

City of Campbell 2026

Summary of Benefits



Human Resources Division
(408) 866-2122
HR@campbellca.gov

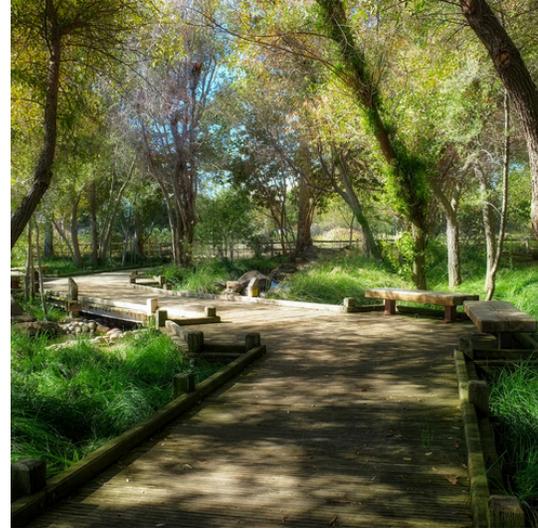
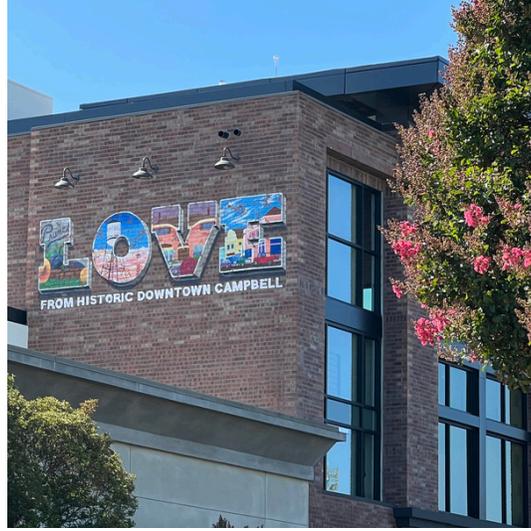


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Questions? Contact the Human Resources Division at (408) 866-2122 or hr@campbellca.gov.

The information in this booklet is a general outline of the benefits offered under the City of Campbell benefits program. This booklet may not include all relevant limitations and conditions. Specific details and limitations are provided in the plan documents, which may include a Summary of Plan Description (SPD), Evidence of Coverage (EOC), and/or insurance policies. The plan documents contain relevant plan provisions. If the information in this booklet differs from the plan documents, the plan documents will prevail.





Welcome to the City of Campbell!

Welcome to the 2026 Employee Benefits Guide, which provides information you may need to make informed decisions about your benefits for yourself and your eligible family members.

The 2026 Employee Benefits Guide is intended to be a summary of the benefits offered to you and your eligible family members, including:

- Medical insurance
- Dental insurance
- Vision insurance
- Life and disability insurance
- Flexible Spending Accounts (FSA)
- Employee Assistance Program (EAP)

Health and wellness resources are also featured in this guide to help create and achieve a more balanced, healthier, and productive well-being.

In addition to the above, the following benefits are offered to eligible employees of the City of Campbell:

- Deferred Compensation 457 Plan
- Paid Leave
- Tuition Reimbursement
- Paid Holidays

Please note that all benefits are subject to change and the descriptions provided in this guide are general and are not intended to provide complete details about any plans. Exact specifications for all plans are provided in the official plan documents, copies of which are available to view on the Human Resources (HR) Division's SharePoint.

Benefits may also differ by bargaining unit and/or unrepresented employee group. Please see the list of City of Campbell's Bargaining Units and Unrepresented Employee Groups below:

Bargaining Units	
CARP	Carpenters Local 408/Northern California Carpenters Regional Council
CMEA	Campbell Municipal Employees Association
CPOA	Campbell Peace Officers' Association
CPCEA	Campbell Police Civilian Employees Association
Unrepresented Groups	
CONF	Confidential
MGMT	Management

WHO CAN YOU COVER?

Who is Eligible?

Permanent full-time, limited-term, and probationary employees are eligible to enroll in the City's medical, dental, vision, long-term disability (LTD), and life insurance programs, as well as the City's 457 and FSA programs. Permanent part-time employees are eligible to receive partial benefits.

You may also enroll the following family members in the City's medical, dental, and vision programs:

- Your current spouse or domestic partner.
- Your natural children, stepchildren, domestic partner's children, and foster and/or adopted children under 26 years of age.
- Your disabled children, age 26 and older.
- A tax-qualified dependent.

Who is Not Eligible?

Family members who are not eligible for coverage include (but are not limited to):

- Your parents, grandparents, and siblings.
- Any individual who is already covered as an employee of the City of Campbell.
- Temporary employees, contract employees, or employees residing outside the United States.

When Can I Enroll?

Coverage for a newly hired employee begins on the first day of the month following the date enrollment forms are received by the Health Benefit Officer (HBO). If you do not make an election, or do not provide proof of health care coverage outside of the City, within **60 days** of becoming *eligible*, you will automatically be enrolled for employee-only coverage under the Kaiser Traditional HMO plan.

During open enrollment, eligible employees may also make changes to their medical, dental, and/or vision care coverage, and enroll in these programs if you previously opted out of them. Open enrollment is generally held in the month of September with the changes becoming effective on January 1st of the following year.

Please also ensure you promptly reach out to the HR Division in the event of a "qualifying life event" (see next page for details). It may be necessary to modify your coverage (either by adding or removing elements). Provided below are the timeframes within which changes can be made to your coverage following a qualifying life event:

- **Medical Coverage** - within 60 days
- **Dental Coverage** - within 30 days
- **Vision Coverage** - within 30 days



WHEN CAN YOU MAKE CHANGES TO YOUR BENEFITS

In addition to the City's open enrollment period, you may change your coverage if you experience a qualifying life event. Qualifying life events include:

- **Change in legal marital status**, including marriage, divorce, legal separation, annulment, registration or dissolution of domestic partnership, and death of a spouse.
- **Change in number of dependents**, including birth, adoption, placement for adoption, or death of a dependent child.
- **Change in employment status**, including the start or termination of employment by you, your spouse, or your dependent child.
- **Permanent change in work schedule**, including a significant increase or decrease in hours of employment by you, your spouse, or your dependent child, including a switch between part-time and full-time employment that affects eligibility for benefits.
- **Change in a child's dependent status**, either newly satisfying the requirements for dependent child status or ceasing to satisfy them.
- **Change in your medical coverage or your spouse's coverage** attributable to your spouse's employment.
- **Change in an individual's eligibility for Medicare or Medicaid.**
- **A court order** resulting from a divorce, legal separation, annulment, or change in legal custody (including a Qualified Medical Child Support Order) requiring coverage for your child or dependent foster child.
- **An event that is a special enrollment event under HIPAA** (the Health Insurance Portability and Accountability Act), including the acquisition of a new dependent or spouse or loss of coverage under another health insurance policy or plan if the coverage is terminated because of:
 - Voluntary or involuntary termination of employment or reduction in hours of employment or death, divorce, or legal separation;
 - Termination of employer contributions toward the other coverage, OR if the other coverage was COBRA Continuation Coverage, exhaustion of the coverage



IMPORTANT! — THREE RULES APPLY TO MAKING CHANGES TO YOUR BENEFITS DURING THE YEAR:

1. Any changes you make must be consistent with the change in status,
2. **You** must make the changes within **60 calendar days for medical coverage and within 30 calendar days for dental and vision coverage** of the date the event occurs (marriage, birth, etc.).
3. With the exception of births, a change in coverage due to a qualifying life event will take effect the first day of the first day of the month following the date the change form(s) are received by the Human Resources Division.

DEPENDENT ELIGIBILITY VERIFICATION

Eligible employees adding dependents will be asked to provide documentation verifying eligibility of their eligible dependents. The following chart is an easy guide for which documents must be submitted. Failure to submit appropriate documentation will result in a dependent being ineligible for coverage by the City.

Dependent Type	Eligibility Definition	Documents Required for Verifying Eligibility
Spouse or Domestic Partnership	Person to whom you are legally married	<ul style="list-style-type: none"> • Marriage Certificate OR • Declaration of Partnership filed with the California Secretary of State AND • Social Security Card AND • Valid ID
Natural Child(ren) Under Age 26	Minor or adult child(ren) of employee who is under 26 years of age	<ul style="list-style-type: none"> • Birth Certificate AND • Social Security Card
Step Child(ren) Under Age 26	Minor or adult child(ren) of employee's spouse who is under 26 years of age	<ul style="list-style-type: none"> • Birth Certificate AND • Marriage Certificate showing Spouse as Parent AND • Social Security Card
Adopted Child	Minor or adult child(ren) legally adopted by employee who is married or unmarried under 26 years of age	<ul style="list-style-type: none"> • Adoption Court Order Document AND <ul style="list-style-type: none"> ◦ Certificate must name employee as one of the parents/guardians. ◦ Court documents must be recorded and cannot be in draft form. • Social Security Card
Children of Domestic Partners Under Age 26	Minor or adult child(ren) of employee's domestic partner who is under 26 years of age	<ul style="list-style-type: none"> • Documentation of your current relationship to your domestic partner AND • Birth Certificate AND • Social Security Card
Disabled Children (No age limit)	Natural child, step child or adopted child of employee who is over 26 years of age and incapable of self-care due to physical or mental illness.	<ul style="list-style-type: none"> • Birth Certificate AND • Certification of Disability from Social Security OR • Document of Disability from Physician if not SSA Certified AND • Social Security Card
Other Qualifying Relatives Under Age 26	<ul style="list-style-type: none"> • Meets requirements of IRS Code. Sec. 105(b) • Under 26 years of age 	<ul style="list-style-type: none"> • Birth Certificate showing Individual to be an Eligible Relative AND • Affidavit of Parent-Child Relationship AND • Social Security Card

PLEASE NOTE: The deduction for a domestic partner is not a pre-tax qualified deduction. Since this is not a pre-tax qualified deduction, City employees will be assessed imputed taxable income on their W2 tax statement at the end of the year that needs to be reported when filing taxes. It is recommended that the employee consults with a qualified tax specialist or accountant for any additional questions.

BENEFITS WHEN YOUR ELIGIBILITY ENDS

Your **medical coverage** will end on the last day of the month following your date of separation from the City, or your loss of eligibility status. For example, if your separation date is November 11, your medical coverage will end on December 31.

Your **dental and vision coverage** will end on the last day of the month of your date of separation from the City, or your loss of eligibility status. For example, if your separation date is November 11, your dental and vision coverage will end on November 30.

Your **LTD, life insurance, and EAP coverage** will end on the date of your separation from the City, or other loss of eligibility status.

Please note, your eligibility for some benefits may continue during an approved family-related leave of absence. Please contact the HR Division for more information at hr@campbellca.gov or (408) 866-2122.

For your **Flexible Spending Account (FSA)**, the services must be incurred before the employee's separation date or loss of eligibility. For example, if your separation date is November 11, services must be received by November 10. Services received on or after November 11 would not be eligible for reimbursement.



CaIPERS RETIREMENT PLANS

Plan Details: California Public Employees Retirement System — CalPERS
 Employer Plan Code: 2284 24 7568
 (888) 225-7377
 www.calpers.ca.gov



	PERS Options	Employee contribution	City Contribution
Classic Miscellaneous Members (hired prior to March 7, 2011)	<ul style="list-style-type: none"> • 2.5% at age 55 • Highest 36 month salary • Military service buy back option • 1959 Survivor Benefit – Level 3, One-half continuance • Credit for Unused Sick Leave • Credit for Peace Corps, AmeriCorps VISTA, AmeriCorps Service 	8%	10.72% + Employer payment of unfunded liability
Classic Miscellaneous Members (hired on or after March 7, 2011)	<ul style="list-style-type: none"> • 2% at age 60 • Highest 36 month salary • Military service buy back option • 1959 Survivor Benefit – Level 3, One-half continuance • Credit for Unused Sick Leave • Credit for Peace Corps, AmeriCorps VISTA, AmeriCorps Service 	7%	10.72% + Employer payment of unfunded liability
New Miscellaneous Members (hired on or after January 1, 2013)	<ul style="list-style-type: none"> • 2% at age 62 • Highest 36 month salary • Military service buy back option • 1959 Survivor Benefit — Level 3, One-half continuance • Credit for Unused Sick Leave • Credit for Peace Corps, AmeriCorps VISTA, AmeriCorps Service 	8.5%	10.72% + Employer payment of unfunded liability

To see a complete list of Public Agency Required Employer Contributions please visit:
<https://www.calpers.ca.gov/page/employers/actuarial-resources/employer-contributions/public-agency-contributions>

CaIPERS RETIREMENT PLANS - SAFETY MEMBERS

Plan Details: California Public Employees Retirement System — CalPERS
 Employer Plan Code: 2284 24 7568
 (888) 225-7377
www.calpers.ca.gov



	PERS Options	Employee contribution	City Contribution
Classic Safety Members (hired prior to Oct 18, 2010)	<ul style="list-style-type: none"> • 3% at age 50 • Highest 12 month salary • 1959 Survivor Benefit — Level 4, One-half continuance • Credit for Unused Sick Leave 	9%	29.35% + Employer payment of unfunded liability
Classic Safety Members (hired on or after Oct 18, 2010)	<ul style="list-style-type: none"> • 2% at age 50 • Highest 12 month salary • 1959 Survivor Benefit — Level 4, One-half continuance • Credit for Unused Sick Leave 	9%	21.36% + Employer payment of unfunded liability
New Safety Members (hired on or after January 1, 2013)	<ul style="list-style-type: none"> • 2.7 % at age 57 • Highest 36 month salary • Military service buy back option • 1959 Survivor Benefit — Level 4, One-half continuance • Credit for Unused Sick Leave 	13.75%	13.99% + Employer payment of unfunded liability

To see a complete list of Public Agency Required Employer Contributions please visit:
<https://www.calpers.ca.gov/page/employers/actuarial-resources/employer-contributions/public-agency-contributions>

OPTIONS FOR MEDICAL COVERAGE



The City's medical coverage is designed to help maintain wellness and protect you and your family from major financial hardships in the event of illness or injury. The City contracts with CalPERS for medical Insurance coverage and contributes towards the premiums for the several plan options available to employees and their eligible dependents. For detailed information about the plans please visit the following website: <https://www.calpers.ca.gov/page/active-members/health-benefits>

2026 City contribution towards the premium*:

Employee	Employee +1	Employee + Family
\$1,151.05	\$2,302.10	\$2,992.72

CARP members receive an additional cafeteria plan contribution per the negotiated MOU.

Employees are responsible for paying the difference in the plan premium if the cost of the plan chosen by the employee is higher than the City contribution. If the premium for the plan selected by the employee is less than the City's contribution, the employee may apply the remaining funds towards the City's Section 125 Cafeteria plan, to cover other eligible health costs. For more information about the City's Section 125 Cafeteria Plan, please contact Human Resources at hr@campbellca.gov.

If you choose to **opt-out of medical coverage**, the maximum cash back is \$750 per month. If an employee chooses to opt-out of medical coverage and enroll under their spouse/domestic partner's health plan, they must submit a Waiver of Employer-Sponsor Health Care Coverage Affidavit along with supporting documentation.

HMO Plans:

Medical Plans	Employee	Employee +1	Employee + Family
Anthem Blue Cross Select HMO	\$1,336.29	\$2,672.58	\$3,474.35
Anthem Blue Cross Traditional HMO	\$1,612.08	\$3,224.16	\$4,191.41
Blue Shield Access+ HMO	\$1,301.95	\$2,603.90	\$3,385.07
Blue Shield Trio*	\$1,166.58	\$2,333.16	\$3,033.11
Kaiser Permanente HMO	\$1,168.86	\$2,337.72	\$3,039.04
Peace Officers Research Assoc of CA	\$1,063.00	\$2,418.00	\$3,027.00
UnitedHealthcare SignatureValue Alliance	\$1,290.06	\$2,580.12	\$3,354.16
UnitedHealthcare SignatureValue Harmony	\$1,133.09	\$2,266.18	\$2,946.03
Western Health Advantage HMO*	\$969.58	\$1,939.16	\$2,520.91

*Limited Region

PPO Plans:

Medical Plans	Employee	Employee +1	Employee + Family
PERS Gold	\$1,120.58	\$2,241.16	\$2,913.51
PERS Platinum	\$1,670.14	\$3,340.28	\$4,342.36

VISION COVERAGE - CPCEA, CPOA, CARP

The City's vision program for CPCEA, CPOA, and CARP members provides regular eye examinations and benefits towards vision care for employees and their eligible dependents.

The City pays the entire premium of \$28.52 per month for employees and their eligible dependents. Since the vision plan is employer-sponsored, all City employees will be enrolled upon hire.

Your VSP Vision Benefits Summary
CITY OF CAMPBELL and VSP provide you with an affordable vision plan.

PROVIDER NETWORK:
VSP Signature
EFFECTIVE DATE:
08/01/2022



BENEFIT	DESCRIPTION	COPAY	FREQUENCY
Your Coverage with a VSP Provider			
WELLVISION EXAM	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness 	\$10 for exam and glasses	Every 12 months
ESSENTIAL MEDICAL EYE CARE	<ul style="list-style-type: none"> Retinal screening for members with diabetes Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. Coordination with your medical coverage may apply. Ask your VSP doctor for details. 	\$0 per screening \$20 per exam	Available as needed
PRESCRIPTION GLASSES			
FRAME*	<ul style="list-style-type: none"> \$140 featured frame brands allowance \$120 frame allowance 20% savings on the amount over your allowance 	Combined with exam	Every 24 months
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children 	Combined with exam	Every 12 months
LENS ENHANCEMENTS	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 40% on other lens enhancements 	\$0 \$80 - \$90 \$120 - \$160	Every 12 months
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$120 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) 	Up to \$60	Every 12 months
EXTRA SAVINGS	<p>Glasses and Sunglasses</p> <ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details. 30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% from any VSP provider within 12 months of your last WellVision Exam. <p>Routine Retinal Screening</p> <ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam <p>Laser Vision Correction</p> <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor 		
YOUR COVERAGE GOES FURTHER IN-NETWORK			
With so many in-network choices, VSP makes it easy to get the most out of your benefits. You'll have access to preferred private practice, retail, and online in-network choices. Log in to vsp.com to find an in-network provider.			

Note: If you've received eye care services from an out-of-network provider, you may need to submit a claim to request reimbursement. For more information, please visit: <https://www.vsp.com/claims/submit-oon-claim>.



Group Plan:
Vision Service Plan - VSP
Plan Numbers:
12 098798 0002 (CPCEA, CPOA, CARP)
12 098798 0003 (CMEA, CONF, MGMT)
(800) 852-7600
www.vsp.com

VISION COVERAGE - CMEA, CONF, MGMT

The City's vision program for CMEA, CONF, and MGMT members includes the same coverage as provided to CPCEA, CPOA, and CARP members, **plus** progressive lenses every 12 months.

The City pays the entire premium of \$33.11 per month for employees and their eligible dependents. Since the vision plan is employer-sponsored, all City employees will be enrolled upon hire.

Your VSP Vision Benefits Summary
CITY OF CAMPBELL and VSP provide you with an affordable vision plan.

PROVIDER NETWORK:

VSP Signature

EFFECTIVE DATE:

08/01/2022



BENEFIT	DESCRIPTION	COPAY	FREQUENCY
Your Coverage with a VSP Provider			
WELLVISION EXAM	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness 	\$10 for exam and glasses	Every 12 months
ESSENTIAL MEDICAL EYE CARE	<ul style="list-style-type: none"> Retinal screening for members with diabetes Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. Coordination with your medical coverage may apply. Ask your VSP doctor for details. 	\$0 per screening \$20 per exam	Available as needed
PRESCRIPTION GLASSES			
FRAME*	<ul style="list-style-type: none"> \$140 featured frame brands allowance \$120 frame allowance 20% savings on the amount over your allowance 	Combined with exam	Every 24 months
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children 	Combined with exam	Every 12 months
LENS ENHANCEMENTS	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 40% on other lens enhancements 	\$0 \$80 - \$90 \$120 - \$160	Every 12 months
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$120 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) 	Up to \$60	Every 12 months
EXTRA SAVINGS	<p>Glasses and Sunglasses</p> <ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details. 30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% from any VSP provider within 12 months of your last WellVision Exam. <p>Routine Retinal Screening</p> <ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam <p>Laser Vision Correction</p> <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor 		
YOUR COVERAGE GOES FURTHER IN-NETWORK			
With so many in-network choices, VSP makes it easy to get the most out of your benefits. You'll have access to preferred private practice, retail, and online in-network choices. Log in to vsp.com to find an in-network provider.			

Note: If you've received eye care services from an out-of-network provider, you may need to submit a claim to request reimbursement. For more information, please visit: <https://www.vsp.com/claims/submit-oon-claim>.



Group Plan:
Vision Service Plan - VSP
Plan Numbers:
12 098798 0002 (CPCEA, CPOA, CARP)
12 098798 0003 (CMEA, CONF, MGMT)
(800) 852-7600
www.vsp.com

DENTAL COVERAGE - DELTA DENTAL PPO

CARP, CMEA, CONF, CPCEA, MGMT

The City's dental program for CARP, CMEA, CONF, CPCEA, and MGMT members includes the services noted in the chart below. The City pays the entire premium of \$179.04 per month for employees and their eligible dependents. Since the dental plan is employer-sponsored, all City employees will be enrolled upon hire.

Plan Benefit Highlights for: City of Campbell
Group No: 01744 - 00002

Eligibility	For eligibility details, refer to the plan's Evidence/Certificate of Coverage (on file with your benefits administrator, plan sponsor or employer).			
Deductibles	\$25 per person per lifetime			
Deductibles waived for Diagnostic & Preventive (D & P)?	No			
Deductibles waived for Orthodontics?	Yes			
Maximums	\$2,500 per person each calendar year			
D & P counts toward maximum?	Yes			
Waiting Period(s)	Basic Services None	Major Services None	Prosthodontics None	Orthodontics None

Benefits and Covered Services*	Delta Dental PPO dentists**	Non-Delta Dental PPO dentists**
Diagnostic & Preventive Services (D & P) Exams, cleanings and x-rays	100%	80%
Basic Services Fillings, posterior composites and sealants	80%	80%
Endodontics (root canals) Covered Under Basic Services	80%	80%
Periodontics (gum treatment) Covered Under Basic Services	80%	80%
Oral Surgery Covered Under Basic Services	80%	80%
Major Services Crowns, onlays and cast restorations	50%	50%
Prosthodontics Bridges, dentures and implants	50%	50%
Orthodontic Benefits Adults and dependent children	50%	50%
Orthodontic Maximums	\$2,500 Lifetime	\$2,500 Lifetime

* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees.

** Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists.



Group Plan:
 Delta Dental Plan of California
 Group Number: 174-0002 (CARP, CMEA, CONF, CPCEA, MGMT)
 (888) 335-8227
www.deltadentalca.org

DENTAL COVERAGE - DELTA DENTAL PPO

CPOA

The City's dental program for CPOA members includes the services noted in the chart below. In addition, the City pays the entire premium of \$168.29 per month for employees and their eligible dependents. Since the dental plan is employer-sponsored, all City employees will be enrolled upon hire.

Plan Benefit Highlights for: City of Campbell
Group No: 01744 - 00003

Eligibility	For eligibility details, refer to the plan's Evidence/Certificate of Coverage (on file with your benefits administrator, plan sponsor or employer).			
Deductibles	\$25 per person per lifetime			
Deductibles waived for Diagnostic & Preventive (D & P)?	No			
Deductibles waived for Orthodontics?	Yes			
Maximums	\$1,500 per person each calendar year			
D & P counts toward maximum?	Yes			
Waiting Period(s)	Basic Services None	Major Services None	Prosthodontics None	Orthodontics None

Benefits and Covered Services*	Delta Dental PPO dentists**	Non-Delta Dental PPO dentists**
Diagnostic & Preventive Services (D & P) Exams, cleanings and x-rays	100%	80%
Basic Services Fillings, posterior composites and sealants	80%	80%
Endodontics (root canals) Covered Under Basic Services	80%	80%
Periodontics (gum treatment) Covered Under Basic Services	80%	80%
Oral Surgery Covered Under Basic Services	80%	80%
Major Services Crowns, onlays and cast restorations	50%	50%
Prosthodontics Bridges, dentures and implants	50%	50%
Orthodontic Benefits Adults and dependent children	50%	50%
Orthodontic Maximums	\$2,500 Lifetime	\$2,500 Lifetime

* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees.

** Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists.



Group Plan:
 Delta Dental Plan of California
 Group Number: 174-0003 (CPOA)
 (888) 335-8227
www.deltadentalca.org

LIFE INSURANCE

Administered by The Standard Insurance Company

If you have loved ones who depend on your income for support, having life and accidental death insurance can help protect your family's financial security and pay for large expenses such as housing and education, as well as day-to-day living expenses. Group Basic Life Insurance from The Standard Insurance Company helps provide financial protection by promising to pay a benefit in the event of an eligible member's or his/her/their dependent's covered death. The City pays the entire premium.



Coverage Amount

CMEA, CONF, CPOA, CARP, MGMT: The City provides basic life insurance coverage in the amount of \$50,000 and Accidental Death and Dismemberment (AD&D) coverage in the amount of \$50,000.

CPCEA: The City provides basic life insurance coverage in the amount of \$75,000 and basic AD&D in the amount of \$75,000.

The City also offers additional voluntary basic employee and dependent life insurance coverage for an eligible spouse and/or children (up to age 21) that can be purchased for \$0.49/month per \$1,000 of coverage. Employees must purchase additional supplemental life insurance for themselves in order to purchase dependent life insurance coverage.

LONG TERM DISABILITY INSURANCE

Administered by The Standard

If you become disabled and cannot work, your financial security may be at risk. Protecting your income stream can provide you and your family with peace of mind. Group Long Term Disability (LTD) Insurance from The Standard Insurance Company helps provide financial protection for insured members by promising to pay a monthly benefit in the event of a covered disability.

The City's LTD insurance policy coverage is in lieu of State Disability Insurance (SDI) and is 100% employer-paid. Employees should note that the City does not contribute to State Disability Insurance (SDI), thus, employees are not covered under California SDI.

Coverage

CMEA, CONF, CPCEA, CARP Units: The City's LTD plan for CMEA, CONF, CPCEA, and CARP members provides the payment of 2/3 of monthly base salary during your disability, up to a maximum benefit payment amount of \$3,000 per month. Please note, before you are eligible to receive LTD payment(s), there is a 30-day waiting period for each disability.

MGMT: The City's LTD plan for MGMT employees provides for the payment of 2/3 of your monthly base salary during your disability, up to a maximum benefit payment of \$4,000 per month. Please note, before you are eligible to receive LTD payment(s), there is a 30-day waiting period for each disability.

Group Plan:
The Standard Life
Insurance Company
Policy Number: 309784
(800)368-1135
www.standard.com

CALIFORNIA GOVERNMENT VOLUNTARY EMPLOYEES' BENEFICIARY ASSOCIATION (CALGOVEBA)

Administered by Northwest Plan Services (NWPS)



CALGOVEBA is a tax-exempt trust account the City and other government employers contribute to on behalf of their employees to help pay for eligible health expenses prior to and during retirement. Upon joining the City, you will be automatically enrolled in the program and receive the benefit of the City contributing to the trust on your behalf.

The City contributes the following amounts towards employees CALGOVEBA accounts:

CARP	\$50.00 per month*
CMEA	\$69.24 per pay period
CONF	\$69.24 per pay period
CPCEA	\$71.16 per pay period*
CPOA	\$170 per pay period*

*minus a monthly administrative fee

The City contributes the following amounts towards employees CALGOVEBA accounts:

MGMT (Classified & Unclassified) City Contribution	\$86.16 per pay period
---	------------------------

For **MGMT employees**, members have voted to make an additional employee contribution to their CALGOVEBA accounts as follows:

Years of Service Completed	Classified MGMT Employee Contribution	Unclassified MGMT Employee Contribution	\$40.00 per pay period
0 to 4	\$0.00 per pay period		
5 to 10	\$40.00 per pay period		
11 to 15	\$0.00 per pay period		
16 to 20	\$0.00 per pay period		
21 or more	\$30.00 per pay period		

Group Plan Details:
Voluntary Employee Benefit
Association
NWP Services
Plan #: CMBL

CALIFORNIA GOVERNMENT VOLUNTARY EMPLOYEES' BENEFICIARY ASSOCIATION (CALGOVEBA)

Administered by Northwest Plan Services (NWPS)

How do I register to access my Wex Health Card account portal?

You may access your account information by visiting the Wex Health Card site at <https://my.wexhealthcard.com>. (**Note:** your benefit Wex Health Card must be activated before using and accessing your online account.)

- Register to use the site by clicking on the "Please Register" link on the login page.
- The registration will require that you enter your Member ID, Wex Health Card number, and zip code.
 - Your **Member ID** is your first initial of first name, plus your full last name, plus the last four of your Social Security Number.
 - Please make sure to enter this information using ALL CAPITAL LETTERS. For example, Jane Doe whose the last four digits of her Social Security Number 1234, the Member ID would be: JDOE1234.

Login

First time using My WEX Health Card? **Please Register**

Email Address:

Password:

Login

[Forgot password](#)
[Change username or password](#)

How do I file a manual reimbursement claim?

For a manual reimbursement, a completed Reimbursement Claim Form along with supporting documentation can be forwarded to NWPS via email, fax, or mail as follows:

NWPS
160 W. Santa Clara Street, Suite 1550
San Jose, CA 95113-1734
Email: calgoveba@nwpsbenefits.com
Fax: (408)298-1180

How are claim payments paid?

Expenses will be reimbursed via check and mailed to your home address on file.

When will my claim be paid?

Reimbursements will be issued within seven days of receipt of a complete claim form.

How do I add my spouse and/or dependents?

If you would like to add your spouse or dependents to your account, complete and submit the "New Enrollment and Change" form.

For more information about CALGOVEBA, contact the Plan Administrator via phone: (855) 512-1170 or via email: calgoveba@nwpsbenefits.com

SECTION 125 CAFETERIA PLAN

The City has a Section 125 Cafeteria Plan available to its employees, which allows employees to use excess funds to pay for qualifying expenses. The plan covers both employees and their eligible dependents.

For example, under the City's Section 125 Cafeteria Plan, if your medical insurance premium costs less than the City's contribution to your Medical coverage, you may choose to use your remaining funds for a Flexible Spending Account (FSA).

Effective January 1, 2025, **CARP members** will receive a City contribution of \$125.00 per month towards their Section 125 Cafeteria Plan.

VOLUNTARY INSURANCES AVAILABLE

As an eligible employee, the City of Campbell allows you to apply for additional life coverage for you and your family. Additional insurance plans available for purchase include:

- Accident Insurance
- Cancer Insurance
- Identity Protection

If you are interested in purchasing additional insurance plans, please contact Kelli Gaillant at kelli.gaillant@workterra.com.



A Flexible Spending Account (FSA) allows you to redirect a portion of your salary on a **pre-tax** basis into reimbursement accounts. Money from these accounts is then used to pay eligible healthcare expenses and dependent care expenses. Employees are not required to contribute to the plan.

There are two accounts to choose from:

- **Medical Reimbursement Account**
 - The maximum amount you may contribute to an FSA towards eligible medical expenses for the 2026 calendar play year is \$3,400.
- **Dependent Care Spending Account**
 - The maximum amount you may contribute to an FSA towards eligible dependent care expenses for the 2026 calendar plan year is \$7,500 a year, or \$3,750 a year if you are married but file separate tax returns.

When you enroll, you decide how much money to contribute to your account(s) for the coming calendar year. These contributions are deducted from your paychecks each pay period in equal installments throughout the year until you reach the amount you have specified for the year. **If you do not enroll in an FSA upon hire, you must enroll during open enrollment or within 30 days of a qualifying event. FSA’s need to be elected each year during open enrollment – elections do not roll over year to year.**

In addition to your contributions to an FSA, the City may contribute to FSA accounts for the Bargaining Unit or employee group. Please see the table below on your Bargaining Unit.

Bargaining Unit	City Contribution effective July 2024
CMEA, CONF, MGMT, Unclassified	\$80.76 per pay period (effective first pay period of July 2024)

What if I Need to Change my Annual Elections?

You may increase or decrease your annual elections during the plan year **ONLY** if you experience a qualifying event. Please contact the HR Division for more information.

FSA Rollover Feature

At the end of the calendar year, unused funds from your FSA account designation (minimum of \$5 up to \$680) will automatically be rolled over for use in the next Plan Year. Any additional remaining balance will be forfeited. The rollover of funds takes place after the final claims deadline for the Plan Year, which is in March.

To Find Out More

If you would like to know whether an expense is eligible for reimbursement, please contact Workterra Customer Service from 8AM to 5PM PST, Monday through Friday at (888) 327-2770. You may also call the IRS at (800) 829-3676.

FLEXIBLE SPENDING ACCOUNT - HOW TO ACCESS AND MANAGE YOUR WORKTERRA ACCOUNT



WORKTERRA CONSUMER PORTAL

To access your account online, go to <https://WORKTERRA.lh1ondemand.com>.

New User Login Guide

- **User Name:** Your user name will be a combination of the first initial of your first name, full last name, and the last four digits of your Social Security Number. For example, for Jane Doe whose last four digits of her Social Security Number are 1234, her username is: Jdoe1234
- **Temporary Password:** your temporary password will be your Social Security Number (ex. 12345678)
 - You will be prompted to **change** this upon initial login.

You do not need to enter a Code.

Login

Existing User?	Setting up a New Account?
Login to your account	
Username <input type="text"/>	Code <input type="text"/>
Password <input type="password"/>	<input type="button" value="Got Started"/>
<input type="button" value="Login"/>	
Forgot Password?	

WHAT CAN I DO WITH MY ACCOUNT?

Having your own WORKTERRA Benefits Account enables you to:

- File claims online, upload receipts and track expenses
- View up-to-the-minute account balances
- View your account activity, claims history and payment (reimbursement) history
- Report a lost/stolen Card and request a new one
- Apply for/Update your direct deposit information to receive reimbursements faster
- Change your login ID and/or password
- Download plan information, forms and notifications

NEED ADDITIONAL HELP?

Visit the WORKTERRA MEMBER CENTER (www.WORKTERRA.com -> member center).

DEFERRED COMPENSATION - 457



Each employee may elect to become a participant in a deferred compensation - 457 plan. The plan is a voluntary savings program that allows employees to defer payment of compensation, subject to annual limits, from their paycheck

on a pre-tax basis. The compensation is then available to the employee for use during retirement, subject to applicable taxes. The maximum amount that may be deferred during the **2026 calendar year is \$24,500**. If an employee is age 50 or older, they may defer up to \$33,500 a year (\$8,000 more than the normal limit). If an employee is age 60-63, they may defer up to \$35,750 a year (\$11,500 more than the normal limit)

If you choose to participate in the plan, you get to decide the amount to contribute to the plan and you can change your contribution amount at any time. You may also transfer, or roll over, other eligible retirement accounts to the plan.

The City of Campbell contributes the following to Bargaining Units and Employee Groups:

CARP	\$20 per pay period	CPCEA	\$22 per pay period
CMEA	\$50 per pay period	CPOA	\$20 per pay period*
CONF	\$55 per pay period	MGMT	\$0 per pay period

**For CPOA members the City will contribute \$20 per pay period towards a 457 deferred compensation plan for each member who matches this City contribution. The member's match must be above and beyond any existing contribution the member is already making to a 457 account unless the member's contribution would result in the member's account exceeding annual contribution limits.*

Vesting

Vesting refers to your ownership of the money in your account. You are always 100% vested in your own contributions and their earnings.

Investments

Your contributions will be invested in the funds that you select, and the value of your account will fluctuate based on the performance of the funds. Professional investment advice is available in your plan on a no-charge basis.

Withdrawals

After you separate from service with your employer, you will be able eligible to withdraw your money at any time. However, you will not be required to take any withdrawals until after age 72.

Loans

Your plan allows you to borrow money from your account while you are still employed. The maximum loan amount is limited to half of your account balance or \$50,000, whichever is less.

Account Management

Log in to <https://accountaccess.missionsq.org/login.html> to manage your account, sign-up for e-delivery and text updates, and connect all of your finances in one view.



LEAVE TIME

Sick Leave

Employees accrue 3.69 hours of sick leave per pay period. Accumulation is unlimited.

Vacation Leave

Years of Service	Hours Accrued Per Pay Period	Retainable Hours	
		All except CMEA	CMEA
Start of year 1 through completion of year 4	3.38 (11 8-hour days/year)	192	220
Start of year 5 through completion of year 10	4.92 (16 8-hour days/year)	232	250
Start of year 11 through completion of year 15	5.85 (19 8-hour days/year)	272	300
Start of year 16 and thereafter	6.46 (21 8-hour days/year)	304	350

Management employees may accumulate and retain their vacation leave to a maximum of 520 hours per year.

Administrative Leave

MGMT	60 hours of paid administrative leave per calendar year
Executive Team	80 hours of paid administrative leave per calendar year

Floating Holidays

Employees will receive floating holidays based on their Bargaining Unit Employee Group. Floating Holidays will be prorated based on the date of hire and the date of separation. Floating Holidays must be used during the calendar year in which they are granted, may not be carried over to the next calendar year, and shall have no monetary value upon termination of employment.

CARP	5 days
CMEA	5 days
CONF	5.5 days
CPCEA	4.8% Salary in Lieu plus 2 float days
CPOA	5.4% Salary in Lieu
MGMT	5 days

LEAVE TIME (continued)

Holidays Observed

Holiday	Day	Date Observed
New Year's Day	Thursday	January 1, 2026
Martin Luther King, Jr. Day	Monday	January 19, 2026
Presidents' Day	Monday	February 16, 2026
Memorial Day	Monday	May 25, 2026
Independence Day	Friday	July 3, 2026
Labor Day	Monday	September 7, 2026
Thanksgiving Day	Thursday	November 26, 2026
Day After Thanksgiving	Friday	November 27, 2026
Christmas Eve (1/2 day)	Thursday	December 24, 2026
Christmas Day	Friday	December 25, 2026



OTHER PAYS

Auto Allowance

The City provides an auto allowance for the following job classifications:

Community Development Director	\$220/month
Finance Director	\$220/month
Public Works Director	\$220/month
Recreation & Community Services Director	\$220/month
Assistant City Manager	\$220/month
Assistant Finance Director	\$160/month
Building Division Manager/Building Official	\$160/month
City Clerk	\$160/month

City Engineer	\$160/month
Human Resources Manager	\$160/month
IT Manager	\$160/month
Planning Manager	\$160/month
Recreation Services Manager	\$160/month
Senior Civil Engineer	\$160/month
Senior Public Works Project Manager	\$160/month
Support Services Manager	\$160/month
Traffic Engineer	\$160/month

Special Pays

	Bilingual Pay	Holiday Pay	Certification Pay
CARP	\$75/pay period	N/A	\$25/pay period - Qualified Applicator Certification \$50/pay period - Certified Arborist
CMEA	\$100/pay period	N/A	\$25/pay period - Certified Pool Operator Certification* *must actively be utilizing the certification in the course of employment
CONF	\$100/pay period	N/A	N/A
CPCEA	\$100/pay period	4.8%	\$50/pay period - POST Dispatcher Intermediate Certificate \$100/pay period - POST Dispatcher Advanced Certificate
CPOA	\$100/pay period	5.4%	5.0% POST Intermediate Certificate 7.5% POST Advanced Certificate 1% - Crisis Intervention Training (CIT) Program 5% - Canine Pay / Motorcycle pay* *The maximum additional specialty pay for any CPOA member may receive shall be no more than 5% of the CPOA member's base pay

Tuition Reimbursement

The City of Campbell is committed to the development of employees and the belief that education is a lifelong process which enhances work performance and increases career mobility within the organization, thereby helping employees provide better service to the public.

Depending on an employee's bargaining unit agreement, the employee may be eligible to be reimbursed for the cost of tuition, books, and other mandatory fees incurred while completing coursework or training during non-working hours.

Eligible employees can receive up to \$3,000 per fiscal year.



OTHER PAYS (continued)

Uniform Allowance

The City provides an annual uniform allowance to select job classifications. The allowance is paid in advance after the start of each fiscal year. In the event the employee terminates employment with the City prior to completing the fiscal year, a pro-rated amount of the allowance is withheld from the employee's final paycheck.

CMEA	Building Maintenance Worker I & II Building Maintenance Lead Worker Utility Worker Recreation Specialist (only Facilities)	\$600/year
	Assistant Engineer & Associate Engineer Building Inspector & Senior Building Inspector Code Enforcement Officer Engineering Technician Public Works Inspector & Senior Public Works Inspector	\$150/year for boots/shoes/hats
CPCEA	Community Services Officer	\$740/year
	Police Records Specialist Police Records Supervisor Property/Evident Specialist	\$655/year
CPOA	All classifications	\$1,100/year
MGMT	Sworn Safety Management Classes	\$1,100/year
CARP	Maintenance Worker I & II Park Maintenance Lead Worker Lighting/Traffic Signal Assistant Lighting/Traffic Signal Supervisor Lighting/Traffic Signal Technician Street Maintenance Lead Worker	\$850/year
	Mechanic I & II Equipment Maintenance Supervisor	\$460/year

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Administered by Claremont EAP, Powered by 

The Claremont Employee Assistance Program (EAP) helps you resolve personal issues before they become more serious and difficult to manage. You and your eligible family members can receive professional, confidential counseling at no cost. We also provide access to resources that can help you address virtually any personal concern or question.



Overview of the Employee Assistance Program

The City's EAP Program is an essential component of the City's work-life benefit, offering work-life assistance to our employees and dependents. Personalized consultations, resources and referrals are available at no cost for a wide range of needs that include:

Counseling Visits - The EAP offers 8 free counseling visits per incident, per person, per rolling 12 months for almost any personal issue. Claremont EAP will work with you to find the most appropriate counselor to meet your needs.

- Marital/Relationship issues
- Parenting/Family issues
- Work concerns
- Depression
- Anxiety
- Stress
- Substance abuse
- Other issues impacting your quality of life

Work/Life Referrals - consultants can provide you with referrals and information for services such as: child care, elder care, pet care, adoption assistance, school/college assistance, health and wellness, and convenience referrals.

Legal Consultation - EAP offers up to 30 minutes of free consultation with an attorney per issue to answer your legal questions, either in-person or over the phone. On-going services, if required, are offered at a 25% discount. EAP can assist with legal issues such as: divorce, child custody, real estate, personal injury, criminal law, and free simple will kits.

Financial Consultation - Financial professionals and licensed CPAs will provide up to 30 minutes of telephonic coaching per issue on a range of financial issues such as: budgeting, debt management, tax planning, retirement planning, home buying strategies, college planning, and credit report coaching.

Claremont Personal Advantage - Claremont Personal Advantage (CPA) has over 20,000 online resources at your fingertips 24/7. Resources and tools include: information on health, finance, legal issues, personal growth, stress, emotional wellbeing, family life, and more; in the form of assessments, quizzes, videos, articles, FAQs, forms, calculators, and more!

Call toll-free, 24 hours a day, seven days a week

 **800-834-3773**

EMPLOYEE HEALTH AND WELLNESS

Whether you want be more active, less stressed, or overall healthier, the Recreation and Community Services Department offers a variety of drop-in programs to meet your needs. Select activities are available to City of Campbell employees free of charge!



The Wellness Program Includes:

- General Lap Swim
- Drop-in Basketball
- Drop-in Volleyball
- Yoga
- Pilates
- Upper Body Core
- Cardio Combo

Benefited employees receive a Fitness Program Membership which includes unlimited access to the weight room and group exercise drop in classes at the City of Campbell Recreation Center.

TO ENROLL

1. Create an account through:
<https://secure.rec1.com/CA/campbell-ca>
2. Email recreation@campbellca.gov from your City email to request employee flag.
3. Once your account is flagged, you can enroll in classes.
4. On the Catalog Page—Activity Tag (left side of page), select the “Employee Wellness” filter.
5. Select class and date and follow the process to “checkout”. Fees will be removed during checkout.



BAY AREA COMMUTER BENEFITS PROGRAM



As a Bay Area employer, the City of Campbell is proud to participate in the Bay Area Commuter Benefits Program to help our employees find the most sustainable commuting option.

The Bay Area Commuter Benefits Program is a partnership of the Metropolitan Transportation Commission and the Bay Area Air Quality Management District.

The City of Campbell provides the following pre-tax benefits for our employees:

1. Pre-Tax Benefits: The employer allows employees to exclude their transit or vanpool costs from taxable income, subject to the limits imposed by law. Currently, employees may claim **\$325 per month as non-taxable income and use this amount towards reimbursable transportation costs, including transit and parking expenses.**

The GoNavia Program allows you to pay for work related transportation costs with pre-tax dollars. To place your first order, you will need to log in to your online account at www.naviabenefits.com. If you have already registered, you will see a new link to GoNavia Commuter Benefits after login.

Registering Your Account

If you are new to Navia Benefit Solutions visit www.naviabenefits.com, click the Register in the upper-right corner of the screen and select "I'm a participant."

You will need your 3 character employer code. This code can be found in your original "GoNavia Commuter Now Available" email notification or by simply calling Customer Service.

Shortly after completing the online form you will receive an email confirmation to complete your registration.

Step 1: Login as a participant to www.naviabenefits.com. If you have not registered yet, you will need to complete the registration process.

Step 2: Once logged in, select the "GoNavia Commuter Orders" link under the "My Tools" section after scrolling down the screen.

Step 3: Select your benefit.

Step 4: Enter the dollar amount for your order.

Step 5: Select the months you would like to have your order recur

Step 6: Once you've confirmed your order and agreed to the terms and conditions select "place my order"

You're finished! You will receive a confirmation email once your order has been submitted.

****THE DEADLINE TO PLACE YOUR MONTHLY ORDER IS THE 20TH OF EACH MONTH****

PLAN DETAILS AND QUICK LINKS

Plan Name	Plan Details	Contact Information & Links
California Public Employees Retirement System (CalPERS)		(888) 225-7377 www.calpers.ca.gov myCalPERS Account: https://my.calpers.ca.gov/
California Government VEBA (CALGOVEBA)		Northwest Plan Services (855) 512-1170 calgoveba@nwpsbenefits.com
Delta Dental	Group Number: <ul style="list-style-type: none"> • 174-0002 (CARP, CMEA, CONF, CPCEA, MGMT) • 174-0003 (CPOA) 	(888) 335-8227 www.deltadentalca.org Member Log In: https://www1.deltadentalins.com/login.html
Claremont Behavioral Services <ul style="list-style-type: none"> • Employee Assistance Program (EAP) 	Account Number: 0376	(800) 834-3773 www.claremonteap.com
Mission Square <ul style="list-style-type: none"> • 457 • 401(a) 	Plan Number: 30-1332	(800) 669-7400 www.missionsq.org To schedule an appointment with Liam Ehlers, Retirement Plan Specialist, please visit https://sfdc.missionsq.org/event?Siteid=a013a00000k4dTPAAZ
Navia	Employer Code: CBO	www.naviabenefits.com 800) 669-3539 Monday – Friday (5AM – 5PM PST) customerservice@naviabenefits.com
The Standard <ul style="list-style-type: none"> • Life Insurance • Long Term Disability 	Policy Number: 309784	(800) 368-1135 www.standard.com
VSP	Plan Numbers: <ul style="list-style-type: none"> • 12 098798 0002 (CPCEA, CPOA, CARP) • 12 098798 0003 (CMEA, CONF, MGMT) 	(800) 852-7600 www.vsp.com Member Portal: Log in FAQs: https://www.vsp.com/faqs
WorkTerra <ul style="list-style-type: none"> • FSA • Additional Insurances 		(800) 229-7683 www.workterra.com Member Online Access: https://WORKTERRA.lh1ondemand.com Eligible Expenses: https://workterra.com/pdf/brochure/WORKTERRA_Eligible_Expenses_FSA17.pdf

PLAN CONTACT NUMBERS

Plan Name	Administrator	Plan Information
Anthem Blue Cross (Basic) (HMO) <ul style="list-style-type: none"> • Select HMO • Traditional HMO 	<u>Anthem Blue Cross</u> (855) 839-4524	<u>CVS Caremark</u> is the Pharmacy Benefit Manager (PBM) providing prescription benefits for this medical plan.
Blue Shield of California (HMO) <ul style="list-style-type: none"> • Blue Shield Access+ HMO • Blue Shield Trio HMO 	<u>Blue Shield of California</u> (800) 334-5847	Blue Shield of California administers their own prescription drug benefits.
Kaiser (HMO)	<u>Kaiser Permanente</u> (800) 305-1220	Kaiser administers its own prescription benefits.
UnitedHealthcare (Basic) (HMO) <ul style="list-style-type: none"> • UnitedHealthcare SignatureValue Alliance • UnitedHealthcare SignatureValue Harmony 	<u>UnitedHealthcare</u> (877) 359-3714	<u>CVS Caremark</u> is the PBM providing prescription benefits for this medical plan.
Western Health Advantage (HMO)	<u>Western Health Advantage</u> (888) 942-7377	<u>CVS Caremark</u> is the PBM providing prescription benefits for this medical plan.
Peace Officers Research Association of California (PORAC) (PPO)	<u>Anthem Blue Cross</u> (800) 655-6397	You must belong to the specific employee association and pay applicable dues to enroll in the PORAC. The PORAC plan is available only to dues-paying members of that organization and their families. PORAC prescription are administered by Anthem Blue Cross.
PERS Plans (PPO) <ul style="list-style-type: none"> • PERS Platinum Basic • PERS Gold Basic 	<u>Blue Shield of California</u> (855) 633-4436	The Platinum plan has no geographical restrictions. It provides coverage anywhere in the world. The Gold plan is only available in California.