



FULL-TIME EMPLOYEES

EMPLOYEE BENEFITS GUIDE



2025

Welcome!

City of Newport Beach is proud to offer comprehensive, high-quality benefits at a reasonable cost. We've designed our benefits to give you choices so you can select the benefits that are best for you and your family.

City of Newport Beach benefits are broken into two major categories:

- **Core Benefits:** Plans and programs available to full-time employees
- **Voluntary Benefits:** Plans and programs you can elect to join or purchase



This Employee Benefits Guide contains a summary of your benefit options and is designed to help you make choices and enroll for coverage. If you would like more information about any of the benefits described here, please contact:

City of Newport Beach
Human Resources Department
Phone: 949-644-3294 | Email hrbenefit@newportbeachca.gov
100 Civic Center Drive | Newport Beach, CA 92660

Contents

Online Enrollment	3	Accessing Care	18
Benefits at a Glance	4	Dental Plan Choices	20
Contributions / Premium Rates	5	Vision Plan	21
Eligibility & Enrollment	7	Employee Assistance Program	22
Medical Plan Choices	9	Life/AD&D	23
Benefit Terms	10	Disability	24
Medical Plan Highlights	11	Flexible Spending Accounts	25
PERS Gold and Platinum PPO Plans Included Health	15	Carrier Contacts	26
PERS Gold PPO Savings Opportunities	16	CNB Swell Phone App	27
Mental Health Resources	17	Pet Insurance	27
		ACA	28
		Annual Notices	28



Save trees? Yes, please!



Access City of Newport Beach Employee Benefits Guide Digital Flipbook!

Go to: [2025 BENEFITS INFORMATION GUIDE](#) or scan QR code to share your benefit options with your family.



Online Open Enrollment

Employee Self Service (ESS) for Open Enrollment

Link to ESS portal: <https://selfservice.newportbeachca.gov/ESS/login.aspx>

During Open Enrollment, you will be able to change your group medical plan and add or drop dependent coverage. In order to ensure you are enrolled in the plan of your choice, you must make your changes through ESS no later than 5 p.m. on October 11, 2024. The opt-out waivers are due by 5:00 p.m. on October 11, 2024. Proof of group coverage is due to Human Resources by December 6, 2024.

To complete your open enrollment:

- Log into ESS.
- You will need your user name (**employee ID#**) and password.
- Once you are logged into ESS, follow the prompts on each page to complete your benefit enrollment. You will be asked to verify that your personal information, and if applicable your dependent information.
- Make sure you confirm and submit your election to complete the process.
- Review, print, and save your Open Enrollment Confirmation.

Be sure to save ESS as a favorite in your web browser!



City of Newport Beach Employee Portal

www.newportbeachca.gov/government/departments/human-resources-department/benefits-open-enrollment

With the City of Newport Beach employee portal, you'll find documents posted such as the Summary of Benefits and Coverage (SBC), annual notices, carrier benefit summaries, evidence of coverage booklets, claim forms, and much more. These documents include detailed information about the City's benefit plans and can help you plan for upcoming services. You and your eligible dependents may access this information online, from work or home, 24 hours a day, 7 days a week.



Benefits at a Glance

Core Benefits

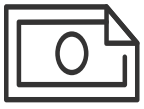
Plans and programs provided to Full-time employees

Basic Life/AD&D The Hartford	<ul style="list-style-type: none"> Life: 1x your annual salary to a maximum benefit of \$50,000 AD&D: 1x your annual salary to a maximum benefit of \$50,000
Short Term Disability The Hartford	<ul style="list-style-type: none"> 66.67% of your pre-disability earnings to a weekly maximum of \$1,847
Long Term Disability The Hartford	<ul style="list-style-type: none"> 66.67% of your pre-disability earnings to a monthly maximum of \$15,000
Employee Assistance Program The Holman Group	<ul style="list-style-type: none"> 24/7 phone consultations with licensed mental health professionals and referrals to supportive resources Up to 4 face-to-face or telehealth counseling sessions per individual, per issue, per year with local licensed therapists Online programs that offer something different than traditional counseling

Benefit Choices

Plans and programs you can elect to join or purchase

Medical and Prescription Drugs CalPERS	<ul style="list-style-type: none"> Anthem Select HMO Anthem Traditional HMO Blue Shield Access+ HMO Blue Shield HMO Trio Health Net Salud y Más Kaiser Permanente HMO Sharp HMO (<i>San Diego County only</i>) United Healthcare SignatureValue Alliance HMO United Healthcare SignatureValue Harmony HMO PERS Gold PPO (<i>Blue Shield</i>) PERS Platinum PPO (<i>Blue Shield</i>) Anthem Blue Cross PORAC Prudent Buyer PPO
Dental Delta Dental	<ul style="list-style-type: none"> DeltaCare DHMO Delta Dental DPPO
Vision VSP	<ul style="list-style-type: none"> VSP PPO
Voluntary Life/AD&D The Hartford	<ul style="list-style-type: none"> Employee: \$10,000 increments to a maximum benefit of \$500,000 Spouse or Domestic Partner: \$5,000 increments to a maximum benefit of \$250,000 Child(ren): \$1,000 increments to a maximum benefit of \$10,000
Pet Insurance MetLife	<ul style="list-style-type: none"> Option to purchase pet insurance at discounted group rates You will enroll independently and be responsible for your own premium payment
Flexible Spending Accounts P&A Group	<ul style="list-style-type: none"> Health Care Account: Up to \$3,200 per year Dependent Care Account: Up to \$5,000 per year

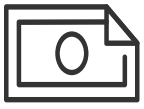


Contributions

2025 Monthly Insurance Contributions-Full Time

*Refer to MOU for scheduled changes [here](#).

	Cafeteria Allowance *		Medical Allowance	Opt-Out Allowance	Opt-Out Allowance
	<i>(Amount subject to Hire Date)</i>		<i>(Must enroll in a medical plan)</i>		
K&M	Hired On/Before 4/12/2019 \$1,725.00	Hired On/After 4/13/2019 \$1,725.00 No cash back	\$158.00	Hired On/Before 4/12/2019 \$1,000.00	Hired On/After 4/13/2019 \$500.00
CEA and Prof/Tech	Hired On/Before 3/15/2019 \$1,725.00	Hired On/After 3/16/2019 \$1,725.00 No cash back		Hired On/Before 3/15/2019 \$1,000.00	Hired On/After 3/16/2019 \$500.00
FMA	Hired On/Before 6/21/2019 \$1,924.00	Hired On/After 6/22/2019 \$1,924.00 No cash back		Hired On/Before 6/21/2019 \$1,000.00	Hired On/After 6/22/2019 \$500.00
FA	Hired On/Before 12/31/2021 \$1,924.00	Hired On/After 1/1/2022 \$1,924.00 No cash back		Hired On/Before 12/31/2021 \$1,000.00	Hired On/After 1/1/2022 \$500.00
League	Hired On/Before 1/28/2022 \$1,725.00	Hired On/After 1/29/2022 \$1,725.00 No cash back		Hired On/Before 1/28/2022 \$1,000.00	Hired On/After 1/29/2022 \$500.00
LMA	Hired On/Before 9/27/2019 \$1,745.00 PT \$637.53	Hired On/After 9/28/2019 \$1,745.00 PT \$637.53 No cash back		Hired On/Before 9/27/2019 \$1,000.00	Hired On/After 9/28/2019 \$500.00 PT No Opt-Out Allowance
PA	Hired On/Before 12/17/2021 \$1,624.00	Hired On/After 12/18/2021 \$1,624.00 No cash back		Hired On/Before 12/17/2021 \$1,000.00	Hired On/After 12/18/2021 \$500.00
PMA	Hired On/Before 12/17/2021 \$1,624.00	Hired On/After 12/18/2021 \$1,624.00 No cash back		Hired On/Before 12/17/2021 \$1,000.00	Hired On/After 12/18/2021 \$500.00



2025 Monthly Premium Rates

You may enroll in a health plan using either your residential or work zip code². If you use your residential zip code, all enrolled dependents must reside in the health plan's service area. If you use your work zip code, all enrolled dependents must receive all covered services (except emergency and urgent care) within the health plan's service area, even if they do not reside in that area. Visit the CalPERS website at <https://www.calpers.ca.gov> to find out which plans are available in your area and to view the Evidence of Coverage documents for all the plans. Plans are also available on the [City of Newport Beach Benefits and Open Enrollment](#) page.

Region 2¹

Fresno, Imperial, Inyo, Kern, Kings, Madera, Orange, San Diego, San Luis Obispo, Santa Barbara, Tulare, and Ventura Counties

Region 3¹

Los Angeles, San Bernardino, and Riverside Counties

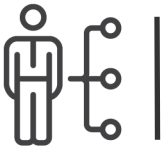
Plan	Single	2-Party	Family	Single	2-Party	Family
HMO Medical Plan Options						
Anthem Select HMO	\$919.00	\$1,838.00	\$2,389.40	\$916.88	\$1,833.76	\$2,383.89
Anthem Traditional HMO	\$1,110.97	\$2,221.94	\$2,888.52	\$1,065.46	\$2,130.92	\$2,770.20
Blue Shield Access+ HMO	\$948.53	\$1,897.06	\$2,466.18	\$828.48	\$1,656.96	\$2,154.05
Blue Shield Trio HMO ¹	\$909.10	\$1,818.20	\$2,363.66	\$738.11	\$1,476.22	\$1,919.09
Health Net Salud y Más HMO	\$823.49	\$1,646.98	\$2,141.07	\$714.40	\$1,428.80	\$1,857.44
Kaiser (CA) HMO	\$944.34	\$1,888.68	\$2,455.28	\$926.52	\$1,853.04	\$2,408.95
Sharp Performance Plus HMO	\$868.45	\$1,736.90	\$2,257.97	n/a	n/a	n/a
United Healthcare SV Alliance	\$890.66	\$1,781.32	\$2,315.72	\$866.40	\$1,732.80	\$2,252.64
United Healthcare SV Harmony	\$819.64	\$1,639.28	\$2,131.06	\$756.28	\$1,512.56	\$1,966.33
PPO Medical Plan Options						
PERS Gold PPO	\$864.75	\$1,729.50	\$2,248.35	\$868.15	\$1,736.30	\$2,257.19
PERS Platinum PPO	\$1,258.76	\$2,517.52	\$3,272.78	\$1,263.73	\$2,527.46	\$3,285.70
PORAC PPO	\$970.00	\$1,951.00	\$2,484.00	\$970.00	\$1,951.00	\$2,484.00
Dental and Vision Plans						
DeltaCare Dental DHMO	\$16.11	\$30.59	\$42.67	\$16.11	\$30.59	\$42.67
Delta Dental DPPO	\$55.25	\$112.42	\$154.58	\$55.25	\$112.42	\$154.58
VSP Vision PPO	\$8.92	\$17.83	\$28.71	\$8.92	\$17.83	\$28.71

IRS Code Section 125

The City of Newport Beach employee benefit plans are designed under Section 125 of the IRS Code. This allows you to take advantage of federal laws by purchasing some of your benefits with pre-tax dollars. Under Section 125, your Medical, Dental, Vision, and Flexible Spending Account contributions are deducted before taxes are withheld which saves you tax dollars. Paying for benefits before-tax means that your share of the costs are deducted before taxes are determined, resulting in more take-home pay for you. As a result, the IRS requires that your elections remain in effect for the entire year. You cannot drop or change coverage unless you experience a qualifying event.

¹ Blue Shield Trio HMO plan available in these counties for 2025: Butte, El Dorado, Kern, Kings, Los Angeles, Monterey, Nevada, Orange, Placer, Riverside, Sacramento, San Bernardino, San Luis Obispo, Santa Barbara, Santa Cruz, Stanislaus, Tulare, Ventura and Yolo.

² CalPERS [Health Plan Search by Zip Code](#)



Eligibility & Enrollment

Who may enroll

City of Newport Beach Employees

- Regular, full-time employees qualify for all of the benefits described in this brochure.

Dependents

- Your legally married spouse
- Your registered domestic partner (as defined by the state of California)
- Your children, stepchildren or children of your registered domestic partner to age 26, regardless of marital or student status
- Any children for whom you are required to provide coverage under a Qualified Medical Child Support Order
- Your unmarried children, step-children or children of your registered domestic partner of any age, if they are incapable of self-care due to a physical or mental disability

Your spouse, domestic partner and children can be enrolled in our medical, dental, vision, and voluntary life/AD&D plans.

Required Information

At enrollment you are required to enter the Social Security Number for all covered dependents. Health Care Reform law requires the City to report this information to the IRS each year to show that you and your dependents have coverage and are not subject to a penalty. This information will be securely submitted to the IRS and will remain confidential.

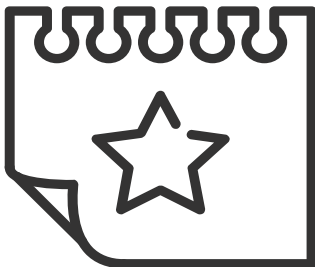


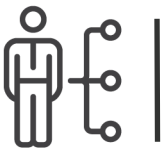
**Benefits Plan Year:
January 1 - December 31**

When you may enroll

As an Eligible Employee

- As a new hire, you may participate in the City's benefits on the first day of the month following your hire date
- Each year, during open enrollment
- Within 60 days of a qualifying event as defined by the IRS





Eligibility & Enrollment

Changes to enrollment

Open Enrollment

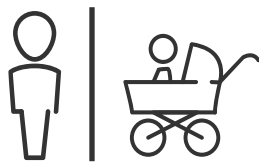
During our annual open enrollment period, you may make new benefit elections for the following January 1 effective date.

Qualifying Event

Once you make your benefit elections, you cannot change them throughout the year unless you experience a qualifying event as defined by the IRS. Examples include, but are not limited to:



Marriage, divorce, legal separation, or annulment



Birth, adoption, or death of a child or spouse



Qualified Medical Child Support Order (QMCSO)



Change in your dependent's eligibility status



Loss of coverage from another health plan



Change in your residence or workplace (if your benefit options change)



Loss of coverage through Medicaid or Children's Health Insurance Program (CHIP)



Eligibility for a federal or state premium assistance program under Medicare, Medicaid, or CHIP

Coverage for a new dependent is not automatic. If you experience a qualifying event, you have 60 days to notify Human Resources and update your coverage. If you do not update your coverage within 60 days of the qualifying event, you must wait until the next annual open enrollment period to update your coverage.

When Coverage Ends

If your employment with the City of Newport Beach ends, your medical coverage will end on the second month following termination. Dental and vision will end on the last day of the month in which you terminate. Coverage for life insurance, disability insurance and FSA benefits will terminate on the last day of employment. Depending on the circumstances of your termination, you may be eligible to continue coverage as a retiree of the City, or if not retiring from the City, through COBRA. When your employment ends, your group life insurance may be available to convert into an individual policy.



Medical Plan Choices

Medical Plan Options

City of Newport Beach offers a variety of medical plans through the California Public Employees Retirement System (CalPERS) medical program. You may enroll in a health plan within your area using either your residential zip code or the City of Newport Beach zip code. You can search health plans zip code by using the CalPERS search tool by zip code [Health Plan Search by zip code](#). It is recommended that you contact the plan before enrolling to make sure they cover your area and that your preferred provider is in their network. You may also visit the CalPERS website for helpful resources and tools, such as, MyCalPERS Health Plan Comparison Feature, and the MyCalPERS Health Plan Choice Worksheet. Monthly medical premiums for **Region 2** (Fresno, Imperial, Inyo, Kern Kings, Madera, Orange, San Diego, San Luis Obispo, Santa Barbara, Tulare and Ventura counties) and **Region 3** (Los Angeles, Riverside, and San Bernardino counties), are found on page 6. Available medical plan information can be found on pages 11-14 of this guide.

About HMO Plans

With Health Maintenance Organization (HMO) plans:

- You must choose a primary care physician (PCP) or medical group within the network.
- All of your care must be directed through your PCP or medical group.
- Specialty care will be coordinated through your PCP and will generally require a referral or authorization.
- You will receive benefits only if you use the doctors, clinics, and hospitals that belong to the medical group in which you are enrolled, except in the case of an emergency.

Prescription Drugs

Prescription drug benefit services:

- CVS Caremark—Blue Shield HMO plans
- Kaiser Permanente—Kaiser HMO
- Optum Rx—all other HMO and PPO plans

Generally, services include administration of the Retail Pharmacy Program and the Mail Service Program; delivery of specialty pharmacy products such as biotech and injectables; clinical pharmacist consultation; and clinical collaboration with your physician to ensure you receive optimal total healthcare.

Mandatory generic substitution: if a brand name is requested when generic is available you will be responsible for the generic copay and the difference between the generic and brand name.

Self-administered injectable medications are available under your pharmacy benefits and are no longer payable under the medical benefit.

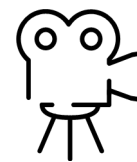
About PPO Plans

With Preferred Provider Organization (PPO) plans:

- You direct your own care. If you receive care from a physician who is a member of the network, a greater percentage of the entire cost will be paid by the insurance plan.
- You are not limited to the physicians within the network and you may self-refer to specialists.
- If you obtain services using a non-network provider, please note that you will be responsible for the difference between the covered amount and the actual charges, and you may be responsible for filing claims.

Finding a Medical Provider

[Page 18](#) of this guide provides a list of phone numbers and websites to help you search for providers in all of the plans offered.



Educational Video

Health Insurance Terms

<http://video.burnhambenefits.com/terms>



Benefit Terms

Deductible

The set dollar amount a member must pay before insurance coverage for medical or dental expenses can begin. Usually, services that are subject to a copayment are not subject to the deductible.

Copayment (Copay)

The flat fee paid by the member when a medical or dental service is received. This is usually associated with doctor's office visits, prescription drugs or certain dental services under the HMO or PPO program.

Coinsurance

The percentage of the charges the member is required to pay for a medical or dental service in a plan. For example, on the PERS Care PPO Plan, Anthem will pay 90% of the covered claim and the member will pay 10% of the remaining amount after the deductible has been met.

Out-of-Pocket Maximum

The maximum amount the member will have to pay in a calendar year for eligible expenses in the medical plan. After reaching the Out-of-Pocket Maximum, the plan pays 100% of the allowable charges for covered services for the remainder of the calendar year.

Network Provider

A network provider is a hospital, doctor, medical group, dentist or other healthcare provider contracted to provide services to members at a contracted or discounted rate. Network providers are not permitted to "balance bill" members.

Reasonable Charges

Medical and Dental insurance companies determine if charges for a particular service are "reasonable" based on how much the average provider for a particular geographic area charges for a service.

Balance Bill

Out-of-Network (Non-Contracted) Providers can charge any amount they wish for a service. However, if that amount is higher than what the insurance company says is reasonable, the member may be responsible to pay the difference. Before seeking care with an Out-of-Network Provider, find out what their charges are and confirm the insurance company considers them

Calendar Year Maximum

Under the Dental Plan, the Calendar Year Maximum is the total amount the insurance company will pay in a calendar year for services. Once a member has reached their Calendar Year Maximum, no further benefits will be paid until the next Calendar Year.



Medical Plan Highlights: HMO

	Anthem Select HMO (Anthem Select HMO Network) OR Anthem Traditional HMO (Anthem CA Care HMO Network)	Blue Shield Access+ HMO (Blue Shield Access+ Network) OR Blue Shield HMO Trio³ (Blue Shield TRIO Network ³)	Health Net Salud (Health Net Salud y Más Network)
	In-Network Only	In-Network Only	In-Network Only
Provisions			
Calendar Year Deductible	Individual / Family \$0 / \$0	Individual / Family \$0 / \$0	Individual / Family \$0 / \$0
Out-of-Pocket Maximum - Medical ³ - Pharmacy - Pharmacy Home Delivery	Individual / Family \$1,500 / \$3,000 \$7,700 / \$15,400 \$1,000 / per person	Individual / Family \$1,500 / \$3,000 \$7,700 / \$15,400 \$1,000 / per person	Individual / Family \$1,500 / \$3,000 \$7,700 / \$15,400 \$1,000 / per person
Lifetime Maximum	Unlimited	Unlimited	Unlimited
Medical Benefits			
Office Visit Copay - PCP ¹ - Specialist Visits ¹ - Preventive Care - Chiropractic/Acupuncture (20 Visits/Year Combined) - Physical Therapy - Diagnostic X-Ray & Lab	\$15 \$15 \$0 \$15 \$15 \$0	\$15 \$15 / ACCESS+ \$30/visit \$0 \$15 \$15 \$0	\$15 \$15 \$0 \$15 \$15 \$0
Pharmacy Benefits			
	(through OptumRx)	(through Blue Shield Pharmacies)	(through OptumRx)
Retail - Tier 1 <i>Typically Generic</i> - Tier 2 <i>Typically Preferred Brand</i> - Tier 3 <i>Typically Non-preferred</i> - Tier 4 <i>Typically Specialty (Brand & Generic)</i> - Supply Limit	\$5 \$20 \$50 See tier structure above 30 Days ²	\$5 \$20 \$50 \$30 30 Days ²	\$5 \$20 \$50 n/a 30 Days ²
Retail/Home Delivery - Tier 1 <i>Typically Generic</i> - Tier 2 <i>Typically Preferred Brand</i> - Tier 3 <i>Typically Non-preferred</i> - Tier 4 <i>Typically Specialty (Brand & Generic)</i> - Supply Limit (most are 90-day)	\$10 \$40 \$100 See tier structure above 90 Days	\$10 \$40 \$100 \$60 90 Days	\$10 \$40 \$100 n/a 90 Days
Hospital Benefits			
Room & Board / Surgeon's Fees / Maternity—Delivery	\$0	\$0	\$0
Outpatient Surgery	\$0	\$0	\$0
Acute Care			
Emergency Room Facility	\$50 (waived if admitted)	\$50 (waived if admitted)	\$50 (waived if admitted)
Urgent Care	\$15	\$15	\$15
Telemedicine Visits	\$15 livehealthonline.com	\$15 teladoc.com	\$15 teladoc.health

¹ Office visit copays waived for maternity care.

² Mail service is mandatory after the second fill of a prescription drug at a retail pharmacy, or you will be charged the appropriate mail service copay for a one-month supply at a retail pharmacy.

³ Blue Shield Trio HMO plan available in these counties for 2025: Butte, El Dorado, Kern, Kings, Los Angeles, Monterey, Nevada, Orange, Placer, Riverside, Sacramento, San Bernardino, San Luis Obispo, Santa Barbara, Santa Cruz, Stanislaus, Tulare, Ventura and Yolo.



Medical Plan Highlights: HMO

	Kaiser Permanente HMO (Kaiser Network)	Sharp ³ Health Plan HMO (Performance Plus)	United Healthcare HMO (SignatureValue Alliance Network) OR United Healthcare HMO (SignatureValue Harmony Network)
	In-Network Only	In-Network Only	In-Network Only
Provisions			
Calendar Year Deductible	Individual / Family \$0 / \$0	Individual / Family \$0 / \$0	Individual / Family \$0 / \$0
Out-of-Pocket Maximum - Medical ³ - Pharmacy - Pharmacy Home Delivery	Individual / Family \$1,500 / \$3,000 \$7,700 / \$15,400 n/a	Individual / Family \$1,500 / \$3,000 \$7,700 / \$15,400 \$1,000 / per person	Individual / Family \$1,500 / \$3,000 \$7,700 / \$15,400 \$1,000 / per person
Lifetime Maximum	Unlimited	Unlimited	Unlimited
Medical Benefits			
Office Visit Copay - PCP ¹ - Specialist Visits ¹ - Preventive Care - Chiropractic/Acupuncture (20 Visits/Year Combined) - Physical Therapy - Diagnostic X-Ray & Lab	\$15 \$15 \$0 \$15 \$15 \$0	\$15 \$15 \$0 \$15 \$15 \$0	\$15 \$15 \$0 \$15 \$15 \$0
Pharmacy Benefits			
	(through Kaiser)	(through OptumRx)	(through OptumRx)
Retail - Tier 1 <i>Typically Generic</i> - Tier 2 <i>Typically Preferred Brand</i> - Tier 3 <i>Typically Non-preferred</i> - Tier 4 <i>Typically Specialty (Brand & Generic)</i> - Supply Limit	\$5 \$20 \$20 \$20 30 Days	\$5 \$20 \$50 n/a 30 Days ²	\$5 \$20 \$50 n/a 30 Days ²
Retail/Home Delivery - Tier 1 <i>Typically Generic</i> - Tier 2 <i>Typically Preferred Brand</i> - Tier 3 <i>Typically Non-preferred</i> - Tier 4 <i>Typically Specialty (Brand & Generic)</i> - Supply Limit <i>(most are 90-day)</i>	\$10 \$40 \$40 n/a 100 Days	\$10 \$40 \$100 n/a 90 Days	\$10 \$40 \$100 n/a 90 Days
Hospital Benefits			
Room & Board / Surgeon's Fees / Maternity–Delivery	\$0	\$0	\$0
Outpatient Surgery	\$0	\$0	\$0
Acute Care			
Emergency Room Facility	\$50 (waived if admitted)	\$50 (waived if admitted)	\$50 (waived if admitted)
Urgent Care	\$15	\$15	\$15
Telemedicine Visits	\$15 kp.org	\$15 Telehealth services	\$15 uhc.com/virtualvisits

¹ Office visit copays waived for maternity care.

² Mail service is mandatory after the second fill of a prescription drug at a retail pharmacy, or you will be charged the appropriate mail service copay for a one-month supply at a retail pharmacy.

³ Sharp Health Performance Plus HMO is available in San Diego only.



Medical Plan Highlights: PPO

SUBJECT TO CHANGE.
PENDING RELEASE OF
FINAL PLAN DOCUMENTS.

Plan Name	PERS Platinum PPO (Blue Shield PPO Network)		PERS Gold PPO (Blue Shield Tandem PPO Network) More information on page 15	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Provisions				
Calendar Year Deductible	Individual / Family \$500 / \$1,000	Individual / Family \$2,000 / \$4,000	Individual / Family \$1,000 ⁵ / \$2,000 ⁵	Individual / Family \$2,500 ⁵ / \$5,000 ⁵
Out-of-Pocket Maximum	Individual / Family \$2,000 / \$4,000	Unlimited	Individual / Family \$3,000 / \$6,000	Unlimited
- Coinsurance		Unlimited		Unlimited
- Medical ³	\$7,450 / \$14,900	Unlimited	\$7,450 / \$14,900	Unlimited
- Pharmacy	\$2,000 / \$4,000	Unlimited	\$2,000 / \$4,000	Unlimited
- Pharmacy Home Delivery	\$1,000/person		\$1,000 / person	
Lifetime Maximum	Unlimited		Unlimited	
Medical Benefits				
Office Visit Copay				
- PCP	\$20	40% ²	\$35 ⁴ /\$10 ⁴	40% ²
- Specialist Visits	\$35	40% ²	\$35	40% ²
- Preventive Care	\$0	40% ²	\$0	40% ²
- Chiropractic / Acupuncture (20 Visits/Year Combined)	\$15	40% ²	\$15	40% ²
- Physical Therapy	10% ¹	40% ²	20% ¹	40% ²
- Diagnostic X-Ray & Lab	10% ¹	40% ²	20% ¹	40% ²
Pharmacy Benefits	(through OptumRx)		(through OptumRx)	
Retail				
- Tier 1 <i>Typically Generic</i>	\$5	Not Covered	\$5	100% up front; may submit paper claim to request partial reimbursement
- Tier 2 <i>Typically Preferred Brand</i>	\$20	Not Covered	\$20	
- Tier 3 <i>Typically Non-preferred</i>	\$50	Not Covered	\$50	
- Tier 4 <i>Typically Specialty (Brand & Generic)</i>	See tier structure above	N/A	See tier structure above	
- Supply Limit	30 Days		30 Days	
Retail/Home Delivery				
- Tier 1 <i>Typically Generic</i>	\$10	Not Covered	\$10	100% up front; may submit paper claim to request partial reimbursement
- Tier 2 <i>Typically Preferred Brand</i>	\$40	Not Covered	\$40	
- Tier 3 <i>Typically Non-preferred</i>	\$100	Not Covered	\$100	
- Tier 4 <i>Typically Specialty (Brand & Generic)</i>	See tier structure above	N/A	See tier structure above	
- Supply Limit <i>(most are 90-day)</i>	90 Days		90 Days	
Hospital Benefits				
Room & Board / Surgeon's Fees / Maternity—Delivery	10% after \$250 Copay	40% after \$250 Copay	20% ¹	40% ²
Outpatient Surgery	10% ¹	40% ²	20% ¹	40% ²
Acute Care				
Emergency Room Emergency Services	\$250 (waived if admitted) Ded, 10% ¹		\$50 (waived if admitted) Ded, 20% ¹	
Urgent Care Urgent Care Services	\$35 10%	40% ² 40% ²	\$35 20%	40% ² 40% ²
Telemedicine Visits	\$20 teladoc.com/bsc	40%	\$10 teladoc.com/bsc	40%

¹ Subject to deductible.

² Subject to deductible. Out-of-Network benefits are paid based on the allowable amount. Members are responsible for the remaining charges.

³ Includes medical deductible, coinsurance amounts and copays. The Out-of-Pocket Maximum Pharmacy for prescription drugs is a separate out-of-pocket maximum.

⁴ Reduced to \$10 if enrolled with personal doctor.

⁵ Incentives can reduce deductible to: Individual: \$500; Family: \$1,000. More information on page 15.

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PENDING RELEASE OF
FINAL PLAN DOCUMENTS.



Medical Plan Highlights: PPO

Plan Name	Anthem Blue Cross PORAC Prudent Buyer PPO (Anthem Prudent Buyer PPO Network)	
	In-Network	Out-of-Network
Network Name		
Provisions		
Calendar Year Deductible	Individual / Family \$300 / \$900	Individual / Family \$600 / \$1,800
Out-of-Pocket Maximum - Coinsurance - Medical ³ - Pharmacy	Individual / Family N/A \$2,000 / \$4,000 \$2,000 / \$4,000	
Lifetime Maximum	Unlimited	
Medical Benefits		
Office Visit Copay - PCP - Specialist Visits - Preventive Care - Chiropractic / Acupuncture (20 Visits/Year Combined) - Physical Therapy - Diagnostic X-Ray & Lab	\$10 \$35 \$0 \$20 20% ¹ 20% ¹	20% ² 20% ² 20% ² 20% ² 20% ² 20% ²
Pharmacy Benefits	(through OptumRx)	
Retail - Tier 1 <i>Generic</i> - Tier 2 <i>Brand Formulary</i> - Tier 3 <i>Non-Formulary</i> - Tier 4 <i>Compound</i> - Supply Limit	\$10 \$25 \$45 \$45 30 Days	100% up front; may submit paper claim to request partial reimbursement
Retail/Home Delivery - Tier 1 <i>Generic</i> - Tier 2 <i>Brand Formulary</i> - Tier 3 <i>Non-Formulary</i> - Tier 4 <i>Compound</i> - Supply Limit (<i>most are 90-day</i>)	\$20 \$40 \$75 n/a 90 Days	100% up front; may submit paper claim to request partial reimbursement
Hospital Benefits		
Room & Board / Surgeon's Fees / Maternity–Delivery	20% ¹	20% ²
Outpatient Surgery	20% ¹	20% ²
Acute Care		
Emergency Room Facility	20% ¹	
Urgent Care	\$35	20% ²
Telemedicine Visits	\$35 livehealthonline.com	Not Covered

¹ Subject to deductible.

² Subject to deductible. Out-of-Network benefits are paid based on a Maximum Allowed Amount. Member is responsible for 20% PLUS any amount in excess of the Maximum Allowed Amount.

³ Includes medical deductible, coinsurance amounts and copays. The Out-of-Pocket Maximum Pharmacy for prescription drugs is a separate out-of-pocket maximum



PERS Gold & Platinum PPO Plans Included Health

Blue Shield will be the new administrator for the PERS PPO plans and Included Health will help you find the personalized care you need using Blue Shield's network of doctors, and hospitals, and Included Health's network of virtual providers. Included Health is available by phone, online, or mobile app to help you navigate your healthcare and CalPERS health benefits. Whether you need a new primary care doctor, have questions about a medical bill, or want an easy way to keep track of your insurance information, use Included Health as your first stop for comprehensive, personalized healthcare.



Virtual Care

Primary, urgent and mental healthcare. See a board-certified doctor in person or virtually with best-in-class care available 24/7.



24/7 Care Team

On-call care team answers your healthcare questions and can connect you to providers.



Billing & Claims Advocacy

For billing or claims issues, Included Health works directly with your insurance to resolve problems for you.



Provider Search Tool

Search by condition, procedure, or specialty to find in-network doctors, specialists, or clinics.



Mental Health Care

Search for local and in-network mental health providers. Or, have a care coordinator match you with a provider who best meets your needs. Get a second opinion or help exploring treatment options and types or therapy.



Condition Support: Maternity & Family Planning, Heart Health, Cancer, & Diabetes

Support with finding quality providers, accessing condition specific programs through your health plan, second opinions and cost planning.

Accessing Included Health

Call 855-633-4436 or visit

<https://includedhealth.com/microsite/calpers/>



PERS Gold PPO Savings Opportunities

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Opportunity to Lower Deductible for PERS Gold PPO Plan

With the CalPERS Gold PPO plan, members have the ability to "earn back" up to \$500 per adult covered on the plan through Deductible Credits. Think of it as a discount on your deductible. You may lower your deductible by up to \$500 by completing the following:



\$100 Flu Shot

To receive a \$100 credit to your deductible, simply get your annual flu shot at your doctor's office or an in-network pharmacy. You may also be eligible to receive this \$100 credit if you obtain your flu shot at a County sponsored flu clinic. Certain verification/documentation will be required.



\$100 Smoking

If you are a non-smoker, this is an easy \$100 in your pocket. Members will be given access to a Health Risk Assessment through Blue Shield's mobile app. During the Health Risk Assessment, you will be asked if you currently smoke. By checking "no", you automatically knock \$100 off your deductible. If you are a smoker and have a desire to quit, you can earn a \$100 credit toward your deductible by enrolling (and completing) in a smoking cessation program through Blue Shield.



\$100 Biometric Screening

Another \$100 deductible credit can be earned by obtaining your biometric results. This can be done at your primary care physician's office during your annual routine physical or at one of 2,200 Quest Diagnostic facilities across the U.S. If you live too far away from a Quest facility, you may qualify for an "at home" test kit.



\$100 Virtual Second Opinion

Members have the opportunity to obtain a second opinion through Blue Shield's virtual second opinion program or a Select plan doctor for non-urgent or non-emergency surgeries. Call 1-888-361-3944 (Monday through Friday, 5:30 PM to 8:00 PM, PST) if you are having nonurgent and nonemergency scheduled surgery in 2025. They will see if you need a second opinion.



\$100 Condition Care Certification

Take part in the Condition Care Program if you have Asthma, Diabetes, Chronic Obstructive Pulmonary Disease (COPD), Heart Failure or Coronary Artery or Vascular Disease. If you are diagnosed with any of these conditions throughout the year, Anthem will reach out to you to participate in their Condition Care program. You can earn a \$100 credit towards your deductible if you earn a condition care certification.

Opportunity to Lower Office Visit Copay

With the CalPERS Gold PPO plan, when you visit an in-network doctor, your copay is \$35. However, when you select an in-network Personal Doctor, your doctor's office visit copay is \$10 when visiting that physician; a \$25 savings per doctor's visit.

PPO—Maximum Calendar Year Medical & Pharmacy Financial Responsibility

There is a Maximum Calendar Year Financial Responsibility of \$9,450 per Member and \$18,900 per family. This maximum financial responsibility is broken down into a maximum medical responsibility (\$7,450 per member and \$14,900 per family) and maximum pharmacy responsibility (\$2,000 per member and \$4,000 per family).



Mental Health Resources

Mental Health Benefits Through Your Medical Plan

Our medical insurance providers are ready to help you get the support you need. With an extensive network of Behavioral Health providers (therapists, psychologists, psychiatrists), you can access your covered mental health benefits for short or long-term issues.

Medical Plan	Inpatient	Outpatient Visits	Virtual Mental Health Visits
Anthem HMO Options	No Charge	\$15 Copay	Through telemedicine, you can receive behavioral and mental health virtual care to seek counseling from the comfort of your home.
Blue Shield HMO Options	No Charge	\$15 Copay	
Health Net HMO Options	No Charge	\$15 Copay	
Kaiser Permanente HMO	No Charge	\$15 Copay	
Sharp HMO	No Charge	\$15 Copay	
United Healthcare HMO Options	No Charge	\$15 Copay	
PERS Platinum PPO ⁽²⁾	10% after \$250 Copay ⁽¹⁾	\$20 Copay	
PERS Gold PPO ⁽²⁾	20% ⁽¹⁾	\$10 Copay	
PORAC Anthem PPO ⁽²⁾	20% ⁽¹⁾	\$10 Copay	

⁽¹⁾Subject to deductible.

⁽²⁾Non-network mental health benefits are available on PPO plans. Refer to the SBC for details.

The Holman Group | Employee Assistance Program

This coverage is provided by The City of Newport Beach at no cost to you.

The Employee Assistance Program (EAP) provides you and your household members with free, confidential assistance to help with problems that may interfere with work or family responsibilities.

EAP Services

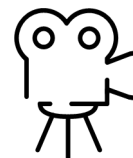
- 24/7 phone consultations with licensed mental health professionals and referrals to supportive resources
- Up to 4 face-to-face counseling sessions with a licensed mental health practitioner
- Online programs to offer something different than traditional counseling
- Access to quick and confidential help from legal and financial experts

The EAP can help with the following issues:

- Stress, Anxiety, or Depression
- Relationship Issues
- Grief and Loss
- Legal Assistance
- Financial Services and Referrals
- Childcare Resources and Referrals
- Senior Care
- Pet Care
- Identity Theft

Accessing the EAP

Call 800-321-2843 or visit www.Holmangroup.com
 UserName: CityNewport
 Password: Newport7123
(case sensitive)



Educational Video

Mental Health FAQs

<https://flimp.live/Mental-Health-FAQ>



Accessing Care

It's important to know where to go when an illness or injury occurs. Below is a quick overview to help you better understand when to use the different options available to you as a member of our medical insurance through CalPERS: Anthem Blue Cross, Blue Shield of CA, Health Net, Kaiser Permanente, Sharp Health Plan, or United Healthcare.



24-Hour Nurseline	Telemedicine	Doctor Visit	Urgent Care	Emergency Room
Free	Cost varies	\$	\$\$	\$\$\$
<ul style="list-style-type: none"> Available 24/7 Registered nurses can help you decide where to go for care when you or a family member have a health concern 	<ul style="list-style-type: none"> Available 24/7/365 U.S. board-certified doctors are available to resolve many of your non-emergency medical issues through phone or video consults through Teladoc, LiveHealth Online, American Well, or Doctor on Demand 	<ul style="list-style-type: none"> Office hours vary Generally, the best place to go for non-emergency care as a relationship is established and your doctor is able to treat you based on knowledge and medical history 	<ul style="list-style-type: none"> Generally open on evenings, weekends and holidays Often used when your doctor's office is closed and there is no true emergency Urgent care does not replace your primary care physician 	<ul style="list-style-type: none"> Open 24/7 Use for true emergencies such as any accident or injury that may lead to loss of life or limb, serious medical complication, or permanent disability

Medical Plan Contacts and Provider Finders

Medical - CalPERS HMO Plans - Anthem Blue Cross Select HMO & Traditional HMO - Blue Shield of CA Trio HMO and Access+ HMO - Health Net Salud y Mas HMO - Kaiser Permanente HMO - Sharp Health Plan HMO (<i>San Diego only</i>) - United Healthcare SV Harmony and SV Alliance HMO	855-839-4524 800-334-5847 888-926-4921 800-464-4000 858-499-2550 877-359-3714	www.anthem.com/ca/calpers www.blueshieldca.com/calpers www.healthnet.com/calpers www.kp.org/calpers www.sharphealthplan.com/calpers www.uhc.com/calpers
Medical - Blue Shield CalPERS PPO Plans - PERS Gold PPO - PERS Platinum PPO	800-334-5847	https://includedhealth.com/microsite/calpers/
Medical - Anthem Blue Cross PPO Plan - PORAC PPO	800-655-6397	https://ibtoforac.org/benefits-offered/health-plans/
Pharmacy - CVS Caremark/OptumRx/Kaiser Permanente - Blue Shield Pharmacy (<i>Blue Shield HMO plans only</i>) - Kaiser Permanente (<i>Kaiser HMO plan only</i>) - OptumRx (<i>all other HMO and PPO plans</i>)	866-346-7200 800-464-4000 855-505-8110	Blue Shield Pharmacy Benefits www.kp.org/calpers www.optumrx.com/calpers
Employee Assistance Program (EAP) - The Holman Group	800-321-2843	www.Holmangroup.com User Name: <i>CityNewport</i> (case sensitive) Password: <i>Newport7123</i> (case sensitive)
Other Resources CalPERS Carrier Resources - click here		www.calpers.ca.gov/page/home www.calpers.ca.gov/page/active-members/health-benefits/plans-and-rates



Tips on Health Benefits

Tips on Getting the Most from Your Health Benefits

- 1 Ask questions**
If you are having a procedure, make sure you know how the procedure will be covered and what your out-of-pocket cost will be, if any.
- 2 Utilize your free preventive care benefits to stay healthy**
In-network preventive care benefits are covered at no charge to you. Take advantage of these no cost benefits now to hopefully avoid major illnesses and the costs they bring in the future.
- 3 Get the right health care and save money**
Choosing the right care for your medical situation will help save you money out-of-pocket:
 - **Doctor's Office Visit or Telemedicine visit:** These are the best choices for non-urgent medical issues.
 - **Urgent Care:** This is the best choice for non-life threatening medical issues that require immediate in-person care when you can't get an appointment for a doctor's office visit.
 - **Emergency Room:** You should use the Emergency Room for life threatening emergencies, or for other issues that require immediate in-person medical care outside Urgent Care hours.
- 4 Use generic drugs when available**
The best way to save on prescriptions is to use generic medications as opposed to brand name drugs. When you use generic medications, you will pay the lowest copay.
 - Generic drug companies do not have to develop a medication from scratch, so the costs are significantly less to bring the drug to the market. Once a generic medication is approved, several companies can produce and sell the drug. This competition helps lower prices. In addition, many generic drugs are well-established, frequently used medications that do not require expensive advertising.
 - Generic drugs must use the same active ingredients as the brand name version of the drug. A generic drug must also meet the same quality and safety standards.
- 5 Use the mail-order prescription drug benefit for maintenance medications**
If you take medications on a long term basis, the mail order prescription drug benefit can save you money.



Save Money on Your Health Care Expenses

When you use your Flexible Spending Account (see page 25) to pay for eligible, unreimbursed medical, dental and vision care expenses, you reduce your taxable income and can save money on taxes.



Dental Plan Choices

DeltaCare USA | DHMO Plan

The Dental Health Maintenance Organization (DHMO) plan requires you to select a general dentist who is a member of the network to provide your dental care. You will contact your general dentist for all of your dental needs, such as routine check-ups and emergency situations. If specialty care is needed, your general dentist will provide the necessary referral. For covered procedures, you'll pay the pre-set copay or coinsurance fee described in your DHMO plan booklet. Please keep a copy of your booklet to refer to when utilizing your dental care. This will show the applicable copays that apply to all of the dental services that are covered under this plan.

Delta Dental | DPPO Plan

The Dental Preferred Provider Plan (DPPO) plan offers you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a dentist who participates in the Delta Dental network. When you utilize a network dentist, your out-of-pocket expenses will be less, however, you will usually pay the lowest amount for services when you visit a PPO dentist. If you obtain services using an out-of-network dentist, you will be responsible for the difference between the covered amount and the actual charges and you may be responsible for filing claims. The chart below provides a high-level overview of your dental plan.

Plan Name	DeltaCare USA DHMO	Delta Dental DPPO		
	DeltaCare USA Network	Delta Dental PPO Dentists**	Delta Dental Premier Dentists**	Non-Delta Dental Dentists**
Calendar Year Maximum Benefit	Unlimited	\$3,000	\$3,000	\$3,000
Annual Deductible				
- Individual	\$0	\$0	\$50	\$50
- Family	\$0	\$0	\$150	\$150
Preventive Services	No Charge for Most Services	No Charge	No Charge	No Charge
Basic Services	Copays Apply	Ded, 10%	Ded, 20%	Ded, 20%
Major Services	Copays Apply	Ded, 40%	Ded, 50%	Ded, 50%
Orthodontia		50% / \$2,000 Lifetime Benefit Maximum		
- Child	\$1,700 Copay	50% / \$2,000 Lifetime Benefit Maximum		
- Adult	\$1,900 Copay			

*Dentists who are out-of-network have not agreed to pricing, and may bill you for the difference between what Delta Dental pays them and what the dentist usually charges.

**Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists.

Note:

We strongly recommend you ask your dentist for a predetermination if total charges are expected to exceed \$300. A predetermination enables you and your dentist to know in advance what the payment will be for any service that may be in question.

Finding a Dental Provider

Go to www.deltadentalins.com

- **DHMO:** Refer to the “DeltaCare USA” network.
- **DPPO:** Refer to the “Delta Dental PPO” or “Delta Dental Premier” network.



Vision Plan

VSP Choice | Vision Plan

City of Newport Beach provides vision coverage through VSP. You can see an in-network provider or an out-of-network provider, however, your costs will be lower if you visit an in-network provider. If you visit an in-network provider you will be responsible for a copayment at the time of your service. If you receive services from an out-of-network doctor, you will pay all costs at the time of service and submit a claim for reimbursement.

Plan Name	VSP PPO	
	VSP Choice Network	Out-of-Network
Vision Benefits		
Copay - Wellvision Examination	\$10 Copay for exam & glasses	No copay, up to \$45 Reimbursement
Examination (Every 12 Months)	No Charge after Copay	Up to \$45 Reimbursement
Lenses (Every 12 Months) - Single Vision - Bifocal - Trifocal	No Charge No Charge No Charge	Up to \$30 Reimbursement Up to \$50 Reimbursement Up to \$65 Reimbursement
Frames (Every 12 Months) - Featured Frame Brands - Walmart/Sam's Club - Costco	\$200 Allowance \$220 Allowance \$200 Allowance \$110 Allowance	Up to \$70 Reimbursement
Contact Lenses (Every 12 Months) - Contact Lens Exam/Fitting - Elective Contact Lenses - Medically Necessary	(in lieu of frames and lenses)	
	Up to \$60 Copay \$200 Allowance No Charge	Up to \$105 Reimbursement

We're here to help

- Finding a Vision Provider at www.vsp.com

The VSP Choice network includes access to independent ophthalmologists and optometrists, as well as Costco, Visionworks, Sam's Club, and Walmart retail stores.

- Download a claim form at www.vsp.com

- For general questions or to find a provider go to www.vsp.com | 1-800-877-7195

Additional Discounts Available

- **Glasses and sunglasses:** Within 12 months of exam: 20% off unlimited additional pairs of prescription glasses and/or non-prescription sunglasses from any VSP doctor.
- **VSP Laser Vision Care Program:** Discounts average 15-20% off or 5% off a promotional offer for laser surgery, including PRK, Custom PRK, LASIK, Custom LASIK, SMILE, and Contours.





Employee Assistance Program

The Holman Group | Employee Assistance Program

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The Employee Assistance Program (EAP) provides you and your household members with free, confidential assistance to help with problems that may interfere with work or family responsibilities.

EAP Services

- 24/7 phone consultations with licensed mental health professionals and referrals to supportive resources
- Up to 4 face-to-face or telehealth counseling sessions per individual, per issue, per year with local licensed therapists
- Online programs to offer something different than traditional counseling
- Access to quick and confidential help from legal and financial experts

Accessing the EAP
 Call 800-321-2843 or visit www.Holmangroup.com
 User Name: CityNewport
 Password: Newport7123
(case sensitive)

The EAP can help with the following issues:



Stress, Anxiety or Depression



Relationship Issues



Grief and Loss



Legal Assistance



Financial Services and Referrals



Childcare Resources and Referrals



Senior Care



Pet Care



Identity Theft



and More!

City of Newport Beach holds the privacy of our employees in the highest regard. Any information you share with an Holman counselor will not be shared with City of Newport Beach, and is protected by state and federal privacy laws.



Life/AD&D

The City of Newport Beach offers life insurance so you can protect your loved ones in the event of your death. Life insurance can help lessen the financial burden and provide coverage to help pay for expenses.

The Hartford | Basic Life and AD&D

This coverage is provided at no cost to you.

Life insurance protects your family or other beneficiaries in the event of your death while you are still actively employed with the City.

Accidental Death and Dismemberment (AD&D) coverage provides an additional benefit to your beneficiary if your death is due to a covered accident or injury.

Basic Life

1 times your annual base salary to a maximum benefit of \$50,000

Basic AD&D

1 times your annual base salary to a maximum benefit of \$50,000

Life benefits will reduce by 50% at age 70, and will terminate when you leave the City or retire.



Choosing a Beneficiary

A beneficiary is a person or entity who you designate to receive your death benefits. Choosing a beneficiary and keeping your beneficiary up-to-date is an essential part of owning life insurance. Please remember to review your beneficiary designation as new situations arise, such as the birth or adoption of a child, marriage, or divorce. You may login to our online enrollment system to change your beneficiary as needed.

The Hartford | Voluntary Life and AD&D

In addition to the City-provided Basic Life and AD&D benefits, you may elect to purchase additional Term Life and AD&D insurance at discounted group rates provided by The Hartford . You pay for this coverage with after-tax dollars through convenient payroll deductions.

Voluntary Life and AD&D

Employee

You may purchase coverage for yourself in increments of \$10,000 up to a maximum benefit of \$500,000, or 5 times your basic annual earnings, whichever is less.

Spouse or Domestic Partner

If you buy coverage for yourself, you may also purchase coverage for your eligible spouse or domestic partner. Benefits for your spouse or domestic partner are available in increments of \$5,000 up to a maximum benefit of \$250,000.

Child(ren) up to age 26

If you buy coverage for yourself, you may also purchase coverage for your eligible dependent child(ren). Benefits for your child(ren) are available in increments of \$1,000.

Guarantee Issue

Guarantee issue is a pre-approved amount of coverage that does not require you to provide proof of good health, and is available to you during your initial eligibility period (upon hire). Guarantee issue is available in the following amounts:

- **Employee:** \$100,000
- **Spouse or Domestic Partner:** \$25,000
- **Child(ren):** Entire benefit amount of \$10,000

If you are no longer in your initial eligibility period, you may enroll in Voluntary Life insurance anytime during the year as long as you provide proof of good health. To provide proof of good health, you will be asked to complete a health questionnaire (Evidence of Insurability) and are subject to insurance carrier approval. The Hartford may approve or decline coverage based on a review of your health history.



Disability

If you are unable to work due to an illness or injury, our disability plans will work together to provide a source of income to meet your needs. Disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness.

The Hartford | Short Term Disability

This coverage is provided by City of Newport Beach
The City of Newport Beach offers you Short Term Disability (STD) to provide income replacement if you become disabled due to accident, sickness, or pregnancy.

Short Term Disability	Benefit
Benefit Percentage	66.67%
Weekly Benefit Maximum	\$1,847
When Benefits Begin	Day 31 for Accident, illness, or Pregnancy
Maximum Benefit Duration	26 weeks

The Hartford | Long Term Disability

This coverage is provided by City of Newport Beach
The City of Newport Beach offers you Long Term Disability (LTD) to provide income replacement if you become disabled for an extended period of time.

Long Term Disability	Benefit
Benefit Percentage	66.67%
Monthly Benefit Maximum	\$15,000
When Benefit Begin	181st Day
Maximum Benefit Duration	To Age 65

The Hartford | Additional Services Available

Life and LTD Policies	Life Policy
<ul style="list-style-type: none"> Ability Assist Counseling Services Health Champion Travel Assistance & ID Theft Protection Services 	<ul style="list-style-type: none"> Beneficiary Assist Counseling Services EstateGuidance Will Services Funeral Concierge Services

- **Travel Assistance & Identity Theft Support Services:** Travel Assistance is available when traveling more than 100 miles from home and for 90 days or less. Services include but are not limited to: Medical assistance, emergency transports, pre-trip information, lost luggage/document assistance and legal referrals.
- **Identity Theft Support Services** provide 24/7/365 assistance including education on how to prevent theft and guidance on what to do if a theft occurs. For more information on Travel Assistance and Identity Theft Support Services, call from U.S. and Canada: (800) 243-6108. Call from outside U.S.: (202) 828-5885 or email assist@imglobal.com
- **Ability Assist Counseling Services** provides access to Master’s degree clinicians for 24/7 assistance. This includes 3 face-to-face visits per occurrence per year for emotional concerns and unlimited phone consultations for financial, legal, and work-life concerns. For more information, visit www.guidanceresources.com or (800) 964-3577. **Company name: Abili Company ID: HLF902**
- **Beneficiary Assist Counseling Services** offers compassionate expertise to help you, your beneficiaries and immediate family members cope with emotional, financial and legal issues that arise after a loss. Includes unlimited phone contact with professionals, as well as five face-to-face sessions for up to one year. For more information, call (800) 411-7239.
- **EstateGuidance Will Services** helps you protect your family’s future by creating a customized and legally binding online will. Online support is also available for licensed attorneys, if needed. For more information, go to www.estateguidance.com. **Use Code: WILLHLF**
- **Funeral Concierge Services** provides a suite of online tools to guide you through key decisions before a loss, including help comparing funeral-related costs. For more information, visit www.everestfuneral.com/hartford or (866) 854-5429. **Use Code: HFEVLC**
- **HealthChampion** offers unlimited access to benefit specialist and nurses for administrative and clinical support to address medical care and insurance claims concerns if you’re enrolled in our long term disability plan. Call (800) 964-3577 or visit www.guidanceresources.com. **Company name Abili Company ID: HLF902**



Flexible Spending Accounts

Flexible Spending Accounts (FSAs) are special tax-advantaged accounts used to pay for eligible out-of-pocket health care and dependent care expenses. If elected, your account(s) will be funded with pre-tax dollars using convenient payroll deductions. Only expenses for services incurred during the plan year are eligible for reimbursement from your accounts. If you are using your debit card, you must save your receipts, just in case P&A Group needs a copy for verification. Also, all receipts should be itemized to reflect what product or service was purchased. Credit card receipts are not sufficient per IRS guidelines.

Health Care FSA

This plan is used to pay for expenses not covered under your health plans, such as deductibles, coinsurance, copays and expenses that exceed plan limits. You may defer up to \$3,200 pre-tax per year.

Eligible expenses include:



Coinsurance,
Copays and
Deductibles



Medical and
Prescriptions



Dental
and
Orthodontia



Eye Exams,
Eyeglasses and
Lasik Eye
Surgery

Go to www.fsastore.com to shop for FSA-eligible products, and for a list of eligible expenses.

Dependent Care FSA

This plan is used to pay for eligible expenses you incur for child care, or for the care of a disabled dependent, while you work. You may defer up to \$5,000 pre-tax per year.

Eligible expenses include:



Licensed nursery schools,
qualified childcare centers,
after school programs,
summer camps (under age
13), preschool



Adult daycare facilities

Important FSA Rules

Because FSAs can give you a significant tax advantage, they must be administered according to specific IRS rules:

Health Care FSA

FSAs offer sizable tax advantages. The trade-off is that these accounts are subject to strict IRS regulations, including the use-it-or-lose-it rule.

\$640 Carry-Over

Remaining account balances between \$50 and \$640 at the end of the plan year will carry-over to the next plan year. Unspent funds in excess of \$640 or under the minimum balance of \$50 will be forfeited.

Dependent Care FSA

Unused funds will NOT be returned to you or carried over to the following year. You must incur claims by December 31st of each plan year.

Tip!

If you are unable to estimate your health care and dependent care expenses accurately, it is better to be conservative and underestimate rather than overestimate your expenses.



Educational Video

Flexible Spending Accounts

<http://video.burnhambenefits.com/fsa/>



Carrier Contacts

Plan Type	Provider	Phone Number	Website
Medical Access	CalPERS	Member Services: 888-225-7377	www.calpers.ca.gov
Select HMO Traditional HMO	Anthem Blue Cross	Member Services: 855-839-4524 Rx- OptumRx: 855-505-8110	www.anthem.com/ca/calpers www.optumrx.com/calpers
Access+ HMO Trio HMO	Blue Shield	Member Services: 800-334-5847 Rx- Blue Shield Pharmacy: 866-346-7200	www.blueshieldca.com/calpers Blue Shield Pharmacy Benefits
HMO Salud y Más HMO	Health Net	Member Services: 888-926-4921 Rx- OptumRx: 855-505-8110	www.healthnet.com/calpers www.optumrx.com/calpers
Kaiser Permanente HMO	Kaiser Permanente	Member Services: 800-464-4000	www.kp.org/calpers
Sharp Health Plan HMO (San Diego only)	Sharp Health Plan	Member Services: 855-955-5004 Rx- OptumRx: 855-505-8110	www.sharphealthplan.com/calpers www.optumrx.com/calpers
SignatureValue Alliance SignatureValue Harmony	UnitedHealthcare	Member Services: 877-359-3714 Rx- OptumRx: 855-505-8110	www.uhc.com/calpers www.optumrx.com/calpers
PERS Gold PPO PERS Platinum PPO	Blue Shield	Member Services: 855-633-4436 Rx- OptumRx: 855-505-8110	https://includedhealth.com/microsite/calpers/ www.optumrx.com/calpers
PORAC Prudent Buyer PPO	Anthem Blue Cross / PORAC	Member Services: 800-288-6928 Rx- Express Scripts: 866-470-6265	http://ibtoporac.org www.express-scripts.com
Delta Dental DHMO & PPO	DHMO Group # 79722 PPO Group # 22488	DHMO Member Services: 800-422-4234 PPO Member Services: 888-335-8227	www.deltadentalins.com
VSP Vision	Vision Group # 40156551	Member Services: 800-877-7195	www.vsp.com
The Hartford Life Insurance	Basic/Voluntary Life Group # 921759 Basic/Voluntary AD&D Group # 921759	Member Services: 888-563-1124	www.TheHartford.com
The Hartford Disability	STD Group # 073294 LTD Group # 921759	Member Services: 888-277-4767	www.TheHartford.com
The Holman Group	Employee Assistance Program (EAP)	Member Services: 800-321-2843	www.Holmangroup.com User Name: <i>CityNewport</i> Password: <i>Newport7123</i> (<i>case sensitive</i>)
P&A Group	P&A Group - Flexible Spending Accounts and COBRA	Member Services: 716-852-2611	www.padmin.com
Other Contacts	MissionSquare Empower (Retirement)	RHS: 800-669-7400 Participants: 800-701-8255	www.icmarc.org https://participant.empower-retirement.com/participant/#/login



CNB Swell Phone App

Access all of your benefits information on the go through the CNB Swell app!

Everything you need in one place.

Click below to add “CNB Swell app” or scan the QR code:



iOS: <https://apps.apple.com/us/app/cnb-swell/id1551352337>

Android: <https://play.google.com/store/apps/details?id=com.newportbeachca.swell>

- Access information when and where you need it
- EAP Helpline 24/7 access
- Personalized content
- Information on the plan in which you are enrolled
- Access telemedicine
- Wellness resources at your fingertips
- Easy access to the City Calendar
- Click to call Benefit Contacts

Download Your CNB Swell App Today!

Exclusively Available Now to
City of Newport Beach Employees

Download on the App Store | GET IT ON Google Play

Scan the QR code to download our app to your smartphone.

Everything You Need in One Place

Now Available on your smartphone!

- ✓ Personalized Health Plan Information
- ✓ Telehealth Visits
- ✓ Financial Benefits Resources
- ✓ Employee Calendar
- ✓ ...and more!



Pet Insurance

City of Newport Beach offers you the option to purchase pet insurance at discounted group rates, through MetLife PetFirst. Pet insurance can help pay for health problems and conditions related to accidental injuries, poisonings, and illnesses (including cancer). It may help cover diagnostic tests, x-rays, treatments, prescriptions, office calls, lab fees, surgeries, and hospitalizations.

MetLife PetFirst | Pet Insurance

With the MetLife Pet Insurance plan, you can visit licensed veterinarian, veterinary specialist or animal hospital in the United States. Choose the accident and illness coverage that best fits your pet’s needs. To receive reimbursements through PetFirst, submit all claims and documents within 90 days of treatment or invoice date. There are several options for submitting your claim and veterinary records, including PetFirst’s online MyPets portal, email, fax, or standard mail. You will own this policy and pay premiums to The Hartford directly.

For More Information or To Enroll

You will enroll directly and be responsible for your own premium payment. Payroll deductions is not an option.

To get a quote or enroll, go to www.Metlife.com/getpetquote or call 1-800-GET-MET8.

Protect your furry friends today and enroll now for Pet Insurance.



ACA

The Affordable Care Act (ACA) penalty for not having health coverage (known as the individual mandate) has been eliminated. However, if you are a taxpayer in California, Massachusetts, New Jersey, Vermont or the District of Columbia, you will be required to have health coverage (unless you qualify for an exemption) or pay a penalty for the 2025 tax year - these states have an individual mandate requirement.

You may consider these options below to satisfy this requirement:

- Enroll in a medical plan offered by the City of Newport Beach or another group medical plan meeting the requirements for minimum essential coverage;
- Enroll in coverage through a government-sponsored program if eligible.

If you are eligible for health insurance through the City, but you choose to purchase coverage through the marketplace, please note the City of Newport Beach's medical plans are considered affordable and meet minimum value under the Affordable Care Act. You may not be eligible for a subsidy, and you may not see lower premiums or out-of-pocket costs through the marketplace.

In addition, employer contributions to your medical benefits will be lost, and your portion of medical premiums will no longer be paid via payroll deductions on a pre-tax basis.

For More Information
Go to www.healthcare.gov.



Annual Notices

The City of Newport Beach plans are provided by the City of Newport Beach and governed by its plan rules and documents. ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. Annual notices can be found on pages 27-35 of this guide.

The following are a list of Annual Notices:

- **Medicare Part D Notice of Creditable Coverage:** Plans are required to provide each covered participant and dependent a Certificate of Creditable Coverage to qualify for enrollment in Medicare Part D prescription drug coverage when qualified without a penalty.
- **Women's Health and Cancer Rights Act (WHCRA):** This act contains important protections for breast cancer patients who choose breast reconstruction with a mastectomy.
- **Newborns' and Mothers' Health Protection Act:** This act affects the amount of time a mother and her newborn child are covered for a hospital stay following childbirth.
- **Special Enrollment Rights:** Plan participants are entitled to certain special enrollment rights outside of The City of Newport Beach's open enrollment period. This notice provides information on special enrollment periods for loss of prior coverage or the addition of a new dependent.
- **Medicaid & Children's Health Insurance Program:** Some states offer premium assistance programs for those who are eligible for health coverage from their employers, but are unable to afford the premiums. This notice provides information on how to determine if your state offers a premium assistance program.
- **HIPAA Notice of Privacy Practices:** This notice is intended to inform you of the privacy practices followed by the City of Newport Beach's group health plan. It also explains the federal privacy rights afforded to you and the members of your family as plan participants covered under a group plan.

Summary of Benefits and Coverage (SBC)

Health insurance issuers and group health plans are required to provide you with an easy-to-understand summary about your health plan's benefits and coverage.

Click [here](#) or scan the QR code to the right to download our annual notices packet.





2211 Michelson Drive, Suite 1200 | Irvine, California 92612
Telephone: (949) 833-2983 | Fax: (949) 833-9549

Learn more at www.burnhambenefits.com

This Employee Benefits Guide provides an overview of some of your benefit plan choices. It is for informational purposes only. It is not intended to be an agreement for continued employment. Neither is it a legal plan document. If there is a disagreement between this guide and the plan documents, the plan documents will govern.

In addition, the plans described in this guide are subject to change without notice. Continuation of any benefit plan or coverage is at the City's discretion and in accordance with federal and state laws. If you need additional information or have any questions about the benefit program, please contact the Human Resources Department.

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