



2025 EMPLOYEE BENEFITS GUIDE

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Welcome!

The City of El Segundo is proud to offer comprehensive, high-quality benefits at a reasonable cost. We've designed our benefit plans to give you choices so you can pick the options that are best for you and your family.

City of El Segundo benefits are broken into two major categories:

Core Benefits

Plans and programs that may be available to you at no cost.

Benefit Choices

Plans and programs you can elect to join or purchase.

To see the plans that fall within each benefit category, refer to the "Benefits at a Glance" section located on [page 4](#) of this guide.



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 Human Resources at hr@elsegundo.org

Benefits are effective:
January 1 through
December 31 of each plan year





Online Enrollment

To enroll, log on to Ease using a desktop or mobile device at <https://cityofelsegundo.ease.com>



Ease allows you to view your benefit options online and make benefit elections for you and your family. Ease also provides plan details, coverage amounts and costs. The instructions below outline the steps to register and complete the enrollment process. If you enrolled through Ease last year, you will use the same password. If you forgot, click “Forgot” to reset.

1. Log in to Ease per the email instructions you have received from Human Resources. For optimal performance it is recommended that you use Chrome  or Firefox  as your browser.
2. Click to begin your enrollment.
3. Follow the prompts on each page to complete your benefit enrollment. Click to proceed to the next section.
4. Verify your personal information is correct and enter in any of your dependent information.
5. If requested during the enrollment process, provide any emergency contacts, employment documents, Medicare status, previous/current coverage and/ or health information.
6. your benefit by selecting or for each plan. Click to proceed to the next benefit.
7. You will then be prompted to provide any missing data. Once you have done this, you will be able to review and sign your forms using your mouse or mobile device.
8. Create your signature, then follow the prompts to finish

9. If you have questions, contact Human Resources at 310-524-2381.

Benefits at a Glance

Core Benefits	
Plans and programs provided to Full-Time employees	
Basic Life/AD&D MetLife	<ul style="list-style-type: none"> \$50,000 benefit
Long Term Disability MetLife	<ul style="list-style-type: none"> 66.67% of your pre-disability earnings to a monthly maximum of \$6,500
Employee Assistance Program The Holman Group	<ul style="list-style-type: none"> Access to quick and confidential help from legal and financial experts 24/7 phone consultations and up to 3 face-to-face counseling sessions with a licensed mental health practitioner Online counseling
Employee Perks BenefitHub	<ul style="list-style-type: none"> Full-time and part-time employees are eligible to receive discounts and cash back on a wide array of services and products
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 only</i>) UnitedHealthcare SignatureValue Alliance HMO UnitedHealthcare 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 MetLife	<ul style="list-style-type: none"> DHMO DPPO
Vision VSP	<ul style="list-style-type: none"> PPO
Voluntary Life/AD&D MetLife	<ul style="list-style-type: none"> Employee: \$10,000 increments to a maximum benefit of \$500,000 or 5X your annual earnings Spouse or Domestic Partner: \$5,000 increments to a maximum benefit of \$250,000 or 50% of your purchase amount Child(ren): Birth to 6 months: \$1,000 6 months to 26 years: \$10,000
Flexible Spending Accounts BCC	<ul style="list-style-type: none"> Health Care Account: Up to \$3,200 per year¹ Dependent Care Account: Up to \$5,000 per year¹
Long Term Care Unum	<ul style="list-style-type: none"> Provides assistance for the general effects of aging for you and eligible dependents
457 Deferred Compensation Mission Square	<ul style="list-style-type: none"> Fund your retirement with pre or post-tax dollars up to IRS maximums
Additional Benefits MetLife	<ul style="list-style-type: none"> Pet Insurance

¹ Subject to change. Pending IRS release.

2025 Employee Dollars

Bargaining Units Salary Groups	Medical Allowance	Dental/ Vision/Life CAP	Flex Dollars	Basic Life/ AD&D Benefit	LTD	SDI
City Employees' Association (CEA)	\$1,800	\$184	-	\$50,000	Yes	Yes
Firefighters' Association (FFA)	\$1,800	\$184	-	\$50,000	No	No
Management & Confidential (M&C)	\$932	-	\$868	\$50,000	Yes	No
Police Management Association (PMA)	\$1,800	-	-	\$50,000	No	No
Police Officers' Association (POA)	\$1,800	\$184	-	\$50,000	No	No
Police Services (PSSEA)	\$1,800	\$184	-	\$50,000	Yes	Yes
Supervisory & Professional Association (SPEA)	\$1,800	\$184	-	\$50,000	Yes	Yes

IRS Code Section 125

The City of El Segundo employee benefit plans are provided in accordance with 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, 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.

2025 Monthly Premium Rates

Coverage	\$1,000	\$10,000	\$20,000	\$40,000	\$50,000	\$100,000
Voluntary Life/AD&D - Employee & Spouse						
Employee Age						
Under 30	\$0.12	\$1.20	\$2.40	\$4.80	\$6.00	\$12.00
30-34	\$0.12	\$1.19	\$2.38	\$4.76	\$5.95	\$11.90
35-39	\$0.14	\$1.44	\$2.88	\$5.76	\$7.20	\$14.40
40-44	\$0.20	\$2.04	\$4.08	\$8.16	\$10.20	\$20.40
45-49	\$0.31	\$3.14	\$6.28	\$12.56	\$15.70	\$31.40
50-54	\$0.51	\$5.10	\$10.20	\$20.40	\$25.50	\$51.00
55-59	\$0.81	\$8.07	\$16.14	\$32.28	\$40.35	\$80.70
60-64	\$1.00	\$10.03	\$20.06	\$40.12	\$50.15	\$100.30
65-69	\$1.71	\$17.17	\$34.34	\$68.68	\$85.85	\$171.70
70+	\$2.76	\$27.62	\$55.24	\$110.48	\$138.10	\$276.20

Coverage	\$1,000	\$2,000	\$4,000	\$5,000	\$10,000
Voluntary Life/AD&D - Children					
Child Age					
All Ages	\$0.24	\$0.49	\$0.97	\$1.22	\$2.43

Due to rounding, your actual payroll deduction amount may vary slightly.

2025 Monthly Premium Rates

You may enroll in a health plan using either your residential or work ZIP Code. If you use your residential ZIP Code, all enrolled dependents must reside in the health plan's service area. If you use the City of El Segundo 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 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.

Region 2¹

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

Region 3

Los Angeles, Riverside, and San Bernardino 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
UnitedHealthcare SV Alliance	\$890.66	\$1,781.32	\$2,315.72	\$866.40	\$1,732.80	\$2,252.64
UnitedHealthcare 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	\$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						
MetLife Dental DHMO	\$13.68	\$23.96	\$35.39	\$13.68	\$23.96	\$35.39
MetLife Dental DPPO	\$51.57	\$100.59	\$171.56	\$51.57	\$100.59	\$171.56
VSP Vision PPO	\$8.63	\$17.27	\$28.66	\$8.63	\$17.27	\$28.66

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

¹ Blue Shield Trio HMO plan available in these counties for 2025: Kern, Kings, Los Angeles, Orange, Riverside, San Bernardino, San Luis Obispo, Santa Barbara, Tulare, and Ventura.

Eligibility & Enrollment

Who may enroll

City of El Segundo Employees

- Regular, full-time employees are eligible for 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 (QMCSO)
- 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

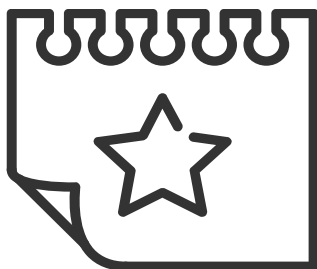
If you enroll yourself, you may enroll your spouse, domestic partner and children in the medical, dental, vision, and voluntary life/AD&D plans.

Required Information

At enrollment you are required to enter the Social Security Identification 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.

Required Dependent Information: Upon enrollment in the Ease system, you will be required to upload social security card, birth certificate and marriage certificate to your “My Documents” section for Human Resources to confirm eligibility.

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



When you may enroll

As an Eligible Employee

- 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 change or make new benefit elections for the following benefit plan year. The benefit plan year is effective January 1 through December 31.

Qualifying Event

Once you make your benefit elections, you cannot change them during the benefit plan 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 update your coverage. If you do not update your coverage within 60 days of the qualifying event, you may enroll during the next CalPERS Open Enrollment period or at any time with a 90-day waiting period. The earliest effective date of enrollment will be the first of the month following the 90-day waiting period or January 1 after open enrollment.

When Coverage Ends

If your employment with the City of El Segundo ends, your coverage for medical will end on the last day of the month following separation. 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 end on the last day of employment. Depending on the circumstances of your separation, you may be able to continue coverage under COBRA for health insurance or convert/port your coverage for life insurance.

Medical Plan Choices

Medical Plan Options

City of El Segundo 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 El Segundo Zip Code. 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. [Pages 10-13](#) of this guide provide a list of available plans. Premium rates for Regions 2 and 3, which cover counties from Ventura to San Diego, are found on [page 6](#).

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.

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.

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.

Although generic medications are not mandatory, the Plan encourages you to purchase generic medications whenever possible.

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

Finding a Medical Provider

[Page 24](#) 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

Out of Pocket Expenses

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

Medical Plan Highlights: HMO

	Anthem Select HMO (Anthem Select HMO Network) OR Anthem Traditional HMO (Anthem CA Care HMO Network)	Blue Shield HMO Trio³ (Blue Shield TRIO Network ³) OR Blue Shield Access+ HMO (Blue Shield Access+ Network)	Health Net Salud (Health Net Salud 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 / person	\$1,000 / person	\$1,000 / person
- Mail Order Pharmacy			
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			
- Generic	\$5	\$5	\$5
- Brand Name	\$20	\$20	\$20
- Non-Formulary	\$50	\$50	\$50
- Supply Limit	30 Days ²	30 Days ²	30 Days ²
Mail Order			
- Generic	\$10	\$10	\$10
- Brand Name	\$40	\$40	\$40
- Non-Formulary	\$100	\$100	\$100
- Supply Limit	90 Days	90 Days	90 Days
Hospital Benefits			
Room & Board / Surgeon's Fees / Maternity—Delivery	\$0	\$0	\$0
Outpatient Surgery	\$0	\$0	\$0
Mental Health Benefits			
- Office Visit	\$15	\$15	\$15
- Inpatient Services	\$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/bsc	\$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 HMO (Kaiser Network)	Sharp ³ Health Plan HMO (Performance Plus)	UnitedHealthcare SV Alliance HMO (Alliance Network) OR SV Harmony HMO (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 - Mail Order Pharmacy	Individual / Family \$1,500 / \$3,000 \$7,700 / \$15,400 \$1,000 / person	Individual / Family \$1,500 / \$3,000 \$7,700 / \$15,400 \$1,000 / person	Individual / Family \$1,500 / \$3,000 \$7,700 / \$15,400 \$1,000 / 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 - Generic - Brand Name - Non-Formulary - Supply Limit	\$5 \$20 \$20 30 Days	\$5 \$20 \$50 30 Days ²	\$5 \$20 \$50 30 Days ²
Mail Order - Generic - Brand Name - Non-Formulary - Supply Limit	\$10 \$40 \$40 100 Days	\$10 \$40 \$100 90 Days	\$10 \$40 \$100 90 Days
Hospital Benefits			
Room & Board / Surgeon's Fees / Maternity—Delivery	\$0	\$0	\$0
Outpatient Surgery	\$0	\$0	\$0
Mental Health Benefits			
- Office Visit	\$15	\$15	\$15
- Inpatient Services	\$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 Plan (Blue Shield PPO Network)		PERS Gold PPO Plan More information on Page 15 (Blue Shield Tandem PPO Network)	
	In-Network	Non-Network	In-Network	Non-Network
Network Name				
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	\$7,450 / \$14,900	Unlimited	\$7,450 / \$14,900	Unlimited
- Medical ³	\$2,000 / \$4,000	Unlimited	\$2,000 / \$4,000	Unlimited
- Pharmacy	\$1,000 per person		\$1,000 /person	
- Home Delivery Pharmacy				
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				
- Generic	\$5	Not Covered	\$5	100% up front; may submit paper claim to request partial reimbursement
- Brand Name	\$20	Not Covered	\$20	
- Non-Formulary	\$50	Not Covered	\$50	
- Supply Limit	30 Days	N/A	30 Days	
Mail Order				
- Generic	\$10	Not Covered	\$10	100% up front; may submit paper claim to request partial reimbursement
- Brand Name	\$40	Not Covered	\$40	
- Non-Formulary	\$100	Not Covered	\$100	
- Supply Limit	90 Days	N/A	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
Mental Health Benefits				
- Office Visit	\$20	40% ²	\$10	40% ²
- Inpatient Services	10% ¹	40% ²	20% ¹	40% ²
Acute Care				
Emergency Room Facility	\$50 (waived if admitted) + 10% ¹		\$50 (waived if admitted) + 20% ¹	
Urgent Care	\$35	40% ²	\$35	40% ²
Telemedicine Visits	\$20 teladoc.com/bsc	40% ²	\$10 teladoc.com/bsc	40% ²

⁽¹⁾ Subject to deductible.

⁽²⁾ Subject to deductible. Out-of-Network benefits are paid based on an 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.

⁽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](#).

Medical Plan Highlights: PPO

Plan Name	Anthem Blue Cross PORAC Prudent Buyer PPO (Anthem Prudent Buyer PPO Network)	
	In-Network	Non-Network
Network Name		
Provisions		
Calendar Year Deductible	Individual / Family \$300 / \$900	Individual / Family \$600 / \$1,800
Out-of-Pocket Maximum	Individual / Family N/A	
- Coinsurance	\$2,000 / \$4,000	
- Medical ³	\$2,000 / \$4,000	
- Pharmacy		
Lifetime Maximum	Unlimited	
Medical Benefits		
Office Visit Copay		
- PCP	\$10	20% ²
- Specialist Visits	\$35	20% ²
- Preventive Care	\$0	20% ²
- Chiropractic / Acupuncture (20 Visits/Year Combined)	\$20	20% ²
- Physical Therapy	20% ¹	20% ²
- Diagnostic X-Ray & Lab	20% ¹	20% ²
Pharmacy Benefits	(through OptumRx)	
Retail		
- Generic	\$10	100% up front; may submit paper claim to request partial reimbursement
- Brand Name	\$25	
- Non-Formulary	\$45	
- Supply Limit	30 Days	
Mail Order		
- Generic	\$20	100% up front; may submit paper claim to request partial reimbursement
- Brand Name	\$40	
- Non-Formulary	\$75	
- Supply Limit	90 Days	
Non-Maintenance Home Delivery	\$15/\$60/\$160	Not Covered
Hospital Benefits		
Room & Board / Surgeon's Fees / Maternity— Delivery	20% ¹	20% ²
Outpatient Surgery	20% ¹	20% ²
Mental Health Benefits		
- Office Visit	20% ¹	20% ²
- Inpatient Services	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 an 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 and 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 any of 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 Anthem'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) a smoking cessation program through Anthem.



\$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 Anthem's virtual second opinion program or a Select plan doctor for non-urgent or non-emergency surgeries. Call 888-361-3944 (Monday through Friday, 5:30 a.m. to 8:00 p.m., PST) if you are having non-urgent and non-emergency scheduled surgery in 2025. They will verify if a second opinion is appropriate.



\$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 contact 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 just \$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
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 El Segundo 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 3 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: ElSegundo
 Password: City2023





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 HealthCare, 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, Babylon 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 & Access+ HMO - Health Net Salud y Mas HMO - Kaiser Permanente HMO - Sharp HMO (<i>San Diego only</i>) - United Healthcare Alliance HMO & Harmony 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 - PERS Gold PPO - PERS Platinum PPO	Included Health: 855-633-4436	https://includedhealth.com/microsite/calpers/
Pharmacy – CVS Caremark/OptumRx/Kaiser Permanente - CVS Caremark (<i>Blue Shield HMO plans</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	www.calpers.ca.gov/page/active-members/health-benefits/plans-and-rates/health-plan-events-resources	

Dental Plan Choices

MetLife | 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 will pay the copay 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.

MetLife | DPPO Plan

The Dental Preferred Provider Plan (DPPO) plan offers you the freedom and flexibility to use the dentist of your choice. You will maximize your benefits and reduce your out-of-pocket costs if you choose a dentist who participates in the MetLife network. When you utilize a network dentist, your out-of-pocket expenses will be less. If you obtain services using a non-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.

Plan Name	MetLife DHMO		MetLife DPPO	
	In-Network		In-Network	Non-Network
Network Name	In-Network		In-Network	Non-Network
Dental Benefits				
Calendar Year Maximum Benefit	Unlimited		\$2,000 per enrollee	
Annual Deductible				
- Individual	\$0		\$0	\$0
- Family	\$0		\$0	\$0
Preventive Services	No Charge for Most Services		100%	100%*
Basic Services	Copays Apply		20% coinsurance	20% coinsurance*
Major Services	Copays Apply		50% coinsurance	50% coinsurance*
Orthodontia			Child to age 19 coverage only	
- Child to age 19	\$1,695		50% coinsurance	
- Adult	\$1,695		\$1,000 Lifetime Benefit Maximum per enrollee	

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

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.metlife.com. Select, "Find a Dentist"

- **DHMO:** Dental HMO/Managed Care.
- Plan Name: Met185
- **DPPO:** PDP Plus

*Access your digital ID card by registering at www.metlife.com/mybenefits or download the MetLife mobile app from the Apple App Store or Google Play Store.

Vision Plan

VSP | Vision Plan

The City of El Segundo provides vision coverage through VSP Vision. 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 Vision PPO	
	In-Network	Non-Network
Network Name		
Vision Benefits		
Copay		
- Examination	\$10 copay	Up to \$45 reimbursement
- Materials	Included with exam copay	
Examination (Every 12 Months)	\$10 Copay	Up to \$45 reimbursement
Lenses (Every 12 Months)		
- Single Vision	100%	Up to \$30 reimbursement
- Bifocal	100%	Up to \$50 reimbursement
- Trifocal	100%	Up to \$65 reimbursement
Frames (Every 12 Months)	\$200 Benefit*	Up to \$70 Reimbursement
Contact Lenses (Every 12 Months)	(in lieu of frames and lenses)	
- Cosmetic / Elective	\$200 Benefit*	Up to \$105 Reimbursement
- Medically Necessary	Covered in full after copay	Up to \$210 Reimbursement

*Costco: \$80 allowance after copay. Walmart and Sam's Club: \$150 allowance after copay.

Enhanced LightCare Benefit - Allows members to use their frame allowance toward non-prescription blue light filtering glasses or sunglasses from the doctor's frame board or Eyeconic, exhausting both their lens and frame eligibility. Not available at Walmart® Optical or Sam's Club® Optical.

Finding a Vision Provider at www.vsp.com

- Select, "Find a Doctor"
- Search by location, office, or provider name

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



Additional Discounts Available

- **Glasses and sunglasses:** Get 20% savings on additional pairs of prescription glasses and non-prescription sunglasses, including lens enhancements.
- **Laser Vision Correction:** Savings averaging 15% off the regular price or 5% off a promotional offer for laser surgery including PRK, LASIK, and Custom LASIK. This offer is only available at VSP participating locations.

*Access your personalized dashboard at vsp.com or via the VSP Vision Care App. The VSP Vision Care app can be downloaded from the Apple App Store or Google Play Store

Life and AD&D

It's never fun to discuss life insurance. But you probably know that life insurance is something that you need to protect your loved ones in the event of your death. Things like funeral expenses, debt, and the cost of living, can all add up. Fortunately, life insurance can help lessen the financial burden and provide coverage to help pay for these types of expenses.

MetLife | Basic Life and AD&D

This coverage is provided by the City of El Segundo. Please refer to the table below for benefit level.

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 and AD&D

\$50,000 benefit

Life benefits will reduce by 35% at age 70, 50% at age 75, 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 EASE to change your beneficiary as needed.

MetLife | 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 MetLife. You pay for this coverage with after-tax dollars through convenient payroll deductions. Monthly premiums are located on [page 5](#).

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, not to exceed 50% of employee election.

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 the following flat amounts:

- Child from live birth to 6 months: \$1,000
- Child more than 6 months: \$1,000, \$2,000, \$4,000, \$5,000 or \$10,000

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 as long as you provide proof of good health. MetLife may approve or decline coverage based on a review of your health history.

Special Note

Employees enrolling, or increasing voluntary life coverage exceeding the Guarantee Issue amount, will be required to provide proof of good health. You will be asked to complete a health questionnaire (Statement of Health) and are subject to insurance carrier approval.

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.

California State Disability (SDI) - Available to CEA, SPEA and PSSEA, and Part-time employees

If you experience a short term disability, you may be eligible for benefits provided by the state. California State Disability Insurance (SDI) is a partial wage-replacement insurance plan for California workers. The SDI program is state-mandated and funded through employee payroll deductions. SDI provides short term benefits to eligible workers who suffer a loss of wages when they are unable to work due to a non-work-related illness or injury, pregnancy, or childbirth. For more information on eligibility, benefit amounts, and instructions on how to file a claim for the SDI program please visit the EDD website at www.edd.ca.gov.

MetLife | Long Term Disability

This coverage is provided by City of El Segundo to CEA, M&C, PSSEA, SPEA

The City of El Segundo 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	\$6,500
When Benefit Begin	After 60 Days
Maximum Benefit Duration	To Age 65

LTD Provisions:

- The monthly benefit is reduced by Workers' Compensation, PERS, Social Security and other income sources.
- Once approved, benefits are payable each month while you are disabled up to the age 65. This benefit is reduced if disabled after age 62.
- **Mental/Nervous, Substance Abuse and other limited condition disabilities** are covered for 24 months during your lifetime.
- **A pre-existing condition exclusions** may impact eligibility.
- **Family Care Incentive:** If the employee works or participates in a Rehabilitation Program while they are Disabled, reimbursement may be provided for up to \$400 per month for eligible Family Care expenses incurred by an employee for each eligible family member during the first 24 months of benefit payments.
- **Moving Expense Incentive:** If the employee participates in a Rehabilitation Program while they are Disabled, reimbursement may be provided for expenses incurred in order to move to a new residence if recommended as part of the Rehabilitation Program.
- **Rehabilitation Incentive:** 10% increase in the Monthly Benefit if participating in an approved Rehabilitation Program.
- **Survivor Benefit:** If the employee dies while they are Disabled, a single sum payment equal to 3 times the employee's last net Monthly Benefit is made to the employee's survivor.
- **Work Incentive:** While disabled and receiving a Monthly Benefit, employees may receive up to 100% of Predisability Monthly Earnings, including family care expense reimbursement, Rehabilitation incentive, return-to-work earnings, and other income benefits. After the first 24 months following the employees return to work, MetLife will reduce the employees Monthly Benefit by 50% of the amount the employee earns from working while Disabled.

Flexible Spending Accounts

BCC | Flexible Spending Accounts

The City of El Segundo provides Flexible Spending Accounts through Benefit Coordinators Corporation (BCC). 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 BCC 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. Employees may defer up to \$3,200¹ 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. Employees may defer up to \$5,000¹ pre-tax per year.



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

You must forfeit any money left in your account(s) after your expenses for the year have been reimbursed. The IRS does not allow the return of unused account balances at the end of the plan year, and remaining balances cannot be carried forward to a future plan year.

Grace Period

The Healthcare FSA includes a 2.5 month grace period. You can incur claims through March 15th and must file claims by March 31st of each benefit plan year.

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.

Claim Submissions

Claims can be submitted via the **My SmartCare** online portal benefitcc.wealthcareportal.com or mobile application.

Educational Video

Flexible Spending Accounts

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

¹ Subject to change. Pending IRS release.

Long Term Care

Unum | Long Term Care

The City of El Segundo offers you the opportunity to purchase Long Term Care insurance at discounted group rates, through Unum. Long Term Care provides an individual with the assistance they may require as a result of the general effects of aging. It also pays for the cost of care due to a chronic illness, a disability, or injury. Coverage may include the cost of staying in a nursing home or assisted living facility, adult day care or in-home care. This includes nursing care, physical, occupational or speech therapy and help with day to day activities.

Long Term Care	Benefit
Benefit Duration	3 Years
Facility Benefit Amount Per \$1,000 Increments	\$1,000 to \$6,000
Assisted Living Facility Percentage	60%
Return of Premium	Reduction
Professional Home Care	50%
Total Home Care—Option	50%
Inflation Protection—Option	Simple Capped

To Get Started

Go to www.unuminfo.com/CityOfElSegundo or call 800-227-4165.

Retirement Savings

Mission Square | 457 Deferred Compensation Plan

You are encouraged to participate in the City of El Segundo's 457 Deferred Compensation plan. This plan allows you to fund your retirement with pre or post-tax dollars. You can defer up to 75% of your annual salary up to the 2025 IRS benefit maximums of \$22,500. If you are 50 years old, or older, during the plan year, you may contribute a catch-up deferral.

Plan Options

Standard: Contributions are made with pre-tax dollars and withdrawals are taxed.

Roth: Contributions are made with post-tax dollars and withdrawals are tax-free.

Loans and Withdrawals

You may borrow money from your account while you are still employed with the City. The maximum loan amount is limited to 50% of your vested account balance, or \$50,000, whichever is less.

While employed, your withdrawal options are limited to attaining the plan's normal retirement age and voluntary after-tax contributions. If you leave the City of El Segundo, you may withdraw your money at any time or leave your funds in the account. After age 71, you will be required to take withdrawals.

To Get Started

Go to www.icmarc.org/login or call 800-669-7400. Download the app at www.icmarc.org/mobile-app.

Pet Insurance

MetLife | Pet Insurance

The City offers you the option to purchase pet insurance for your dogs and cats at discounted group rates, directly through the MetLife My Pet Protection plan. With this reimbursement plan, you can visit any licensed veterinarian, veterinary specialist or animal hospital in the United States. You can submit claims from your smartphone through their app, email, fax or USPS. After meeting your policy's deductible, you will be reimbursed according to your plan's benefit schedule allowance or the invoice amount, whichever is less. You will pay premiums to MetLife directly (not through a payroll deduction). This plan covers office visits, hospital stays, surgeries, tests, x-rays, treatments, medication, preventive care and more. This plan will not cover any pre-existing conditions.

To get a quote/enroll, call or visit:

•Telephone: Call (800) GET-MET8 (800-438-6388)

•Web: Go to www.metlife.com/getpetquote.

Employee Perks

BenefitHub | Discount Marketplace

The discount marketplace is provided to all employees (full-time and part-time) by the City of El Segundo at no cost to you.

City of El Segundo is pleased to offer you a way to save on a wide range of discounts and perks through our BenefitHub Discount Marketplace. BenefitHub is free, easy-to-use, and offers a full-range of benefits and rewards. Login to view existing offerings, and watch for additional discounts throughout the year.



Discounts

Receive exclusive discounts on a wide array of top brands in categories such as travel, auto, electronics, apparel, entertainment (movies/events), restaurants, health/wellness, beauty/spa, and much more!



Cash Back

Earn cash back on everything you buy from thousands of brands. Simply make your purchases through BenefitHub, and redeem your cash back. It's easy and a great way to save money.



Insurance

Visit BenefitHub to browse additional insurance coverage options such as Accident, Critical Illness, ID Theft Protection, Auto Insurance, Home Insurance, Financial Wellness, and much more. If elected, you will own these policies and pay directly to the carriers.



Financial Wellness

Tools are available to help you plan for your future, such as student loan refinancing, personal finance tools, 401(k) assistance and budgeting tools.



Educational Video

BenefitHub

<https://fast.wistia.net/embed/iframe/bvrextnb2>

To Get Started

Go to www.elsegundo.benefitHub.com and register with your email address. Refer to code "61VS7S" when prompted.

Use the mobile app to access BenefitHub on the go. The mobile app is available for free through the Apple App Store or Google Play Store.

Carrier Contacts

Plan Type	Provider	Phone Number	Website
Medical Access	CalPERS	Member Services: 888-225-7377	www.calpers.ca.gov
Medical 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
Medical Access+ HMO / Trio HMO	Blue Shield	Member Services: 800-334-5847 Rx- CVS Caremark: 866-346-7200	www.blueshieldca.com/calpers Blue Shield Pharmacy Benefits
Medical Salud y Más HMO	Health Net	Member Services: 888-926-4921 Rx- OptumRx: 855-505-8110	www.healthnet.com/calpers www.optumrx.com/calpers
Medical Kaiser HMO	Kaiser Permanente	Member Services: 800-464-4000	www.kp.org/calpers
Medical Sharp 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
Medical SignatureValue Alliance / SignatureValue Harmony	UnitedHealthcare	Member Services: 877-359-3714 Rx- OptumRx: 855-505-8110	www.uhc.com/calpers www.optumrx.com/calpers
Medical PERS Gold PPO / PERS Platinum PPO	Blue Shield	Included Health: 855-633-4436 Rx- OptumRx: 855-505-8110	https://includedhealth.com/ microsite/calpers/ www.optumrx.com/calpers
Medical PORAC PPO	Anthem Blue Cross / PORAC	Member Services: 800-288-6928 Rx- Express Scripts: 866-470-6265	http://ibtofporac.org www.express-scripts.com
Employee Assistance Program (EAP)	The Holman Group	Member Services: 800-321-2843	www.Holmangroup.com User Name: ElSegundo Password: City2023
Dental DHMO and PPO Group #5391825	MetLife	Member Services: 800-438-6388	mybenefits.metlife.com
Vision Group #30093370	VSP	Member Services: 800-877-7195	www.vsp.com
Life/AD&D Group # 5391825	MetLife Life Insurance	Member Services: 800-438-6388	mybenefits.metlife.com
Long Term Disability Group # 5391825	MetLife	Member Services: 800-438-6388	mybenefits.metlife.com
Flexible Spending Accounts and COBRA	BCC	Member Services: 800-685-6100	benefitcc.wealthcareportal.com
Long Term Care	Unum	Member Services: 800-227-4165	www.unuminfo.com/ CityOfElSegundo
457 Compensation Plan	Mission Square	Member Services: 800-669-7400	www.icmarc.org
Pet Insurance	MetLife	Member Services: 800-438-6388	www.metlife.com/getpetquote

Carrier Contacts

Access all of your carrier contacts on the go!



Save your benefits contact information on your phone.

[Click here](#) or scan the QR code to access your benefit contact info from your mobile device.



Save your 2025 Benefit Contacts to your phone's Home Screen:

Step 1:

- For iPhone/iPad: Tap the Share icon at the bottom of the screen: 
- For Android: Tap the Menu icon: 

Step 2:

- Tap Add to Home Screen

Step 3:

- Rename the icon El Segundo Benefit Contacts

Note:

You may notice a OneHub app pop-up when you first access the Benefit Contacts web page.

You can eliminate the app pop-up by clicking the "x".

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 El Segundo 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 choose to purchase coverage through the marketplace, because the City of El Segundo'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.

Annual Notices

The City of El Segundo plans are partially arranged by the City of El Segundo 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 El Segundo'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 El Segundo'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.



For More Information

Go to www.healthcare.gov.



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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.