of 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 30" (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**



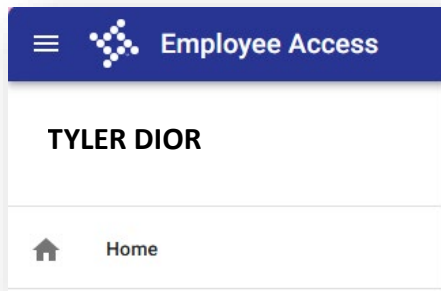
NEED TO UPDATE YOUR INFORMATION?



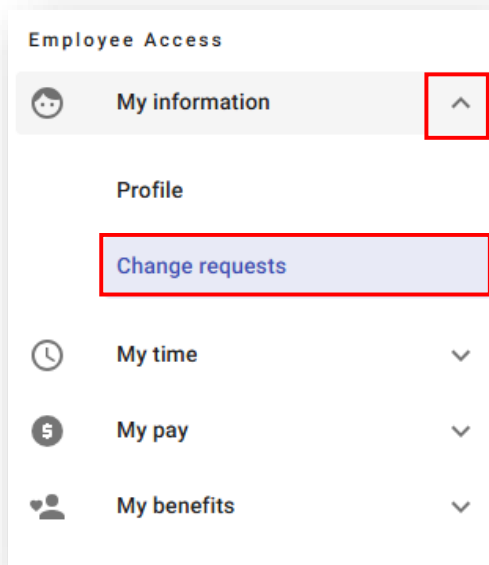
Employee Guide: Address Change

Steps for updating your address:

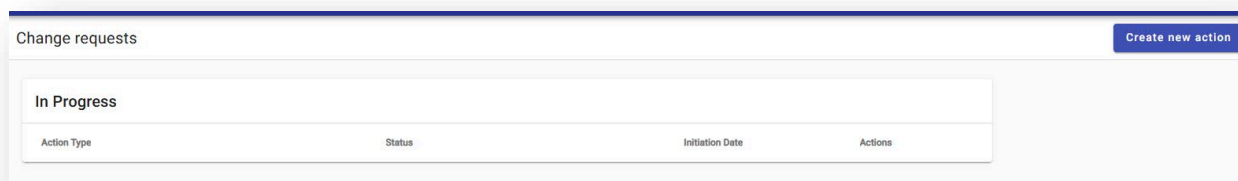
- Log in to Tyler Munis, Employee Access.



- Navigate to "My Information"
- Click on "Change Requests."



- Click on "Create New Action."



- Select "Other" and then "Address Change."
- Enter your new address and submit.

- Your change request will appear under "In Progress."
- Once Human Resources approves your change request, (5-10 business days) it will appear under "Completed."

Change requests

In Progress

Action Type	Status	Initiation Date	Actions
-------------	--------	-----------------	---------

Completed

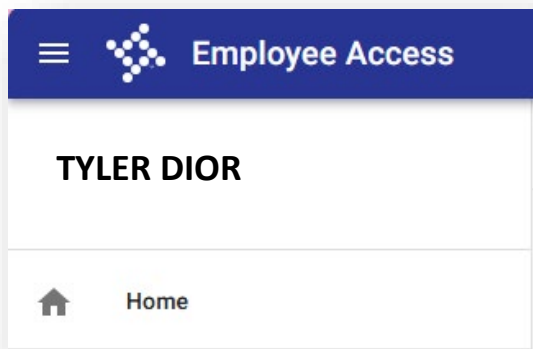
Action Type	Status	Initiation Date	Actions
ADDRESS CHANGE	Approved	02/06/2025	

Employee Guide: Personal Email & Phone Number

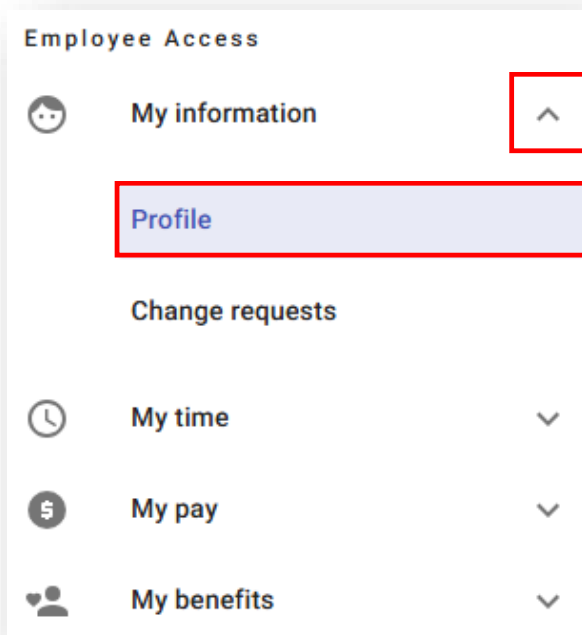


Steps for updating your email & phone number:

- Log in to Tyler Munis, Employee Access.



- Navigate to "My Information"
- Click on "Profile."




- Click on "the pencil to update email or phone."
- If you have more than one number, click on "+ Add phone."

Profile

My info Emergency contacts Dependents Achievements


My info





Personal information

Name **TYLER DIOR** Employee number


Contact information


 (primary)
1313 Disneyland Dr
Anaheim, CA


 (primary)
tdior@carsonca.gov
tdior@gmail.com

 CELL PHONE (primary)
 (999) 999-9999


CELL PHONE
 (999) 999-9999







[+ Add phone](#)


Edit email address 


☐ Primary email

Email address*

Cancel

Submit

Edit phone 

Type*
 CELL PHONE

☒ Primary phone

Phone number*

Required

☐ Allow texts

☐ Unlisted

Comment

Cancel

Submit

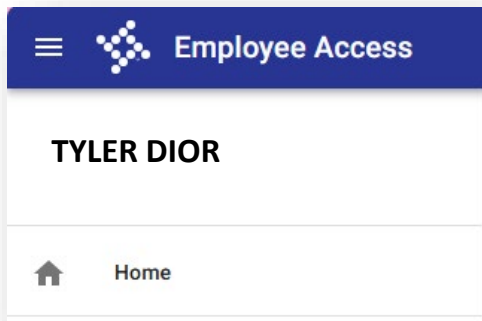
- Click "submit" and your info will be updated in real time.

Employee Guide:Emergency Contacts

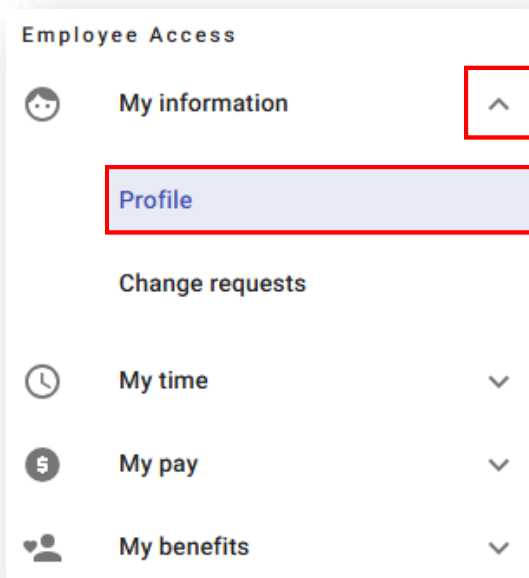


Steps for updating your emergency contacts:

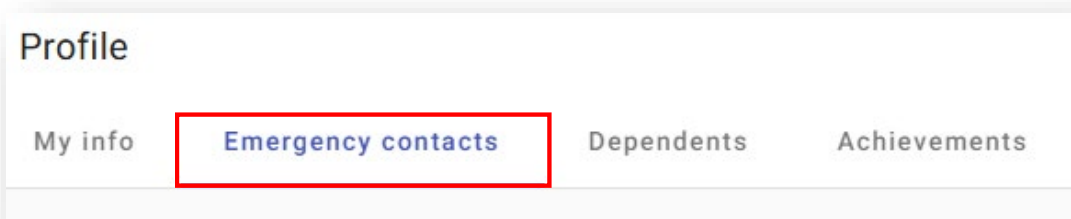
- Log in to Tyler Munis, Employee Access.



- Navigate to "My Information"
- Click on "Profile."



- Click on the "Emergency Contacts" tab.





- Click on "the pencil to update your emergency contact(s)."
- To add additional contacts, click on "+ Add Emergency Contact."

Profile

My info **Emergency contacts** Dependents Achievements

Emergency contacts [+ Add emergency contact](#)

CHRISTINA DIOR Relationship SPOUSE	Phone (primary) (999) 999-9999	Address 1313 Disneyland Dr Anaheim, CA	
TYLER DIOR Relationship OTHER	Phone (primary) (999) 999-9999	Address 1313 Disneyland Dr Anaheim, CA	

- Click "Delete" if you need to remove a contact. Click "Submit," and
- your information will be updated in real time.

Edit emergency contact ✕

☐ Unlisted

Comment
Mother

[+ Add phone](#)

Address


Address line one

Address line two

City State
California

Postal code

Contact notes (Rev 02/2025)
Notes











 Delete Cancel Submit

Employee Guide: New Hire and Life Event Enrollment

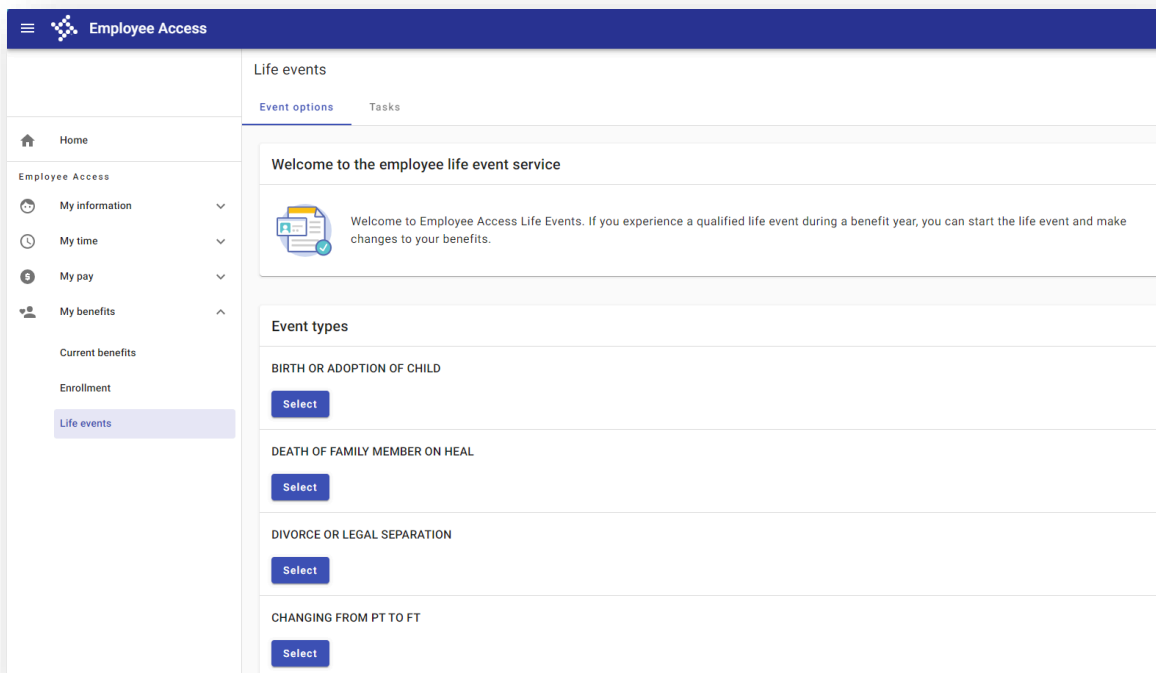
For Life Event Enrollment:

Steps:

1. Determine if you will add, delete, or update your dependents
 2. Have the appropriate documents in verifying their status. i.e. birth/adoption or marriage certificates
- To initiate the life event process, the employee will submit their life event in Employee Access (EA), attaching any required paperwork.
 - Download the appropriate forms, complete and attach

Resources		
	2024 Holiday Schedule	
	2024 Payroll Schedule	
	W-4 Federal Form 2024	
	HR Forms	
	CITY OF CARSON PERSONNEL RULES	
Show more		

- In **Employee Access**, under My Benefits, select Life Events
 - Under Event Options, select event types
 - Input Effective date and upload proof of life event. (birth/marriage certificate, loss of coverage proof, address change form, etc.) enrollment forms, and Submit
 - The Life Event now appear under Tasks



The screenshot shows the 'Employee Access' interface. On the left is a navigation menu with options: Home, Employee Access, My information, My time, My pay, My benefits, Current benefits, Enrollment, and Life events (highlighted). The main content area is titled 'Life events' and has two tabs: 'Event options' (selected) and 'Tasks'. A welcome message states: 'Welcome to the employee life event service. Welcome to Employee Access Life Events. If you experience a qualified life event during a benefit year, you can start the life event and make changes to your benefits.' Below this, under 'Event types', there are four categories, each with a 'Select' button: 'BIRTH OR ADOPTION OF CHILD', 'DEATH OF FAMILY MEMBER ON HEALTH', 'DIVORCE OR LEGAL SEPARATION', and 'CHANGING FROM PT TO FT'.

BIRTH OR ADOPTION OF CHILD

Effective date*

Documents

Drag files here or

Select files

You must upload at least 1 attachment.

Cancel

Submit

Life events

Event options

Tasks 1

Life events are processed one at a time. When your pending life event is processed, you will be able to add another.

Pending tasks

Birth or adoption of child

Code

Effective date

Status

BRTH

08/01/2024

Pending

Remove

Update benefits

Once HR Approves your request, you will be able to update benefits.

Life events

Event options

Tasks 1

Life events are processed one at a time. When your pending life event is processed, you will be able to add another.

Pending tasks

Birth or adoption of child

Code

Effective date

Status

BRTH

08/22/2024

Approved

Remove

Update benefits

Task history

No available tasks

Enrollment

BENEFITS OPEN ENROLLMENT 2025 - LIFE EVENT ENROLLMENT

Benefits enrollment period dates are Nov 25, 2024 - Jan 24, 2025

Welcome to the 2025 City Of Carson OPEN ENROLLMENT!!!

Benefit selection

Benefit	Plan	Per pay period/monthly	Actions		
<input type="radio"/> MEDICAL	No selections made	\$0.00	Decline	No change	Make selection
<input type="radio"/> FSA MEDICAL	No selections made	\$0.00	Decline	No change	Make selection
<input type="radio"/> FSA DEPENDENT CARE	No selections made	\$0.00	Decline		Make selection
<input type="radio"/> DENTAL	No selections made	\$0.00	Decline		Make selection
<input type="radio"/> VISION	No selections made	\$0.00	Decline		Make selection
Estimated cost per pay period \$0.00					
Review & submit					

CITY OF CARSON | BENEFITS 2026 63

PLAN CONTACTS

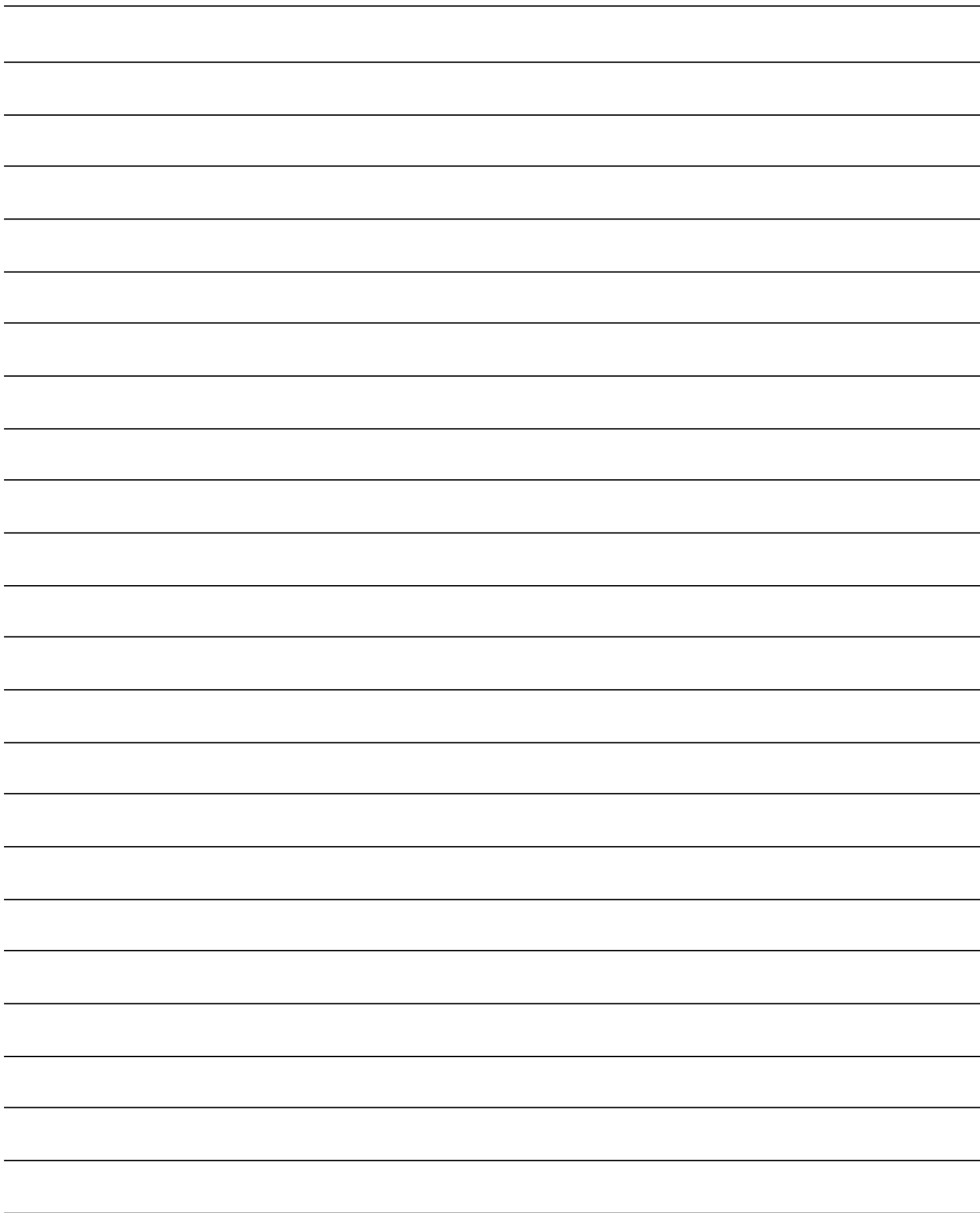
Our Benefits Team is available to help answer your questions about the benefits offered and can assist you with electing or changing your benefits. You may also contact the providers directly with specific benefits coverage questions.

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	CVS Caremark 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	CVS Caremark 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. CVS Caremark is the Pharmacy Benefit Manager (PBM) providing prescription benefits for this health plan.
PERS Gold (PPO)	Anthem Blue Cross (877) 737-7776	CVS Caremark 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	CVS Caremark 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	CVS Caremark is the Pharmacy Benefit Manager (PBM) providing prescription benefits for this health plan.
CVS Caremark Pharmacy	Active Member Services (800) 552-8159	

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	Email: kbelltaylor@voyafa.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	<u>Aflac</u> Sean C. Arens 714.798.3067 sean_arens@us.aflac.com <u>Colonial</u> K. Latrice Gwin P: 323-987-4287 email Latrice.Gwin@ColonialLifeSales.com
Legal Shield	310-466-6436 kandraking@shieldassociate.com	

NOTES

[illegible]





Contact Human Resources



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



THIS BENEFITS GUIDE IS INTENDED AS A SUMMARY OF YOUR EMPLOYEE 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

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Middenway**