



# 2023 BENEFITS OPEN ENROLLMENT SUMMARY

**B E N E F I T M O R E**

**CalPERS  
Health Plan**

**Culver City  
Dental Plan**

**Culver City  
Vision Plan**



**Human Resources Department**

**Plan Year: January 1, 2024 – December 31, 2024**



## Culver City 2023 Open Enrollment Highlights

**The City of Culver City is committed to providing you with a benefit plan that meets your needs, no matter where you are in life. Make sure to take some time to review all benefits communications, including information from CalPERS regarding 2024 health plan options. Human Resources will host live, webinars as a resource to help you understand and Benefit More in 2024! Please note the following information:**

- **The Delta Dental PPO plans will be consolidated into one PPO dental plan with an enhancement of \$2,000 annual plan maximum** from \$1,000, and an orthodontia benefit included for up to \$2,000 lifetime maximum.
- **Expanded Access to Costco and More for Vision Service Plan (VSP) Enrollees.** The City is moving from VSP's Subscriber-based reporting structure to Subscriber + Dependents reporting platform which will allow VSP enrollees to utilize their vision benefits at Costco, Sam's Club, Target and Walmart!!
- **The Employer-Paid Cafeteria Allowance is increasing in 2024.** One-Party: \$898; Two-Party: \$1,577; Family: \$1,971
- **City employees will now be able to add and/or confirm existing eligible dependents in Employee Self-Service (ESS).** All employees with covered dependents will be required to enter dependent information in ESS during Open Enrollment.
- **CalPERS Health Plan rates are increasing.** Also, HealthNet SmartCare has been eliminated as a 2024 plan. Please review your health plan options closely.

**Upcoming dates of live Open Enrollment webinars will be announced via E-mail**

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## Additional Information Regarding CalPERS Health Plans

- HealthNet SmartCare health plan is not an option for 2024
- The PPO Gold Plan (80/20) basic out of network deductible increases to \$2,500 from \$1,000
- The PERS Platinum Plan (90/10) basic out of network deductible is increasing to \$2,000 from \$500
- All HMO and PPO Plans offer a pharmacy mail-order program with opt-out option for home delivery for non-specialty maintenance medications

If you are planning to switch your health plan, please review the available list of providers to ensure your physician, hospital and/or medical facility is in your selected plan's network.

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### 2024 Summary of Benefits and Coverage Notices

Choosing your health plan is an important decision. To assist you with this process, each health plan available through the California Public Employees' Retirement System has produced a Summary of Benefits and Coverage (SBC). In addition, the federal government has compiled a glossary of common health terms. Together, these documents provide important information to help you better understand our health benefit coverage and more easily compare health plan options.

To access the SBCs and glossary online, visit [www.calpers.ca.gov](http://www.calpers.ca.gov) and select View Health Plan Rates to access the Plans & Rates page, or visit any of the health plan websites below. To request a courtesy paper copy of the SBC and glossary, contact each health plan directly.

Plan Name	Phone	Website
Anthem Blue Cross HMO & EPO	(855) 839-4524	<a href="http://www.calpers.com/ca/calpers">www.calpers.com/ca/calpers</a>
Blue Shield of California	(800) 334-5847	<a href="http://www.blueshieldca.com/calpers">www.blueshieldca.com/calpers</a>
Health Net of California	(888) 926-4921	<a href="http://www.healthnet.com/calpers">www.healthnet.com/calpers</a>
Kaiser Permanente	(800) 464-4000	<a href="http://www.kp.org/calpers">www.kp.org/calpers</a>
Peace Officers Research Association of California* (limited to specific sworn Employee Association(s))	(800) 288-6928	<a href="http://www.ibtofporac.org">www.ibtofporac.org</a>
PERS Gold & PERS Platinum	(877) 737-7776	<a href="http://www.anthem.com/ca/calpers">www.anthem.com/ca/calpers</a>
Sharp Health Plan	(855) 995-5004	<a href="http://www.sharphealthplan.com/calpers">www.sharphealthplan.com/calpers</a>
UnitedHealthcare	(877) 359-3714	<a href="http://www.uhc.com/calpers">www.uhc.com/calpers</a>
Western Health Advantage	(877) 942-7377	<a href="http://www.westernhealth.com/calpers">www.westernhealth.com/calpers</a>

**2024 PERS Monthly Health Care Premiums**

**LOS ANGELES AREA REGION 3: Los Angeles, Riverside, San Bernardino**

Effective 01/01/24 - 12/31/24

Medical Plan	Employee Only	Employee + 1	Employee + Family
Anthem HMO Select	\$841.13	\$1,682.26	\$2,186.94
Anthem HMO Traditional	\$1,012.67	\$2,025.34	\$2,632.94
Blue Shield Access+	\$756.65	\$1,513.30	\$1,967.29
Blue Shield Trio	\$704.69	\$1,409.38	\$1,832.19
Health Net Salud y Mas	\$630.13	\$1,260.26	\$1,638.34
Kaiser Permanente	\$865.41	\$1,730.82	\$2,250.07
PERS Gold	\$785.28	\$1,570.56	\$2,041.73
PERS Platinum	\$1,131.47	\$2,262.94	\$2,941.82
PORAC (Safety only)	\$926.00	\$1,863.00	\$2,371.00
UnitedHealthcare Alliance HMO	\$826.44	\$1,652.88	\$2,148.74
UnitedHealthcare SignatureValue Harmony	\$734.76	\$1,469.52	\$1,910.38

**2024 Dental, Vision and Life Insurance Monthly Premiums (composite rates)**

Delta Dental PPO (new plan includes Ortho)	\$85.47		
Delta Care USA HMO	\$29.37		
Vision Service Plan (VSP)	\$25.57		
Standard Life Insurance (mandatory)	\$8.00		
AD&D (mandatory)	\$1.25		
<b>Cafeteria Allowance:</b>	<b>Misc</b>	<b>Safety</b>	
Employee Only/Opt Out	\$898.00	\$898.00	
Employee + 1	\$1,577.00	\$1,577.00	
Employee + Family	\$1,971.00	\$1,971.00	

**OTHER SOUTHERN CALIFORNIA REGION 2: Fresno, Imperial, Inyo, Kern, Kings, Madera, Orange, San Diego, San Luis Obispo, Santa Barbara, Tulare, Ventura**

Effective 01/01/24 - 12/31/24

Medical Plan	Employee Only	Employee + 1	Employee + Family
Anthem HMO Select	\$807.71	\$1,615.42	\$2,100.05
Anthem HMO Traditional	\$1,034.38	\$2,068.76	\$2,689.39
Blue Shield Access+	\$869.14	\$1,738.28	\$2,259.76
Blue Shield Trio	\$810.24	\$1,620.48	\$2,106.62
Health Net Salud y Mas	\$684.77	\$1,369.54	\$1,780.40
Kaiser Permanente	\$904.95	\$1,809.90	\$2,352.87
PERS Gold	\$799.44	\$1,598.88	\$2,078.54
PERS Platinum	\$1,151.50	\$2,303.00	\$2,993.90
PORAC (Safety only)	\$926.00	\$1,863.00	\$2,371.00
Sharp (OS Region only)	\$833.24	\$1,666.48	\$2,166.42
UnitedHealthcare Alliance HMO	\$837.88	\$1,675.76	\$2,178.49
UnitedHealthcare SignatureValue Harmony	\$792.65	\$1,585.30	\$2,060.89

**2024 PERS Monthly Health Care Premiums - Single Party**

**LOS ANGELES AREA REGION 3: Los Angeles, Riverside, San Bernardino**

Effective 01/01/24 - 12/31/24

Medical Plan	Employee Only	Cafeteria Allowance	Cafeteria Allowance Credit/Debit*
Anthem HMO Select	\$841.13	\$898.00	\$56.87
Anthem HMO Traditional	\$1,012.67	\$898.00	(\$114.67)
Blue Shield Access+	\$756.65	\$898.00	\$141.35
Blue Shield Trio	\$704.69	\$898.00	\$193.31
Health Net Salud y Mas	\$630.13	\$898.00	\$267.87
Kaiser Permanente	\$865.41	\$898.00	\$32.59
PERS Gold	\$785.28	\$898.00	\$112.72
PERS Platinum	\$1,131.47	\$898.00	(\$233.47)
PORAC (Safety only)	\$926.00	\$898.00	(\$28.00)
UnitedHealthcare Alliance HMO	\$826.44	\$898.00	\$71.56
UnitedHealthcare SignatureValue Harmony	\$734.76	\$898.00	\$163.24

**2024 Dental, Vision and Life Insurance Monthly Premiums (composite rates)**

Delta Dental PPO (new plan includes Ortho)		\$85.47	
Delta Care USA HMO		\$29.37	
Vision Service Plan (VSP)		\$25.57	
Standard Life Insurance (mandatory)		\$8.00	
AD&D (mandatory)		\$1.25	
<b>Cafeteria Allowance:</b>	<b>Misc</b>	<b>Safety</b>	
Employee Only/Opt Out	\$898.00	\$898.00	
Employee + 1	\$1,577.00	\$1,577.00	
Employee + Family	\$1,971.00	\$1,971.00	

**OTHER SOUTHERN CALIFORNIA REGION 2: Fresno, Imperial, Inyo, Kern, Kings, Madera, Orange, San Diego, San Luis Obispo, Santa Barbara, Tulare, Ventura**

Effective 01/01/24 - 12/31/24

Medical Plan	Employee Only	Cafeteria Allowance	Cafeteria Allowance Credit/Debit*
Anthem HMO Select	\$807.71	\$898.00	\$90.29
Anthem HMO Traditional	\$1,034.38	\$898.00	(\$136.38)
Blue Shield Access+	\$869.14	\$898.00	\$28.86
Blue Shield Trio	\$810.24	\$898.00	\$87.76
Health Net Salud y Mas	\$684.77	\$898.00	\$213.23
Kaiser Permanente	\$904.95	\$898.00	(\$6.95)
PERS Gold	\$799.44	\$898.00	\$98.56
PERS Platinum	\$1,151.50	\$898.00	(\$253.50)
PORAC (Safety only)	\$926.00	\$898.00	(\$28.00)
Sharp (OS Region only)	\$833.24	\$898.00	\$64.76
UnitedHealthcare Alliance HMO	\$837.88	\$898.00	\$60.12
UnitedHealthcare SignatureValue Harmony	\$792.65	\$898.00	\$105.35

\*The health plan costs that exceed the cafeteria allowance are shown in red. The remaining cafeteria balance amounts shown in green will be applied to life (mandatory enrollment, dental and vision (if enrolled)). Any excess cafeteria allowance will be paid to the employee as taxable income on a bi-weekly basis.

**2024 PERS Monthly Health Care Premiums - Two Party**

**LOS ANGELES AREA REGION 3: Los Angeles, Riverside, San Bernardino**

Effective 01/01/24 - 12/31/24

Medical Plan	Employee + 1	Cafeteria Allowance	Cafeteria Allowance Credit/Debit*
Anthem HMO Select	\$1,682.26	\$1,577.00	(\$105.26)
Anthem HMO Traditional	\$2,025.34	\$1,577.00	(\$448.34)
Blue Shield Access+	\$1,513.30	\$1,577.00	\$63.70
Blue Shield Trio	\$1,409.38	\$1,577.00	\$167.62
Health Net Salud y Mas	\$1,260.26	\$1,577.00	\$316.74
Kaiser Permanente	\$1,730.82	\$1,577.00	(\$153.82)
PERS Gold	\$1,570.56	\$1,577.00	\$6.44
PERS Platinum	\$2,262.94	\$1,577.00	(\$685.94)
PORAC (Safety only)	\$1,863.00	\$1,577.00	(\$286.00)
UnitedHealthcare Alliance HMO	\$1,652.88	\$1,577.00	(\$75.88)
UnitedHealthcare SignatureValue Harmony	\$1,469.52	\$1,577.00	\$107.48

**2024 Dental, Vision and Life Insurance Monthly Premiums (composite rates)**

Delta Dental PPO (new plan includes Ortho)	\$85.47
Delta Care USA HMO	\$29.37
Vision Service Plan (VSP)	\$25.57
Standard Life Insurance (mandatory)	\$8.00
AD&D (mandatory)	\$1.25

Cafeteria Allowance:	Misc	Safety
Employee Only/Opt Out	\$898.00	\$898.00
Employee + 1	\$1,577.00	\$1,577.00
Employee + Family	\$1,971.00	\$1,971.00

**OTHER SOUTHERN CALIFORNIA REGION 2: Fresno, Imperial, Inyo, Kern, Kings, Madera, Orange, San Diego, San Luis Obispo, Santa Barbara, Tulare, Ventura**

Effective 01/01/24 - 12/31/24

Medical Plan	Employee + 1	Cafeteria Allowance	Cafeteria Allowance Credit/Debit*
Anthem HMO Select	\$1,615.42	\$1,577.00	(\$38.42)
Anthem HMO Traditional	\$2,068.76	\$1,577.00	(\$491.76)
Blue Shield Access+	\$1,738.28	\$1,577.00	(\$161.28)
Blue Shield Trio	\$1,620.48	\$1,577.00	(\$43.48)
Health Net Salud y Mas	\$1,369.54	\$1,577.00	\$207.46
Kaiser Permanente	\$1,809.90	\$1,577.00	(\$232.90)
PERS Gold	\$1,598.88	\$1,577.00	(\$21.88)
PERS Platinum	\$2,303.00	\$1,577.00	(\$726.00)
PORAC (Safety only)	\$1,863.00	\$1,577.00	(\$286.00)
Sharp (OS Region only)	\$1,666.48	\$1,577.00	(\$89.48)
UnitedHealthcare Alliance HMO	\$1,675.76	\$1,577.00	(\$98.76)
UnitedHealthcare SignatureValue Harmony	\$1,585.30	\$1,577.00	(\$8.30)

\*The health plan costs that exceed the cafeteria allowance are shown in red. The remaining cafeteria balance amounts shown in green will be applied to life (mandatory enrollment, dental and vision (if enrolled)). Any excess cafeteria allowance will be paid to the employee as taxable income on a bi-weekly basis.

**2024 PERS Monthly Health Care Premiums - Family Coverage**

**LOS ANGELES AREA REGION 3: Los Angeles, Riverside, San Bernardino**

Effective 01/01/24 - 12/31/24

Medical Plan	Employee + Family	Cafeteria Allowance	Cafeteria Allowance Credit/Debit*
Anthem HMO Select	\$2,186.94	\$1,971.00	(\$215.94)
Anthem HMO Traditional	\$2,632.94	\$1,971.00	(\$661.94)
Blue Shield Access+	\$1,967.29	\$1,971.00	\$3.71
Blue Shield Trio	\$1,832.19	\$1,971.00	\$138.81
Health Net Salud y Mas	\$1,638.34	\$1,971.00	\$332.66
Kaiser Permanente	\$2,250.07	\$1,971.00	(\$279.07)
PERS Gold	\$2,041.73	\$1,971.00	(\$70.73)
PERS Platinum	\$2,941.82	\$1,971.00	(\$970.82)
PORAC (Safety only)	\$2,371.00	\$1,971.00	(\$400.00)
UnitedHealthcare Alliance HMO	\$2,148.74	\$1,971.00	(\$177.74)
UnitedHealthcare SignatureValue Harmony	\$1,910.38	\$1,971.00	\$60.62

**2024 Dental, Vision and Life Insurance Monthly Premiums (composite rates)**

Delta Dental PPO (new plan includes Ortho)	\$85.47
Delta Care USA HMO	\$29.37
Vision Service Plan (VSP)	\$25.57
Standard Life Insurance (mandatory)	\$8.00
AD&D (mandatory)	\$1.25

Cafeteria Allowance:	Misc	Safety
Employee Only/Opt Out	\$898.00	\$898.00
Employee + 1	\$1,577.00	\$1,577.00
Employee + Family	\$1,971.00	\$1,971.00

**OTHER SOUTHERN CALIFORNIA REGION 2: Fresno, Imperial, Inyo, Kern, Kings, Madera, Orange, San Diego, San Luis Obispo, Santa Barbara, Tulare, Ventura**

Effective 01/01/24 - 12/31/24

Medical Plan	Employee + Family	Cafeteria Allowance	Cafeteria Allowance Credit/Debit*
Anthem HMO Select	\$2,100.05	\$1,971.00	(\$129.05)
Anthem HMO Traditional	\$2,689.39	\$1,971.00	(\$718.39)
Blue Shield Access+	\$2,259.76	\$1,971.00	(\$288.76)
Blue Shield Trio	\$2,106.62	\$1,971.00	(\$135.62)
Health Net Salud y Mas	\$1,780.40	\$1,971.00	\$190.60
Kaiser Permanente	\$2,352.87	\$1,971.00	(\$381.87)
PERS Gold	\$2,078.54	\$1,971.00	(\$107.54)
PERS Platinum	\$2,993.90	\$1,971.00	(\$1,022.90)
PORAC (Safety only)	\$2,371.00	\$1,971.00	(\$400.00)
Sharp (OS Region only)	\$2,166.42	\$1,971.00	(\$195.42)
UnitedHealthcare Alliance HMO	\$2,178.49	\$1,971.00	(\$207.49)
UnitedHealthcare SignatureValue Harmony	\$2,060.89	\$1,971.00	(\$89.89)

\*The health plan costs that exceed the cafeteria allowance are shown in red. The remaining cafeteria balance amounts shown in green will be applied to life (mandatory enrollment, dental and vision (if enrolled)). Any excess cafeteria allowance will be paid to the employee as taxable income on a bi-weekly basis.

## Dental – Delta Dental

You may choose the Delta PPO plan (similar to a PPO medical plan) or the DeltaCare USA Plan (similar to an HMO medical plan). Dependents are eligible to age 26 regardless of student status.

Culver City Dental Plan Comparison Chart	DeltaCare USA DHMO	Delta Dental of California PPO	
	In-Network	In-Network	Out-of-Network
Calendar Year Deductible (Individual/Family)	\$0 Ind / \$0 Family	\$40 Ind / \$80 Family	\$50 Ind / \$100 Family
Annual Plan Maximum	Not applicable	\$2,000	\$2,000
Diagnostic & Preventive Max Waiver (Does not count toward maximum)	Not applicable	Yes	No
Diagnostic & Preventive (exams, cleanings, x-rays)	\$0-\$25 copay (varies by services; refer to fee schedule)	100% (deductible waived)	100% (deductible waived)
Basic Services			
Restorative	\$0-\$90 copay (varies by services; refer to fee schedule)	80%	80%
Endodontics	\$0-\$155 copay (varies by services; refer to fee schedule)	80%	80%
Periodontics	\$0-\$250 copay (varies by services; refer to fee schedule)	80%	80%
Major Services (includes prosthodontics)	\$0-\$175 copay (varies by services; refer to fee schedule)	50%	50%
Dental Implants	Not covered	50%	50%
Orthodontia	\$350 start-up fee		
Adults <sup>1</sup>	\$1,600	50%	50%
Children <sup>1</sup>	\$1,800		
Lifetime Maximum	Covers up to 24 months of active treatment.	\$2,000	\$2,000

<sup>1</sup>beyond 24 months of active treatment, an additional monthly fee of \$75 applies.

### Information Regarding the Diagnostic and Preventive (D&P) Waiver Program

Protect your wallet and your teeth with the Diagnostic and Preventive (D&P) Waiver Program. Under the Program, the annual maximum is waived for you and your dependents when diagnostic or preventive services are obtained through a Delta Dental DPPO provider.

**Delta Dental PPO w/Ortho**

**\$85.47 per Month**

**DeltaCare USA**

**\$29.37 per Month**



### Vision – Vision Service Plan (VSP)

All eligible employees of the City and their dependents are eligible for vision coverage through VSP. Dependents are eligible to age 26 regardless of student status.

Vision Service Plan (VSP) Signature	
Benefit	In-Network
WellVision Exam	\$0 copay
Retinal screening	Up to \$39
Frequency	12 months
<b>Prescription Glasses</b>	
Frames	Up to \$160
Single Vision Lens	\$0 copay
Lined Bifocal Lens	\$0 copay
Trifocal Lens	\$0 copay
Frequency	12 months
<b>Lens Enhancements</b>	
Standard Progressive	\$50 copay
Lenses Premium	\$80 - \$90 copay
Progressive Lenses Custom	\$120 - \$160 copay
Progressive Lenses	12 months
Frequency	
<b>Contacts (in lieu of glasses)</b>	
Contact Lens Materials	\$130 allowance
Contact Lens Exam (fitting and evaluation)	Up to \$60
Frequency	12 months
<b>Essential Medical Eye Care</b>	
Retinal screening for members with diabetes	\$20 per exam \$0 copay
Extra Savings	\$20 to spend on featured frame brands Laser Vision Correction: 15% off regular price or 5% off promotional price. Only available from contracted facilities.
Non-network benefits	Various allowances

**Improve Your Overall Health by Participating in an Annual Eye Exam! VSP offers the WellVision Eye Exam, which can reveal diabetes, high blood pressure, glaucoma, and degenerative macular issues. Culver City employees enrolled in VSP do not pay an out of pocket co-pay for an eye exam. Take advantage of your benefits!**

VSP Premium

\$25.57 per Month

# WHAT IS AN FSA?

## Healthcare FSA

This plan allows you to pay for eligible out-of-pocket healthcare expenses with pre-tax dollars. Eligible expenses include medical, dental, or vision costs including plan deductibles, copays, coinsurance amounts, and other non-covered healthcare costs for you and your tax dependents. You may access your entire annual election from the first day of the plan year and you can set aside up to \$3,050 this year. Minimum annual election amount is \$100.

Annual deduction amounts are divided by the first 24 paychecks of each calendar year, unless enrollment is effective mid-year.

If you enroll in the healthcare FSA, you receive a debit card to use to pay for eligible medical expenses. The debit card gives you access to the full annual election amount on January 1, 2023.

You can use healthcare FSA funds for medical expenses incurred by you, your spouse and/or child(ren) or tax dependents, including registered domestic partner.

## Dependent Care FSA

A dependent care Flexible Spending Account (FSA) can help families save potentially hundreds of dollars per year on day care (please consult with a tax advisor before enrolling). You set aside money from your paycheck, before taxes, to pay for work-related day care expenses.

You can set aside up to \$5,000 per household per year. It is important to note that you can access money only after it is placed into your dependent care FSA account. Per IRS regulations, a debit card is not available for Dependent Care FSA.

Eligible expenses include not only child care, but also before and after school care programs, preschool, and summer day camp for children under age 13. The account can also be used for day care for a spouse or other adult dependent who lives with you and is physically or mentally incapable of self-care.

You can set aside up to \$5,000 per household per year. It is important to note that you can access money only after it is placed into your dependent care FSA account.

## Eligible Health FSA Expenses

- Co-Payments
- Deductibles
- Co-Insurance Amounts
- Prescription Drugs
- Over-the-Counter Drugs
- Contact Lenses, Solutions, etc.
- Vision Services and Procedures
- Diabetic Supplies
- Feminine Hygiene Products
- Bandages
- Hearing Aids
- Breast Pumps
- 23 and Me
- Braces, Massagers, Sunscreen, etc.
- First Aid Kits, Medical Supplies

Elections cannot be changed during the plan year, unless you have a qualified change in family status (and the election change must be consistent with the event).

Unused amounts will be lost at the end of the grace period, so please plan carefully before making your election.

visit: [www.myameriflex.com](http://www.myameriflex.com)



## Benefit More With The Standard

In addition to Life and AD&D coverage through The Standard, the Travel Assistance benefit is also available to all covered employees, their dependents (i.e., spouse or registered domestic partner and/or unmarried children up at age 26.

Travel Assistance through The Standard can provide help with lost passports, credit cards, luggage, replacement of medications, evacuations and much more. Please see the following page for additional details. Download the mobile App before your next trip! Call Travel Assist at 800.872.1414 and review the City's Life and AD&D information details below:

### **The Standard: Life and Accidental Death and Dismemberment (AD&D) Insurance**

All active, benefited employees of the City working at least 20 hours per week are eligible for Life and Accidental Death and Dismemberment (AD&D) coverage through The Standard. The coverage amount for Life Insurance is the same amount as the coverage for AD&D coverage. Premiums for employees are paid in full by the City.

**Life Insurance Coverage: All Eligible Employees - \$50,000**  
**AD&D Coverage: All Eligible Employees - \$50,000**

**Life Insurance Monthly Mandatory Premium: \$8.00**  
**AD&D Monthly Mandatory Premium: \$1.25**

### **Dependent Life Coverage**

Coverage for dependent life insurance (i.e., spouse, registered domestic partner, child) is paid by the employee at a rate of 12 cents per pay period regardless of the number of dependents. Dependent children are covered up to age 26. Dependents are not eligible for AD&D.

To add dependent coverage during open enrollment, a medical questionnaire must be completed and sent directly to The Standard. Please reach out to Human Resources if you are adding life insurance for a dependent during open enrollment.

**Dependent Coverage Spouse: \$1,000**  
**Dependent Coverage Child: \$1,000**

Things can happen on the road. Passports get stolen or lost. Unforeseen events or circumstances derail travel plans. Medical problems surface at the most inconvenient times. Travel Assistance can help you navigate these issues and more at any time of the day or night.<sup>1</sup>

You and your spouse are covered with Travel Assistance — and so are kids through age 25 — with your group insurance from Standard Insurance Company (The Standard).<sup>2</sup>

## Security That Travels with You

Travel Assistance is available when you travel more than 100 miles from home or internationally for up to 180 days for business or pleasure. It offers aid before and during your trip, including:



Visa, weather and currency exchange information, health inoculation recommendations, country-specific details and security and travel advisories



Credit card and passport replacement and missing baggage and emergency cash coordination



Help replacing prescription medication or lost corrective lenses and advancing funds for hospital admission



Emergency evacuation to the nearest adequate medical facility and medically necessary repatriation to the employee's home, including repatriation of remains<sup>3</sup>



Connection to medical care providers, interpreter services, local attorneys and assistance in coordinating a bail bond



Return travel companion if travel is disrupted due to emergency transportation services or care of minor children if left unattended due to prolonged hospitalization



Assistance with the return of your personal vehicle if your emergency transportation services leave it stranded



Evacuation arrangements in the event of a natural disaster, political unrest and social instability

## Contact Travel Assistance

800.872.1414

United States, Canada, Puerto Rico,  
U.S. Virgin Islands and Bermuda

Everywhere else  
+1.609.986.1234

Text:  
+1.609.334.0807

Email:  
medservices@assistamerica.com

## Get the App

Get the most out of Travel Assistance with the Assist America Mobile App.

Click one of the links below or scan the QR code to download the app. Enter your reference number and name to set up your account. From there, you can use valuable travel resources including:

- One-touch access to Assist America's Emergency Operations Center
- Worldwide travel alerts
- Mobile ID card
- Embassy locator



Reference Number:  
01-AA-STD-5201



Standard Insurance Company | 1100 SW Sixth Avenue, Portland, OR 97204 | [standard.com](http://standard.com)

<sup>1</sup> Travel Assistance is provided through an arrangement with Assist America, Inc. and is not affiliated with The Standard. Travel Assistance is subject to the terms and conditions, including exclusions and limitations of the Travel Assistance Program Description. Assist America, Inc. is solely responsible for providing and administering the included service. Travel Assistance is not an insurance product. This service is only available while insured under The Standard's group policy.

<sup>2</sup> Spouses and children traveling on business for their employers are not eligible to access these services during those trips.

<sup>3</sup> Must be arranged by Assist America, Inc.

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# TIPS TO BENEFIT MORE!



**ENROLL IN THE HEALTH FSA**



**UNDERSTAND HMO VS. PPO**



**PROACTIVELY MANAGE YOUR HEALTH**



**STAY CONNECTED TO HEALTH RESOURCES**

**Watch for Open Enrollment E-Blasts, Plan to Attend an Open Enrollment webinar and ask questions! Having answers can help you make choices based on your needs and preferences.**

**Please review the Employee Self Service Online Enrollment Guide for submission of Open Enrollment Changes.**

# KEY TERMS

## MEDICAL/GENERAL TERMS

<b>Allowable Charge</b>	The negotiated amount that in-network providers have agreed to accept as full payment.
<b>Balance Billing</b>	A practice where out-of-network providers bill a member for charges that exceed the plan's allowable charge.
<b>Coinsurance</b>	The percentage cost share between the insurance carrier and a member.
<b>Copay</b>	The dollar amount a member must pay directly to a provider at the time of service.
<b>Explanation of Benefits (EOB)</b>	The statement you receive from the insurance carrier that details how much the provider billed, how much the plan paid (if any) and how much you owe (if any). In general, you should not pay your provider until you have received this except for copays. Applies to PPO only.
<b>Family Deductible</b>	The maximum dollar amount any one family will pay out in individual deductibles in a year.
<b>Individual Deductible</b>	The dollar amount a member must pay each year before the plan will pay benefits for certain services.
<b>In-Network</b>	Services received from providers (doctors, hospitals, etc.) who have agreed to limit their fees for health plan members to a negotiated allowable charge.
<b>Out-of-Network</b>	Services received from providers (doctors, hospitals, etc.) who have not agreed to limit their fees to a negotiated allowable charge. Out-of-network benefits are usually lower and additional balance billing charges will apply whenever the provider charges more than the plan's allowable charge.
<b>Out-of-Pocket Max</b>	That maximum amount that you will pay each year for covered services.
<b>Preventive Care</b>	A routine exam - usually yearly that may include a physical exam, immunizations, and tests for cancer.

## PRESCRIPTION DRUG TERMS

<b>Brand Prescription Drug</b>	A drug which is produced and distributed under patent protection with a trademarked name from a single drug manufacturer. A generic drug may be available if the patent has expired.
<b>Dispense as Written (DAW)</b>	A prescription that does not allow for substitution of an equivalent generic or similar brand drug.
<b>Generic Prescription Drug</b>	A drug that has the same active ingredients as a brand name drug but is sold under a different name. For example, Atorvastatin is the generic name for medicines with the same formula as Lipitor. You generally pay a lower copay for generic drugs.
<b>Maintenance Medications</b>	Medications taken on a regular basis for an ongoing condition. Examples of maintenance medications include oral contraceptives, blood pressure medication and asthma medications.
<b>Non-Preferred Brand Drug</b>	A brand drug for which alternatives are available from either the insurance carrier's preferred brand drug or generic drug list. There is generally a higher copayment for a non-preferred brand drug.
<b>Preferred Brand Drug</b>	A brand drug that an insurance carrier has selected for its preferred drug list. Preferred drugs are generally chosen based on a combination of their clinical effectiveness and their cost.
<b>Specialty Pharmacy</b>	Provide special drugs that are used to treat complex conditions such as multiple sclerosis, cancer, and HIV/AIDS.
<b>Step Therapy</b>	The practice of beginning drug therapy for a medical condition with the most cost effective and safest drug therapy and progressing to other more costly or risky therapy, only if necessary.

# KEY TERMS

## DENTAL TERMS

<b>Basic Services</b>	Basic services generally include coverage for fillings and oral surgery.
<b>Diagnostic and Preventive Services</b>	Diagnostic and preventive services generally include services such as routine cleanings, oral exams, x-rays, sealants, and fluoride treatments. Most plans limit the frequency of preventive exams and cleanings to two times a year.
<b>Endodontics</b>	Commonly known as root canal therapy.
<b>Implants</b>	Dental implants are surgically implanted replacements for the natural tooth root of missing teeth.
<b>Major Services</b>	Generally include coverage for restorative dental work such as crowns, bridges, dentures, inlays and onlays.
<b>Orthodontia</b>	A benefit that is offered under some dental plans. It generally includes services for the treatment of alignment of the teeth. Orthodontia services are typically limited to a lifetime maximum.
<b>Periodontics</b>	The diagnosis and treatment of gum disease.
<b>Pre-Treatment Estimate</b>	An estimate that the insurance company provides detailing how much they will pay for treatment. A pre-treatment estimate is not a guarantee of payment.



Plan Type/Name	Contact Information
<p align="center"><b>Medical:</b> <b>CalPERS Plan Coverage Questions</b></p>	<p align="center"><b>CalPERS: (888) 335-7377</b> <b>CalPERS Health Summary Guide</b> <b>Culver City HR: CC_Benefits@culvercity.org</b> <b>Michelle Hamilton, Ext. 5647</b></p>
<p align="center"><b>CalPERS Enrollment Changes</b></p>	<p align="center"><b>E-mail: CC_Benefits@culvercity.org</b> <b>Last Name A-L: Victoria Jackson; Ext. 5644</b> <b>Last Name M-Z: Julius Rhaburn; Ext. 5645</b></p>
<p align="center"><b>Delta Dental Plan of California</b></p>	<p align="center"><b>Delta Dental PPO: (888) 335-8227</b> <b>DeltaCare USA HMO: (800) 422-4234</b> <b>www.deltadentalins.org</b></p>
<p align="center"><b>Vision Service Plan (VSP)</b></p>	<p align="center"><b>(800) 877-7195</b> <b>www.vsp.com</b></p>
<p align="center"><b>AmeriFlex (Flexible Spending)</b></p>	<p align="center"><b>(888) 868 - 3539</b> <b>www.myameriflex.com</b></p>
<p align="center"><b>The Standard</b> <b>(Life and Disability)</b></p>	<p align="center"><b>(800) 628-8600</b> <b>www.standard.com</b></p>
<p align="center"><b>Travel Assistance</b> <b>(The Standard)</b></p>	<p align="center"><b>(800) 872-1414</b> <b>www.standard.com</b></p>