



City of Culver City Summary of Benefits



MEDICAL

DENTAL

VISION

LIFE/AD&D

ACTIVE EMPLOYEES
2023 Plan Year Effective
January 1, 2023

Medical – CalPERS

2023 Summary of Benefits and Coverage Notice

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

To access the SBCs and glossary online, visit www.calpers.ca.gov and select **View Health Plan Rates** to access the **Plans & Rates** page, or visit any of the health plan websites below. To request a free paper copy of the SBC and glossary, contact each health plan directly.

Anthem Blue Cross HMO & EPO

(855) 839-4524

www.anthem.com/ca/calpers

Blue Shield of California

(800) 334-5847

www.blueshieldca.com/calpers

Health Net of California

(888) 926-4921

www.healthnet.com/calpers

Kaiser Permanente

(800) 464-4000

www.kp.org/calpers

Peace Officers Research Association of California¹

(800) 288-6928

<http://ibt.porac.org>

PERS Gold & PERS Platinum

(877) 737-7776

www.anthem.com/ca/calpers

Sharp Health Plan

(855) 995-5004

www.sharphealthplan.com/calpers

UnitedHealthcare

(877) 359-3714

www.uhc.com/calpers

Western Health Advantage

(888) 942-7377

www.westernhealth.com/calpers

¹ To enroll in these health plans, you must belong to the specific employee association and pay applicable dues.

Medical - CalPERS

2023 PERS Monthly Health Care Premiums			
LOS ANGELES AREA REGION 3: Los Angeles, Riverside, San Bernardino			
Effective 01/01/23 - 12/31/23			
Medical Plan	Employee Only	Employee + 1	Employee + Family
Anthem HMO Select	\$737.91	\$1,475.82	\$1,918.57
Anthem HMO Traditional	\$942.73	\$1,885.46	\$2,451.10
Blue Shield Access+	\$738.29	\$1,476.58	\$1,919.55
Blue Shield Trio	\$661.49	\$1,322.98	\$1,719.87
Health Net Salud y Mas	\$606.34	\$1,212.68	\$1,576.48
Health Net SmartCare	\$755.29	\$1,510.58	\$1,963.75
Kaiser Permanente	\$754.64	\$1,509.28	\$1,962.06
PERS Gold	\$680.37	\$1,360.74	\$1,768.96
PERS Platinum	\$992.59	\$1,985.18	\$2,580.73
PORAC (Safety only)	\$820.00	\$1,600.00	\$2,100.00
UnitedHealthcare Alliance HMO	\$790.46	\$1,580.92	\$2,055.20
UnitedHealthcare SignatureValue Harmony	\$713.55	\$1,427.10	\$1,855.23
2023 Dental, Vision and Life Insurance Monthly Premiums (composite rates)			
Delta Dental	\$70.67		
Delta Dental w/Ortho	\$141.59		
Delta Care USA	\$29.37		
Vision Service Plan (VSP)	\$25.57		
Standard Life Insurance (mandatory)	\$8.00		
AD&D (mandatory)	\$1.25		
Cafeteria Allowance:	Misc	Safety	
Employee Only/Opt Out	\$854.00	\$854.00	
Employee + 1	\$1,506.00	\$1,506.00	
Employee + Family	\$1,885.00	\$1,885.00	
OTHER SOUTHERN CALIFORNIA REGION 2: Fresno, Imperial, Inyo, Kern, Kings, Madera, Orange, San Diego, San Luis Obispo, Santa Barbara, Tulare, Ventura			
Effective 01/01/23 - 12/31/23			
Medical Plan	Employee Only	Employee + 1	Employee + Family
Anthem HMO Select	\$765.37	\$1,530.74	\$1,989.96
Anthem HMO Traditional	\$935.12	\$1,870.24	\$2,431.31
Blue Shield Access+	\$842.61	\$1,685.22	\$2,190.79
Blue Shield Trio	\$760.71	\$1,521.42	\$1,977.85
Health Net Salud y Mas	\$698.91	\$1,397.82	\$1,817.17
Health Net SmartCare	\$834.65	\$1,669.30	\$2,170.09
Kaiser Permanente	\$756.21	\$1,512.42	\$1,966.15
PERS Gold	\$695.93	\$1,391.86	\$1,809.42
PERS Platinum	\$1,014.80	\$2,029.60	\$2,638.48
PORAC (Safety only)	\$820.00	\$1,650.00	\$2,100.00
Sharp (OS Region only)	\$764.96	\$1,529.92	\$1,988.90
UnitedHealthcare Alliance HMO	\$793.63	\$1,587.26	\$2,063.44
UnitedHealthcare SignatureValue Harmony	\$781.58	\$1,563.16	\$2,032.11

For information on CalPERS medical, please contact the Human Resources Department.

Dental – Delta Dental

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

	DeltaCare USA DHMO	Delta Dental of California PPO Includes Plan A and Plan B benefits	
	In-Network	In-Network	Out-of-Network
Calendar Year Deductible (Individual/Family)	\$0 Ind / \$0 Family	\$40 Ind / \$80 Family	\$50 Ind / \$100 Family
Annual Plan Maximum	Not applicable	\$1,000	\$1,000
Diagnostic & Preventive Max Waiver (Does not count toward maximum)	Not applicable	Yes	No
Diagnostic & Preventive (exams, cleanings, x-rays)	\$0-\$25 copay (varies by services; refer to fee schedule)	100% (deductible waived)	100% (deductible waived)
Basic Services			
Restorative	\$0-\$90 copay (varies by services; refer to fee schedule)	80%	80%
Endodontics	\$0-\$155 copay (varies by services; refer to fee schedule)	80%	80%
Periodontics	\$0-\$250 copay (varies by services; refer to fee schedule)	80%	80%
Major Services (includes prosthodontics)	\$0-\$175 copay (varies by services; refer to fee schedule)	50%	50%
Dental Implants	Not covered	50%	50%
Orthodontia	\$350 start-up fee		
Adults ¹	\$1,600	Plan A: Not covered	Plan A: Not covered
Children ¹	\$1,800	Plan B: 50%	Plan B: 50%
Lifetime Maximum	Covers up to 24 months of active treatment.	Plan A: N/A Plan B: \$2,500	Plan A: N/A Plan B: \$2,500

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

City pays the full premium for Plan A, employee pays the difference in premium between Plan A and Plan B.

2023 Dental Monthly Premiums	
Delta Dental	\$70.67
Delta Dental w/Ortho	\$141.59
Delta Care USA	\$29.37

Vision – Vision Service Plan (VSP)

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

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

2023 Vision Monthly Premiums (composite rate)

Vision Service Plan (VSP)	\$25.57
---------------------------	---------

Life Insurance – Standard Insurance Company

All active, benefited employees of the City working at least 20 hours per week are eligible for life coverage through Standard Insurance Company. Please be sure to update your beneficiary information, as claims will only be paid according to what is currently on file.

All Eligible Employees	
All Eligible Employees	\$50,000

Dependent Life Insurance – Standard Insurance Company

Spouse	
Spouse	\$1,000
Children (to age 21 or 25 if a full-time student at an accredited college)	
Children (to age 21 or 25 if a full-time student at an accredited college)	\$1,000

This coverage is paid for by the employee at a rate of 12 cents per pay period. Enrollees must complete a payroll deduction form which is available from Administrative Services.

Accidental Death & Dismemberment (AD&D) Coverage – Standard Insurance Co.

All active, benefited employees of the City working at least 20 hours per week are eligible for AD&D coverage through Standard Insurance Company. (Dependents are not eligible for AD&D coverage.) The coverage amount is the same as the life insurance coverage listed above. Premiums for both life and AD&D are paid in full by the City.

2023 Life Insurance Monthly Premiums	
Standard Life Insurance (mandatory)	\$8.00
AD&D (mandatory)	\$1.25



Contact Information

ADMINISTRATIVE SERVICES

Human Resources

(310) 253-5640

MEDICAL – CalPERS

CalPERS Enrollment Changes

Human Resources

CalPERS Plan Coverage Questions

Human Resources

DENTAL – Delta Dental

Delta Dental PPO

(888) 335-8227

www.deltadentalca.org

DeltaCare USA

(800) 422-4234

www.deltadentalca.org

VISION – Vision Service Plan (VSP)

VSP

(800) 877-7195

www.vsp.com

Standard Life Insurance Co.

Standard Life Insurance Co.

(800) 628-8600

www.standard.com



THIS PAMPHLET IS MERELY AN OUTLINE OF YOUR COVERAGE AND DOES NOT CONSTITUTE A CERTIFICATE BOOKLET. BOOKLETS AND CERTIFICATES DESCRIBING YOUR COVERAGE IN DETAIL WILL BE PROVIDED BY YOUR INSURANCE CARRIERS.



Plan arranged by USI Insurance Services
21250 Hawthorne Boulevard, Suite 380
Torrance, CA 90503

Products and services are offered through USI Insurance Services.

Products and services are underwritten by unaffiliated insurance companies except crop and flood insurance, which may be underwritten by an affiliate, Rural Community Insurance Company. Some services require additional fees and may be offered directly through third-party providers. Banking and insurance decisions are made independently and do not influence each other.