



2026 EMPLOYEE BENEFITS GUIDE



Welcome!

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

City of Paramount's employee benefits are broken into two major categories:

Core Benefits

Plans and programs automatically 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 5](#) of this guide.

This package 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 the Human Resources Department.

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



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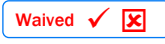



Online Enrollment

To enroll, log on to Ease using a desktop or mobile device at

<https://paramountcity.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.

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

This screenshot shows the 'Create your signature' step. It includes the heading 'Create your signature', the instruction 'Start typing your full name as it appears below.', a large text input field containing the cursive signature 'Example New', and a 'Next' button. At the bottom, there is a security notice: 'SHA-256 with RSA Encryption' and 'I understand this is a legal representation of my signature.'This screenshot shows the 'Enrollment Confirmation' step. It features a progress indicator at the top: '0 signatures remaining (1 pages)' and a 'Finish Signing' button. The main heading is 'Enrollment Confirmation', followed by the text: 'You have completed the enrollment process. You're required to electronically sign to acknowledge your personal details and elections.'

9. If you have questions, contact Human Resources at (562) 220-2067.

Benefits at a Glance

Core Benefits	
Plans and programs automatically available to you at no cost to you	
Mental Wellness Spring Health	<ul style="list-style-type: none"> Personalized mental wellness benefits range from online exercises to deal with day-to-day stressors to in-person or virtual licensed therapy
Employee Assistance Program Guardian	<ul style="list-style-type: none"> 24/7 phone consultations Up to three face-to-face counseling sessions per household member, per problem, per year Access to legal and financial counseling
Basic Life/AD&D Guardian	<ul style="list-style-type: none"> 1 X annual salary
Short Term Disability Guardian	<ul style="list-style-type: none"> 66.67% of your pre-disability earnings to a weekly maximum of \$2,309
Long Term Disability Guardian	<ul style="list-style-type: none"> 66.67% of your pre-disability earnings to a monthly maximum of \$10,000
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 Trio HMO Health Net Salud Y Mas HMO Kaiser Permanente HMO United Healthcare Alliance HMO United Healthcare Harmony HMO PERS Gold PPO PERS Platinum PPO
Dental Guardian	<ul style="list-style-type: none"> DHMO PPO
Vision Guardian (VSP)	<ul style="list-style-type: none"> PPO
Voluntary Life/AD&D Guardian	<ul style="list-style-type: none"> Employee: \$10,000 increments to a maximum benefit of \$500,000 Spouse or Domestic Partner: \$10,000 increments to a maximum benefit of \$50,000 Child(ren) 6 Months or older: \$5,000 or \$10,000 Child(ren) Under 6 Months: \$500
Flexible Spending Accounts TASC	<ul style="list-style-type: none"> Health Care Account: Up to \$3,300 per year¹ Dependent Care Account: Up to \$7,500 per year¹
Supplemental Health Guardian	<ul style="list-style-type: none"> Accident Hospital Critical Illness

¹Pending IRS release

Benefits Costs

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 your work ZIP Code, all enrolled dependents must receive all covered services (except emergency and urgent care) within the health plan's service area, even if they do not reside in that area. Visit the CalPERS website at 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.

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

Premium Rates for Region 3

Los Angeles, San Bernardino, and Riverside Counties

Plan	Single			2-Party			Family		
	You Pay	We Pay	Total	You Pay	We Pay	Total	You Pay	We Pay	Total
HMO Medical Plan Options									
Anthem Select HMO	\$144.40	\$818.28	\$962.68	\$288.80	\$1,636.56	\$1,925.36	\$375.45	\$2,127.52	\$2,502.97
Anthem Traditional HMO	\$169.28	\$959.25	\$1,128.53	\$338.56	\$1,918.50	\$2,257.06	\$440.13	\$2,494.05	\$2,934.18
Blue Shield Access+ HMO	\$137.69	\$780.22	\$917.91	\$275.37	\$1,560.45	\$1,835.82	\$357.99	\$2,028.58	\$2,386.57
Blue Shield Trio HMO ¹	\$127.88	\$724.68	\$852.56	\$255.77	\$1,449.35	\$1,705.12	\$332.50	\$1,884.16	\$2,216.66
Health Net Salud y Mas HMO	\$111.02	\$629.09	\$740.11	\$222.03	\$1,258.19	\$1,480.22	\$288.64	\$1,635.65	\$1,924.29
Kaiser Permanente (CA) HMO	\$145.36	\$823.69	\$969.05	\$290.72	\$1,647.39	\$1,938.10	\$377.93	\$2,141.60	\$2,519.53
UnitedHealthCare Alliance HMO	\$130.61	\$740.15	\$870.76	\$261.23	\$1,480.29	\$1,741.52	\$339.60	\$1,924.38	\$2,263.98
UnitedHealthCare Harmony HMO	\$114.83	\$650.68	\$765.51	\$229.65	\$1,301.37	\$1,531.02	\$298.55	\$1,691.78	\$1,990.33
PPO Medical Plan Options									
PERS Gold PPO	\$144.00	\$960.03	\$960.03	\$288.01	\$1,632.05	\$1,920.06	\$374.41	\$2,121.67	\$2,496.08
PERS Platinum PPO	\$214.77	\$1,431.81	\$1,431.81	\$429.54	\$2,434.08	\$2,863.62	\$558.41	\$3,164.30	\$3,722.71
Dental and Vision Plans									
Guardian Dental DHMO	\$0.00	\$15.98	\$15.98	\$0.00	\$43.27	\$43.27	\$0.00	\$43.27	\$43.27
Guardian Dental PPO	\$0.00	\$57.71	\$57.71	\$0.00	\$146.87	\$146.87	\$0.00	\$146.87	\$146.87
VSP Vision PPO	\$0.00	\$24.19	\$24.19	\$0.00	\$24.19	\$24.19	\$0.00	\$24.19	\$24.19
Life Insurance									
Guardian Group	\$0.00								

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

Benefits Costs

Premium Rates for Region 2

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

Plan	Single			2-Party			Family		
	You Pay	We Pay	Total	You Pay	We Pay	Total	You Pay	We Pay	Total
HMO Medical Plan Options									
Anthem Select HMO	\$152.45	\$863.87	\$1,016.32	\$304.90	\$1,727.74	\$2,032.64	\$396.36	\$2,246.07	\$2,642.43
Anthem Traditional HMO	\$173.74	\$984.52	\$1,158.26	\$347.48	\$1,969.04	\$2,316.52	\$451.72	\$2,559.76	\$3,011.48
Blue Shield Access+ HMO	\$157.93	\$894.96	\$1,052.89	\$315.87	\$1,789.91	\$2,105.78	\$410.63	\$2,326.88	\$2,737.51
Blue Shield Trio HMO ¹	\$140.49	\$796.09	\$936.58	\$280.97	\$1,592.19	\$1,873.16	\$365.27	\$2,069.84	\$2,435.11
Health Net Salud y Mas HMO	\$131.94	\$747.63	\$879.57	\$263.87	\$1,495.27	\$1,759.14	\$343.03	\$1,943.85	\$2,286.88
Kaiser Permanente (CA) HMO	\$148.15	\$839.54	\$987.69	\$296.31	\$1,679.07	\$1,975.38	\$385.20	\$2,182.79	\$2,567.99
Sharp Performance Plus HMO	\$137.43	\$778.77	\$916.20	\$274.86	\$1,557.54	\$1,832.40	\$357.32	\$2,024.80	\$2,382.12
UnitedHealthCare Alliance HMO	\$142.65	\$808.34	\$950.99	\$285.30	\$1,616.68	\$1,901.98	\$370.89	\$2,101.68	\$2,472.57
UnitedHealthCare Harmony HMO	\$128.57	\$728.57	\$857.14	\$257.14	\$1,457.14	\$1,714.28	\$334.28	\$1,894.28	\$2,228.56
PPO Medical Plan Options									
PERS Gold PPO	\$143.44	\$812.84	\$956.28	\$286.88	\$1,625.68	\$1,912.56	\$372.95	\$2,113.38	\$2,486.33
PERS Platinum PPO	\$213.94	\$1,212.30	\$1,426.24	\$427.87	\$2,424.61	\$2,852.48	\$556.23	\$3,151.99	\$3,708.22
Dental and Vision Plans									
Guardian Dental DHMO	\$0.00	\$15.98	\$15.98	\$0.00	\$43.27	\$43.27	\$0.00	\$43.27	\$43.27
Guardian Dental PPO	\$0.00	\$57.71	\$57.71	\$0.00	\$146.87	\$146.87	\$0.00	\$146.87	\$146.87
VSP Vision PPO	\$0.00	\$24.19	\$24.19	\$0.00	\$24.19	\$24.19	\$0.00	\$24.19	\$24.19
Life Insurance									
Guardian Group	\$0.00								

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

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

IRS Code Section 125

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

Eligibility & Enrollment

Who may enroll

City of Paramount Employees

- Regular, full-time employees working at least 30 hours per week

Dependents

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

Your spouse, domestic partner, and children may be enrolled in our medical, dental, vision, and voluntary life insurance plans.

Required Information

At enrollment, you are required to enter the Social Security Number for all covered dependents. Health Care Reform Law requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.



When you may enroll

As an Eligible Employee

- As a new hire, you may participate in the City's benefits on the first day of the month following your date of hire.
- Each year, during open enrollment.
- Within 30 days of a qualifying event as defined by the IRS.
- You may enroll in voluntary life insurance at any time, subject to proof of good health and carrier approval.

Eligibility & Enrollment

Changes to enrollment

Open Enrollment

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

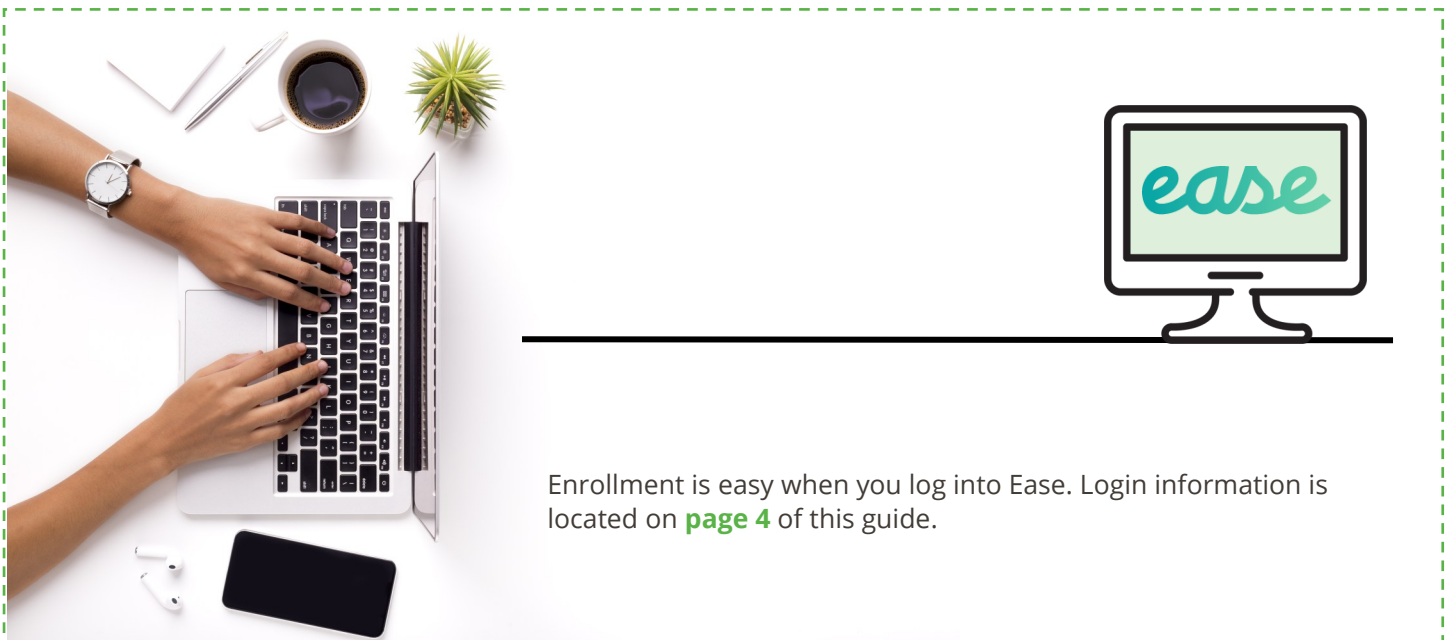
Qualifying Event

Once you make your benefit elections, you cannot change them throughout the year unless you experience a qualifying event as defined by the IRS.

Examples include, but are not limited to:

- Marriage, divorce, legal separation, or annulment
- Birth, adoption, or death of a child or spouse
- Qualified Medical Child Support Order (QMCSO)
- Change in your dependent's eligibility status
- Loss of coverage from another health plan
- Change in your residence or workplace (if your benefit options change)
- Loss of coverage through Medicaid or Children's Health Insurance Program (CHIP)
- Eligibility for a federal or state premium assistance program under Medicare, Medicaid, or CHIP

Coverage for a new dependent is not automatic. If you experience a qualifying event, you have 30 days to update your coverage. Please contact the Human Resources Department immediately following a qualifying event to complete the appropriate election forms as needed. If you do not update your coverage within 30 days of the qualifying event, you must wait until the next annual open enrollment period to update your coverage.



Enrollment is easy when you log into Ease. Login information is located on [page 4](#) of this guide.

Medical Plan Choices

City of Paramount 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 or work 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.** CalPERS search tool by Zip Code → [Health Plan Search by Zip Code](#)

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 11-13](#) of this guide provide a list of available plans, and premiums for all regions are found on [page 6](#).

CalPERS HMO Plan Options

You have nine CalPERS Health Maintenance Organization (HMO) plans to choose from. Please see pages 10 and 11.

With the 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. Any specialty care you need will be coordinated through your PCP and will generally require a referral or authorization. You will receive benefits only if you use the doctors, clinics, and hospitals that belong to the medical group in which you are enrolled, except in the case of an emergency.

Prescription Drugs

Prescription drug benefit services:

- [CVS Caremark](#) - Anthem Traditional and Select HMOs, Health Net Salud HMO, UHC Alliance and Harmony HMOs, PERS Gold, and PERS Platinum PPOs
- [Blue Shield](#) - Access+ and Trio HMO
- [Anthem \(CarelonRx\)](#) - PORAC PPO
- [Kaiser Permanente](#) - Kaiser HMO

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.

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

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

CalPERS PPO Plan Options

You have two CalPERS Preferred Provider Organization (PPO) plans available to you. Please see page 12.

The PPO plans allow you to 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. However, you are not limited to the physicians within the network and you may self-refer to specialists.

If you obtain services using a non-network provider, please note that you will be responsible for the difference between the covered amount and the actual charges, and you may be responsible for filing claims.



Finding a Medical Provider

[Page 26](#) of this guide provides a list of phone numbers and websites to help you search for in-network providers for all of the plans offered.



Educational Video

Health Insurance Terms

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

¹ Pending final documentation release from CalPERS

HMO Medical Plan Highlights

Plan Name	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
Calendar Year Deductible	None	None	None
Medical Out-of-Pocket Maximum	Individual: \$1,500 Family: \$3,000	Individual: \$1,500 Family: \$3,000	Individual: \$1,500 Family: \$3,000
Pharmacy Out-of-Pocket Maximum	Individual: \$8,650 Family: \$17,300 Home Delivery: \$1,000	Individual: \$8,650 Family: \$17,300 Home Delivery: \$1,000	Individual: \$8,650 Family: \$17,300 Home Delivery: \$1,000
Lifetime Maximum	Unlimited	Unlimited	Unlimited
Health Benefits	You Pay	You Pay	You Pay
Doctors' Office Visit	\$15	\$15	\$15
Specialist Visits ¹	\$15	\$15 (\$30 for Access+ Specialists)	\$15
Telemedicine Visits	livehealthonline.com	teladoc.com/bsc	teladoc.com
Urgent Care	\$15	\$15	\$15
Preventive Care	No charge	No charge	No charge
Chiropractic/Acupuncture	\$15; 20 visits/calendar year	\$15; 20 visits/calendar year	\$15; 20 visits/year total ¹
Physical Therapy	\$15	\$15	\$15
X-Ray & Lab – Diagnostic – Complex	No charge No charge	No charge No charge	No charge No charge
Outpatient Surgery	No charge	No charge	No charge
Inpatient Hospital	No charge	No charge	No charge
Emergency Room	\$50 (waived if admitted)	\$50 (waived if admitted)	\$50 (waived if admitted)
Pharmacy Benefits	CVS Caremark: You Pay	Blue Shield: You Pay	CVS Caremark: You Pay
Retail – Generic – Brand Name – Non-Formulary	<i>30 day supply</i> \$5 \$20 \$50	<i>30 day supply</i> \$5 \$20 \$50	<i>30 day supply</i> \$5 \$20 \$50
Mail Order – Generic – Brand Name – Non-Formulary	<i>90 day supply</i> \$10 \$40 \$100	<i>90 day supply</i> \$10 \$40 \$100	<i>90 day supply</i> \$10 \$40 \$100
Specialty	Same copays as above	\$30 for 30 day supply through Network Specialty Pharmacies; preauthorization required	Same copays as above

HMO Medical Plan Highlights

Plan Name	Kaiser Permanente HMO	UnitedHealthcare SV Alliance HMO (Alliance Network) OR SV Harmony HMO (Harmony Network)	Sharp3 Health Plan HMO (Performance Plus)
	In-Network Only	In-Network Only	In-Network Only
Calendar Year Deductible	None	None	None
Medical Out-of-Pocket Maximum	Individual: \$1,500 Family: \$3,000	Individual: \$1,500 Family: \$3,000	Individual: \$1,500 Family: \$3,000
Pharmacy Out-of-Pocket Maximum	Individual: \$8,650 Family: \$17,300 Home Delivery: n/a	Individual: \$8,650 Family: \$17,300 Home Delivery: \$1,000	Individual: \$8,650 Family: \$17,300 Home Delivery: \$1,000
Lifetime Maximum	Unlimited	Unlimited	Unlimited
Health Benefits	You Pay	You Pay	You Pay
Doctors' Office Visit	\$15	\$15	\$15
Specialist Visits ¹	\$15	\$15	\$15
Telemedicine Visits	kp.org	uhc.com/virtualvisits	Telehealth services
Urgent Care	\$15	\$15	\$15
Preventive Care	No charge	No charge	No charge
Chiropractic/Acupuncture	\$15; 20 visits/year total ¹	\$15; 20 visits/year total	\$15; 20 visits/year total
Physical Therapy	\$15	\$15	\$15
X-Ray & Lab – Diagnostic – Complex	No charge No charge	No charge No charge	No charge No charge
Outpatient Surgery	\$15	\$15	No charge
Inpatient Hospital	No charge	No charge	No charge
Emergency Room	\$50 (waived if admitted)	\$50 (waived if admitted)	\$50 (waived if admitted)
Pharmacy Benefits	Kaiser: You Pay	CVS Caremark: You Pay	CVS Caremark: You Pay
Retail – Generic – Brand Name – Non-Formulary	<i>30 day supply</i> \$5 \$20 \$20	<i>30 day supply</i> \$5 \$20 \$50	<i>30 day supply</i> \$5 \$20 \$50
Mail Order – Generic – Brand Name – Non-Formulary	<i>100 day supply</i> \$10 \$40 \$40	<i>90 day supply</i> \$10 \$40 \$100	<i>90 day supply</i> \$10 \$40 \$100
Specialty	\$20 for 30 day supply; subject to formulary guidelines	Same copays as above	Same copays as above

¹Chiropractic and Acupuncture visits must be provided through American Specialty Plan.

PPO Medical Plan Highlights

Plan Name	PERS Gold PPO (Blue Shield Tandem PPO) ¹		PERS Platinum PPO (Blue Shield PPO) ¹	
	In-Network	Out-of-Network ²	In-Network	Out-of-Network ²
Calendar Year Deductible	Individual: \$1,000 ⁵ Family: \$2,000 ⁵	Individual: \$2,500 ⁵ Family: \$5,000 ⁵	Individual: \$500 Family: \$1,000	Individual: \$2,000 Family: \$4,000
Out-of-Pocket Maximum	Individual / Family \$3,000 / \$6,000	No limit	Individual / Family \$2,000 / \$4,000	No limit
– Coinsurance	\$7,200 / \$14,400		\$7,200 / \$14,400	
– Medical ³	\$2,000 / \$4,000		\$2,000 / \$4,000	
– Pharmacy	\$1,000 per person		\$1,000 per person	
– Home Delivery				
Lifetime Maximum	Unlimited		Unlimited	
Health Benefits	You Pay	You Pay	You Pay	You Pay
Doctors' Office Visit	\$35 / \$10 ⁴	40% ²	\$20	40% ²
Specialist Visits ¹	\$35	40% ²	\$35	40% ²
Telemedicine Visits	Included Health	Not covered	Included Health	Not covered
Urgent Care	\$35	40% ²	\$35	40% ²
Preventive Care	No charge	40% ²	No charge	40% ²
Chiropractic/Acupuncture	\$15 20 visits/calendar year	40% ²	\$15 20 visits/calendar year	40% ²
Physical Therapy	20% ¹	40% ²	10% ¹	40% ²
X-Ray & Lab				
– Diagnostic	20% ¹	40% ²	10% ¹	40% ²
– Complex	20% ¹	40% ²	10% ¹	40% ²
Outpatient Surgery	20% ¹	40% ²	10% ¹	40% ²
Inpatient Hospital	20% ¹	40% ²	10% after \$250 copay	40% ²
Emergency Room	\$50 plus 20% ¹		\$50 plus 10% ¹	
Pharmacy Benefits	CVS Caremark: You Pay	CVS Caremark: You Pay	CVS Caremark: You Pay	CVS Caremark: You Pay
Retail	<i>30 day supply</i>		<i>30 day supply</i>	
– Generic	\$5		\$5	
– Brand Name	\$20		\$20	Not covered
– Non-Formulary	\$50		\$50	
Mail Order	<i>90 day supply</i>		<i>90 day supply</i>	
– Generic	\$10		\$10	
– Brand Name	\$40	Not covered	\$40	Not covered
– Non-Formulary	\$100		\$100	
Specialty	Same copays as above	Not covered	Same copays as above	Not covered

¹Subject to the deductible.

²Subject to the deductible and limited to Usual, Customary & Reasonable (UCR) as determined by Anthem.

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

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

⁵Incentive reduce deductible to: Individual: \$500; Family: \$1,000. More information on page 14.

PERS Gold and Platinum PPO Plans Included Health

Blue Shield is the 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,



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

Opportunity to Lower Inpatient 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 inpatient deductible. You may lower your inpatient deductible by up to \$500 by completing any of the following:

Preventive Screening	Includes screenings for diabetes, hypertension, breast, colorectal, cervical, and lung cancer
Flu Shot	Any flu shot within the calendar year or prior 6 months qualifies; attest via Included Health app
Non-Smoking Certification	Self-attest via Included Health app
Second Opinion	Automatically credited unless surgery is done without one
Care and Case Management	Credited unless member declines nurse outreach from Included Health
New for 2026	
Cancer Screening	Includes breast, cervical, colorectal, and lung cancer screenings
Vaccinations	Flu shots and other adult immunizations
Depression Screening	Must be completed through an in-network provider
Diabetes Prevention Program	Participation required if eligible
Other Preventative Screenings	Includes hypertension, lipid monitoring, and metabolic health checks

Eligibility Criteria:

- Credits apply only to In-Network Preferred Providers
- Each activity earns a \$100 credit, up to \$500 total
- You do not need to complete all five to earn partial credit
- Dependent children automatically receive the full \$500 credit

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 \$9,200 per Member and \$18,400 per family. This maximum financial responsibility is broken down into a maximum medical responsibility (\$7,200 per Member and \$14,400 per family) and maximum Pharmacy responsibility (\$2,000 per Member and \$4,000 per family).

Virtual Visits

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 Shield, Health Net, Kaiser Permanente, 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 US board-certified doctors are available to resolve many of your non-emergency medical issues through phone or video consults through your plan's telemedicine provider 	<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 Plan	Phone #	Provider Finder
Medical – CalPERS HMO Plans <ul style="list-style-type: none"> Anthem Select HMO and Traditional HMOs Blue Shield Access+ and Trio HMOs Health Net Salud y Mas HMO Kaiser Permanente HMO Sharp Health Plan HMO United Healthcare Alliance and Harmony HMOs 	(855) 839-4524 (800) 334-5847 (888) 926-4921 (800) 464-4000 (855) 995-5004 (877) 359-3714	www.anthem.com/ca/calpers www.blueshieldca.com/calpers www.healthnet.com/calpers www.kp.org/calpers www.calpers.sharphealthplan.com www.uhc.com/calpers
Medical – Blue Shield CalPERS PPO Plans <ul style="list-style-type: none"> PERS Gold PPO PERS Platinum PPO 	Included Health: 855-633-4436	https://includedhealth.com/microsite/calpers/
Pharmacy – Blue Shield/OptumRx/Kaiser Permanente <ul style="list-style-type: none"> CVS Caremark Blue Shield CarelonRx Kaiser Permanente (Kaiser HMO plan only) 	833-291-3649 866-346-7200 833-261-2460 800-464-4000	info.caremark@oe.calpers Pharmacy (blueshieldca.com) anthem.com/pharmacy-information www.kp.org/calpers
Additional Health Plan Resources <ul style="list-style-type: none"> CalPERS Carrier Resources: click here 	www.calpers.ca.gov/page/active-members/health-benefits/plans-and-rates/health-plan-events-resources	

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
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	
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	

⁽¹⁾Subject to deductible.

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


Guardian | Employee Assistance Program

This coverage is provided by City of Paramount 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 three face-to-face counseling sessions per issue per year for you and your household members
- Online programs to offer something different than traditional counseling
- Access to quick and confidential help from legal and financial experts



Accessing the EAP

- **Telephone:** Call (888) 386-7055.
- **Web:** Go to worklife.uprisehealth.com
(Access Code: worklife)



Educational Video

Mental Health FAQs

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

The EAP can help with the following issues:

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

Mental Health Resources

Spring Health

Caring for your mental health is essential, since it affects how you think, feel, and act.

When you need support, it is critical that it be immediate, effective, confidential, and come at no cost to you. Personalized mental wellness benefits provided by Spring Health through Guardian range from online exercises to deal with day-to-day stressors to in-person or virtual licensed therapy.

You will have access to:

- **Personalized care.** Take an online mental health assessment designed to find the right care for your needs, and help track your progress too.
- **Dedicated support.** Your Care Navigator is a licensed clinician who takes away the guesswork during care. They help find the right therapist, set appointments, give advice, and offer emotional support.
- **Confidential therapy.** Meet with a trusted therapist in as soon as two days — you have 3 total therapy visits covered at no cost by your employer.
- **Diversity.** You have choices in a provider network made to be as diverse as the people they support. Find a therapist across specialty, gender, ethnicity, language, and sexual orientation.
- **Medication management.** Meet with in-network prescribers who can manage your medications during care when needed.*
- **Wellness exercises.** Use Moments, an on-demand library of self-guided exercises to improve mental well-being, with programs for anxiety, burnout, better sleep, and more.
- **Coaching.** Professional coaches can help you set and meet goals around managing stress, relationships, focus, and more.
- **24/7 crisis support.** Access to confidential, emotional support at no cost, 24 hours a day, 7 days a week. Call 855-629-0554, choose option 2.



Accessing Spring Health

- **Telephone:** Call (855) 629-0554.
- **E-Mail:** careteam@springhealth.com
- **Web:** Go to guardianbenefits.springhealth.com



Get to Know Spring Health

Benefit Overview

<https://glic.wistia.com/medias/f142zd79n8>

*Medication management is not included in the pre-paid therapy visits and will be an out-of-pocket member cost.

Supplemental Health

You may purchase additional insurance from Guardian that will help to cover additional out-of-pocket health expenses. These policies offer direct-to-the-policyholder cash payouts to help cover what other insurance doesn't. Your premiums are paid through payroll deductions on an after-tax basis. These Guardian policies are portable, which means that you can keep them should you change jobs or retire.

Plan Name	Guardian Accident	Guardian Hospital Indemnity	Guardian Critical Illness
Plan Differences			
How it Works	Pays you benefits to help cover out-of-pocket medical and other costs in case of an off-the-job accident	Pays you a lump sum benefit if you are admitted to the hospital, as well as a daily benefit for days spent confined	Helps you protect you and your family from the unexpected cost of fighting a life-threatening illness
Covered Conditions	Ambulance, ER visits, Fractures, Dislocations, Major Diagnostic Exams, PT, and more	Hospitalizations resulting from injury or illness	Heart Attack, Stroke, Cancer, Progressive Diseases, Organ Failure and more
Wellness Benefit	\$50	None	\$50
Guarantee Issue (no medical questions required to get coverage)	Yes	Yes	You can purchase up to \$20,000 for you, your spouse and child(ren) with no medical
Pre-Existing Condition Limitation	None	3 month look back period, 12 month exclusion period	3 month look back period, 12 month exclusion period
Optional Dependent Coverage	Spouse / Domestic Partner, Child(ren)	Spouse / Domestic Partner, Child(ren)	Spouse / Domestic Partner, Child(ren)
Options	Payment amounts made for each item according to benefit schedule from \$50—\$25,000	\$1,000 admission \$100/day (See summary for more details)	\$10,000 or \$20,000 for you, and your spouse can elect up to 50% of your election. Child(ren) auto enrolled at 25% of employee election
Employee Contribution	100% Employee Paid	100% Employee Paid	100% Employee Paid
Rates Per Month			
Employee Only	\$14.08	\$17.14	Volume and age-rated, please refer to Ease
Employee + Spouse	\$23.59	\$34.99	
Employee + Child(ren)	\$24.68	\$27.92	
Employee + Family	\$34.19	\$45.76	



For More Information

- **Telephone:** Call (888) 600-1600.
- **Web:** Go to www.Guardianlife.com.

Dental Plan Choices

Guardian | DHMO Plan

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

Guardian | PPO Plan

This plan offers you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a dentist who participates in the Guardian network. When you utilize a network dentist, your out-of-pocket expenses will be less, however, you will usually pay the lowest amount for services when you visit a PPO dentist. If you obtain services using 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. The chart below provides a high-level overview of your dental plan.

Plan Name	Guardian DHMO		Guardian PPO	
	Network		Network	Non-Network
Dental Benefits				
Calendar Year Maximum Benefit	Unlimited		\$2,000	
Annual Deductible				
- Individual	\$0		\$25	
- Family	\$0		\$75	
Preventive Services	No Charge for Most Services		100%	No Charge*
Basic Services	Copays Apply		Deductible, 20%	Deductible, 20%*
Major Services	Copays Apply		Deductible, 20%	Deductible, 20%*
Orthodontia				
- Child	\$1,500		50% / \$1,500 Lifetime Benefit Maximum	
- Adult	\$2,175			
Maximum Rollover	n/a		\$400	

*Dentists who are out-of-network have not agreed to pricing and may bill you for the difference between what Guardian 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. 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.Guardianlife.com. Select, "Find a Provider"

Vision Plan

Guardian (VSP) | Vision Plan

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

Plan Name	Guardian (VSP)	
	PPO	
Network Name	Network	Non-Network
Vision Benefits		
Copay - Examination - Materials	\$25 Copay Included with Exam Copay	N/A N/A
Examination (Every 12 Months)	No Charge after Copay	Up to \$50 Reimbursement
Lenses (Every 12 Months) - Single Vision - Bifocal - Trifocal	No Charge after Copay No Charge after Copay No Charge after Copay	Up to \$48 Reimbursement Up to \$67 Reimbursement Up to \$86 Reimbursement
Frames (Every 12 Months)	\$200 Benefit	Up to \$48 Reimbursement
Contact Lenses (Every 12 Months) - Cosmetic / Elective - Medically Necessary	(in lieu of frames and lenses)	
	\$200 Benefit No Charge after Copay	Up to \$130 Reimbursement Up to \$210 Reimbursement



Finding a Vision Provider

Go to 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 30% 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.

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.

Guardian | Basic Life and AD&D

This coverage is provided by City of Paramount at no cost to you.

Life insurance protects your family or other beneficiaries in the event of your death while you are still actively employed with the City. Accidental Death and Dismemberment (AD&D) coverage provides an additional benefit to your beneficiary if your death is due to a covered accident or injury.

Basic Life and AD&D

1 X annual salary to a maximum benefit of \$200,000



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.

Guardian | Voluntary Life

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

Voluntary Life

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 \$10,000 up to a maximum benefit of \$250,000, not to exceed 100% 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 14 days: \$500
- Child more than 14 days: \$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:** <65 \$150,000, 65<70 \$50,000, 70+ \$10,000
- **Spouse or Domestic Partner:** <65 \$50,000, 65<70 \$10,000
- **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. Guardian 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.

Guardian | Short Term Disability

This coverage is provided by City of Paramount at no cost to you.

City of Paramount offers you Short Term Disability (STD) to provide income replacement if you become disabled due to accident, sickness, or pregnancy.

Short Term Disability	Benefit
Benefit Percentage	66.67%
Weekly Benefit Maximum	\$2,309
When Benefits Begin	Day 15 for Accident, Illness, or Pregnancy
Maximum Benefit Duration	9 Weeks

Guardian | Long Term Disability

This coverage is provided by City of Paramount at no cost to you.

City of Paramount 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	\$10,000
When Benefit Begin	90 Days
Maximum Benefit Duration	To Age 65

Flexible Spending Accounts

FSA Plan Year: January 1 - December 31

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 tax-free 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 TASC 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.

TASC | Health Care FSA

This plan is used to pay for expenses not covered under your health plans, such as deductibles, coinsurance, copays, and expenses that exceed plan limits. You may defer up to \$3,300¹ pre-tax per year.

Eligible Health Care FSA 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.

TASC | Dependent Care FSA

This plan is used to pay for eligible expenses you incur for childcare, or for the care of a disabled dependent, while you work. You may defer up to \$7,500¹ pre-tax per year.

Eligible Dependent Care FSA expenses include:

- Licensed nursery schools, qualified childcare centers, after school programs, summer camps (under age 13), and preschools
- Adult daycare facilities



Managing Your FSAs

- Telephone: Call (800) 422-4661.
- Web: Go to www.tasconline.com.



Important FSA Rules

Because FSAs can give you a 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.

\$660 Carry-Over¹

Up to \$660¹ of any unspent funds remaining in your account at the end of the plan year will carry-over to the next plan year, and unspent funds above \$660¹ will be forfeited.

Dependent Care FSA

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

Grace Period

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

Tip!

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



Educational Video

Flexible Spending Accounts
<http://video.burnhambenefits.com/fsa/>

¹Pending IRS release

Discount Marketplace

BenefitHub | Discount Marketplace

The discount marketplace is provided by City of Paramount at no cost to you.

City of Paramount 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. Log in to view existing offerings and watch for additional discounts throughout the year.

Benefits and tools available include:

Discounts	Cash Back	Insurance	Financial Wellness
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!	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.	Visit BenefitHub to browse additional insurance coverage options such as Life Insurance, Disability Insurance, Critical Illness, Pet Insurance, ID Theft Protection, Legal Plans, Auto Insurance, Boat Insurance, Home Security, Home or Renters Insurance, and much more. If elected, you will own these policies and pay directly to the carriers.	Tools are available to help you plan for your future, such as student loan refinancing, personal finance tools, 401(k) assistance, budgeting tools, and money transfers.



Educational Video BenefitHub

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



To Get Started

Go to <https://paramountcity.benefithub.com/app/home> and register with your email address. Refer to code "BGEJOS" when prompted.

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

Carrier Contacts

Plan Type	Phone Number	Website
CalPERS	(888) 225-7377	www.calpers.ca.gov
Anthem – Select HMO – Anthem Traditional HMO – CVS Caremark	(855) 839-4524 (855) 839-4524 (833) 291-3649	www.anthem.com/ca/calpers www.anthem.com/ca/calpers info.caremark.com/oe/calpers
Blue Shield – Access+ HMO – Trio HMO – Blue Shield Rx	(800) 334-5847 (800) 334-5847 (800) 334-5847	www.blueshieldca.com/calpers
Health Net – HMO Salud y Más HMO – CVS Caremark	(888) 926-4921 (833) 291-3649	www.healthnet.com/calpers info.caremark.com/oe/calpers
Kaiser Permanente HMO	(800) 305-1220	www.kp.org/calpers
Sharp Health Plan HMO	(855) 995-5004	www.calpers.sharphealthplan.com
United Healthcare – Alliance HMO – Harmony HMO – CVS Caremark	(877) 359-3714 (877) 359-3714 (833) 291-3649	www.uhc.com/calpers www.uhc.com/calpers info.caremark.com/oe/calpers
Blue Shield – PERS Gold PPO – PERS Platinum PPO – CVS Caremark	Included Health: (855) 633-4436 (833) 291-3649	https://includedhealth.com/microsite/calpers/info.caremark.com/oe/calpers
Guardian DHMO	(888) 600-1600	https://www.guardianlife.com/
Guardian Dental PPO	(888) 600-1600	https://www.guardianlife.com/
Guardian (VSP) Vision PPO	(888) 600-1600	www.vsp.com
Guardian Life & Disability Insurance	(888) 600-1600	https://www.guardianlife.com/
Employee Assistance Program	(800) 386-7055	https://worklife.uprisehealth.com/ Access Code: worklife
Spring Health	(855) 629-0554	guardianbenefits.springhealth.com
TASC	(800) 422-4661	www.tasconline.com

Annual Notices

ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. City of Paramount distributes annual notices to new hires, and each year during open enrollment. You may also request a copy by contacting the Human Resources Department.

The following is 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.
- **HIPAA Notice of Privacy Practices:** This notice is intended to inform employees of the privacy practices followed by City of Paramount'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.
- **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 City of Paramount'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.
- **Summary of Benefits and Coverage:** Health insurance issuers and group health plans are required to provide you with an easy-to-understand summary of your health plan's benefits and coverage.

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



ACA

The Affordable Care Act (ACA)'s 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, Rhode Island, Vermont, or the District of Columbia, you will be required to have health coverage (unless you qualify for an exemption) or pay the penalty for the 2023 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 City of Paramount 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 City of Paramount's medical plans are considered affordable and meet minimum value under the Affordable Care Act, you may not be eligible for a subsidy, and you may not see lower premiums or out-of-pocket costs through the marketplace. In addition, employer contributions to your medical benefits will be lost, and your portion of medical premiums will no longer be paid via payroll deductions on a pre-tax basis.



For More Information

- **Web:** Go to www.coveredca.com
www.healthcare.gov



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

Learn more at www.baldwin.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 benefits program, please contact the Human Resources Department.

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