



PART-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 offered to part-time employees:

- **Benefit Choices:** 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

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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 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 midnight on October 11, 2024. The opt-out waivers are due by 4:30 p.m. on October 11, 2024. Proof of group coverage is due to Human Resources by December 13, 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 is correct, 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

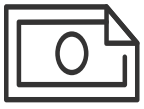
Benefit Choices Plans and programs you can elect

Medical and Prescription Drugs Various

- Anthem Select HMO
- Anthem Traditional HMO
- Blue Shield Access+ HMO
- Blue Shield HMO Trio
- Health Net Salud y Más HMO
- Kaiser Permanente HMO
- Sharp HMO (*San Diego County only*)
- United Healthcare SignatureValue Alliance HMO
- United Healthcare SignatureValue Harmony HMO
- PERS Gold PPO (*Blue Shield*)
- PERS Platinum PPO (*Blue Shield*)

Pet Insurance MetLife

- Option to purchase pet insurance at discounted group rates
- You will enroll independently and be responsible for your own premium payment

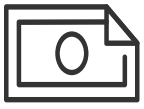


PTEANB Cafeteria Contributions

2025 Monthly Cafeteria and Medical Allowance Contributions

Membership Effective Dates	PTEANB Tier & Group	Average Hours Worked per Week*	Cafeteria Medical Benefit	Waive/Opt-Out Benefit
On or before 6/30/2014	Tier 1 Group A	30 hours or more	\$775/month Cash back	\$263.40/month (Grandfathered employees only)
On or after 7/1/2014	Tier 1 Group B	30 hours or more	\$700/month No cash back	No Opt-Out Benefit
On or between 7/1/2014–6/30/2016	Tier 2 Group A	Less than 30 hours	\$4.25/hour worked; Max of 60 hours per pay period	No Opt-Out Benefit
On or before 6/30/2014	Tier 2 Group B	Less than 30 hours	N/A	\$3.25/hour worked; Max of 60 hours per pay period
On or after 7/1/2016	Tier 3	Less than 30 hours	N/A	No Opt-Out Benefit

* As determined by the City's look-back measurement method for determining employee eligibility for health coverage.



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 3

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	\$2,121.06	\$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	\$,285.70

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

- All part-time eligible employees as determined under the Affordable Care Act (ACA) requirements.

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 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.

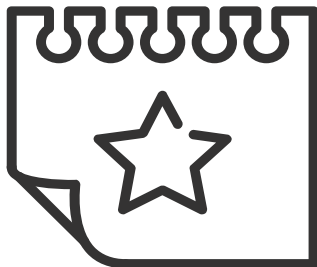


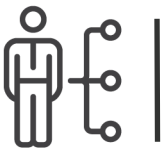
**Benefits Plan Year:
January 1 - December 31**

When you may enroll

As an Eligible Employee

- Eligibility is subject to ACA measurement guidelines, unless otherwise determined at the date of hire.
- 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. 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.



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 using either your residential zip code or the City of Newport Beach zip code. You can search health plans by zip code 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 11-13 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.

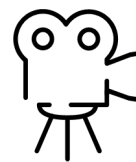
About PPO Plans

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 16](#) 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 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 service is received. This is usually associated with doctor's office visits, prescription drugs under the HMO or PPO program.

Coinsurance

The percentage of the charges the member is required to pay for a medical service in a plan. For example, on the PERSCare 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, 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 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 "reasonable."



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	Individual / Family \$1,500 / \$3,000	Individual / Family \$1,500 / \$3,000	Individual / Family \$1,500 / \$3,000
- Medical ³	\$7,700 / \$15,400	\$7,700 / \$15,400	\$7,700 / \$15,400
- Pharmacy	\$1,000 / per person	\$1,000 / per person	\$1,000 / per person
- Pharmacy Home Delivery			
Lifetime Maximum	Unlimited	Unlimited	Unlimited
Medical Benefits			
Office Visit Copay			
- PCP ¹	\$15	\$15	\$15
- Specialist Visits ¹	\$15	\$15 / ACCESS+ \$30/visit	\$15
- Preventive Care	\$0	\$0	\$0
- Chiropractic/Acupuncture (20 Visits/Year Combined)	\$15	\$15	\$15
- Physical Therapy	\$15	\$15	\$15
- Diagnostic X-Ray & Lab	\$0	\$0	\$0
Pharmacy Benefits			
	(through OptumRx)	(through Blue Shield Pharmacies)	(through OptumRx)
Retail			
- Tier 1 <i>Typically Generic</i>	\$5	\$5	\$5
- Tier 2 <i>Typically Preferred Brand</i>	\$20	\$20	\$20
- Tier 3 <i>Typically Non-preferred</i>	\$50	\$50	\$50
- Tier 4 <i>Typically Specialty (Brand & Generic)</i>	See tier structure above	\$30	n/a
- Supply Limit	30 Days ²	30 Days ²	30 Days ²
Retail/Home Delivery			
- Tier 1 <i>Typically Generic</i>	\$10	\$10	\$10
- Tier 2 <i>Typically Preferred Brand</i>	\$40	\$40	\$40
- Tier 3 <i>Typically Non-preferred</i>	\$100	\$100	\$100
- Tier 4 <i>Typically Specialty (Brand & Generic)</i>	See tier structure above	\$60	n/a
- Supply Limit <i>(most are 90-day)</i>	90 Days	90 Days	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 Tio 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 (Signature Value Network) OR United Healthcare HMO (Signature Harmony)
	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 - Coinsurance - Medical ³ - Pharmacy - Pharmacy Home Delivery	Individual / Family \$2,000 / \$4,000 \$7,450 / \$14,900 \$2,000 / \$4,000 \$1,000/person	Unlimited Unlimited Unlimited	Individual / Family \$3,000 / \$6,000 \$7,450 / \$14,900 \$2,000 / \$4,000 \$1,000 / person	Unlimited Unlimited Unlimited
Lifetime Maximum	Unlimited		Unlimited	
Medical Benefits				
Office Visit Copay - PCP - Specialist Visits - Preventive Care - Chiropractic / Acupuncture (20 Visits/Year Combined) - Physical Therapy - Diagnostic X-Ray & Lab	\$20 \$35 \$0 \$15 10% ¹ 10% ¹	40% ² 40% ² 40% ² 40% ² 40% ² 40% ²	\$35 ⁴ /\$10 ⁴ \$35 \$0 \$15 20% ¹ 20% ¹	40% ² 40% ² 40% ² 40% ² 40% ² 40% ²
Pharmacy Benefits	(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 \$50 See tier structure above 30 Days	Not Covered Not Covered Not Covered N/A	\$5 \$20 \$50 See tier structure above 30 Days	100% up front; may submit paper claim to request partial reimbursement
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 \$100 See tier structure above 90 Days	Not Covered Not Covered Not Covered N/A	\$10 \$40 \$100 See tier structure above 90 Days	100% up front; may submit paper claim to request partial reimbursement
Hospital Benefits				
Room & Board / Surgeon's Fees / Maternity—Delivery	10% ¹ after \$250 Copay	40% ¹ 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 an allowed 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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PERS Gold & Platinum PPO Plans Included Health

Blue Shield will be the new administrator for the 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/>

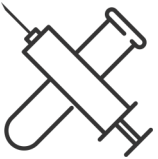


PERS Gold PPO Savings Opportunities

SUBJECT TO CHANGE.
PENDING RELEASE OF
FINAL PLAN DOCUMENTS.

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).



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 <ul style="list-style-type: none"> - Anthem Blue Cross Select HMO & Traditional HMO - Blue Shield of CA Trio HMO and Access+ HMO - Health Net Salud y Mas HMO and SmartCare 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 855-955-5004 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 <ul style="list-style-type: none"> - PERS Gold PPO - PERS Platinum PPO 	800-334-5847	https://includedhealth.com/microsite/calpers/
Pharmacy - CVS Caremark/OptumRx/Kaiser Permanente <ul style="list-style-type: none"> - 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
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.



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	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
Other Contacts	PARS	800-540-6369	www.pars.org



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
- 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 MetLife 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;
- Purchase coverage through a health insurance marketplace;
- 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.

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 employees 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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