



2026 Benefits Summit

*Benefits for a
Life Well Lived.*

Agenda

8:45 a.m. - Welcome to the Benefits Summit

9:00 a.m. - Delta Dental

9:25 a.m. - MetLife Dental

9:50 a.m. – Dental Process (form overview)

9:55 a.m. – MetLife Life

10:15 a.m. – Break

10:25 a.m. – FlexElect

10:45 a.m. – VSP

11:05 a.m. – The Standard

11:25 a.m. – Live Well powered by Grokker
stretch break

11:30 a.m. - CalPERS Health and Retirement

12:00 p.m. – Lunch break

12:35 p.m. – ARAG

12:55 p.m. – Whole You, EAP, powered by Spring
Health

1:15 p.m. – Live Well, Employee Wellness
Program, powered by Grokker

1:35 p.m. – Savings Plus

1:55 p.m. – CalHR

2:10 p.m. – Questions

2:30 p.m. – Closing

TODAY IS ABOUT YOU

Welcome to Your 2026 Benefits Summit

Use today to understand what's changing, explore benefits options and get answers directly from the benefit carriers.

1

LEARN

What's new for 2027

2

EXPLORE

The benefits that fit your life

3

ASK

Bring your questions to the benefit carriers

4

CHOOSE

Make informed decisions for you and your family

Today is designed to help you understand benefit options and support employees to make informed choices.

2027 COVERAGE

Open Enrollment: Know the Dates

SEPT. 14

Open Enrollment begins

OCT. 9

Last day to make changes

JAN. 1

2027 changes take effect



Use the time between now and Oct. 9 to make the choices that work best for you and your family.

Already enrolled? You are not required to make any changes during Open Enrollment. Your enrollment will continue through the next plan year if no changes are made.

2027 COVERAGE

Supporting Employees Through Open Enrollment

Send emails and reminders

Open Enrollment Starts Now
Open Enrollment Is Ending

Host office hours or provide key contacts

Helps to provide clear direction on
where or how to ask questions

Review our website for key changes

New dental plans, new pet insurance
and more



Open Enrollment

[Learn more on our Open Enrollment website](#)

Open Enrollment starts today!
Now through October 9, 2026, you can review and update your employee benefits for next year. This is your yearly chance to make sure your benefits still meet your needs and support your health and wellbeing, including your loved ones.

Open Enrollment: September 14 – October 9, 2026
You can enroll in or make changes to:

- Health, dental and vision plans
- COBRA
- FlexSelect Reimbursement Accounts
- Cash options
- Legal insurance
- Long-term disability (LTD)
- Supplemental life insurance
- NEW! Pet Insurance



CAL HR
CALIFORNIA DEPARTMENT OF HUMAN RESOURCES

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Open Enrollment

Home > Open Enrollment

2026 Open Enrollment is Sept. 14 - Oct. 9

Changes to your life can require changes to your benefits. Open Enrollment is your yearly opportunity to enroll or make changes to your benefits for a life well lived. Benefit changes made during the 2026 Open Enrollment season will be effective January 1, 2027.

2027 COVERAGE

Key Dates

OCT. 30

Last date to upload OE
Forms

NOV. 20

Last day to upload
corrected OE Forms

DEC. 31

Last day for employees to
submit cancellations to
Cash Options or
Reimbursement Accounts

JAN. 2

Last day for agencies to
submit cancellations to
Cash Options or
Reimbursement Accounts



Benefits Highlight Video



Get to know CalHR's
Benefits Division

A QUICK LOOK

What's New for 2027?



DENTAL

Delta Dental + MetLife plan options for 2027



PET INSURANCE

New voluntary MetLife Pet Insurance



WHOLE YOU EAP

A new EAP experience and expanded support



RETIREMENT

CalPERS Retirement Benefits

You'll hear directly from the benefit carriers today.

More Dental Choices

More plans. More ways to smile.

- You'll have access to two trusted carriers, Delta Dental and MetLife, with more plan options to fit your needs starting January 1, 2027.
- Choose from PPO and DHMO plans:



 **DELTA DENTAL**

 **MetLife**



More Choices
Plans to fit your needs.



Trusted Carriers
Quality dental networks across California.



Focus on Your Health
Preventive care and tools to help you keep your smile healthy.



Learn More
Visit the benefits website for plan details, provider networks and helpful resources.



Western Dental and Premier Access are ending December 31.
If you do not make a change, you will be moved to a MetLife DHMO plan.



Attend a Dental Session Today
Ask questions and get ready for Open Enrollment.

2027 Dental Enhancements

- Effective January 1, 2027, Delta Dental and MetLife will be the dental PPO and DHMO plan carriers.
- These updates bring meaningful improvements for our plan members.
- We will be offboarding Western Dental and Premier Access.
- Together, these changes enable the state to offer a more robust and competitive dental program:
 - Expanded provider networks
 - Improved access to preventive and diagnostic services
 - A stronger focus on overall oral health and wellness
- CalHR released dental enhancement communication via email to Personnel Offices in July 2026.



2027 Dental Enhancements (2 of 4)

- Plans offered by Premier Access, Western Dental and MetLife Enhanced will sunset on Dec. 31, 2026.
- Employees currently enrolled with Premier Access or Western Dental must act during the annual Open Enrollment season from Sept. 14 – Oct. 9, 2026, to select a new dental plan.
- If no action is taken, employees currently enrolled with Premier Access or Western Dental will transition to the default plan of MetLife Select DHMO starting Jan. 1, 2027.
- Employees currently enrolled in the MetLife Enhanced plan will automatically be moved to the MetLife Select DHMO.



2027 Dental Enhancements (3 of 4)

- Delta Dental continues to provide significant value through strong network stability and member familiarity, ensuring minimal disruption for employees who wish to remain with their current providers.
- Delta Dental will not have plan changes. Delta Dental will have changes to plan names.



CURRENT PLAN NAME	PLAN NAME EFFECTIVE JANUARY 2027	ORG CODE
Delta Dental Basic PPO	Delta Dental PPO Standard	018
Delta Dental Basic PPO + Premier	Delta Dental PPO Essential	007
Delta Dental Enhanced PPO + Premier	Delta Dental PPO Premium	008
DeltaCare USA	DeltaCare USA	009

2027 Dental Enhancements (4 of 4)

- MetLife's PPO plans offer enhanced out of network reimbursement and more comprehensive preventive and diagnostic services with fewer limitations, supporting early detection and long-term oral health
- MetLife will have plan changes and plan name changes.



CURRENT PLAN NAME	PLAN NAME EFFECTIVE JANUARY 2027	ORG CODE
New Plan	MetLife PPO Access	026
New Plan	MetLife PPO Core	027
New Plan	MetLife PPO Plus	028
MetLife Standard DHMO	MetLife Select DHMO	016
MetLife Enhanced DHMO	Plan will merge into the new MetLife Select DHMO January 1, 2027	N/A

2027 Dental Plan Eligibility

DENTAL PLAN NAME	ELIGIBILITY
Delta Dental PPO Standard	Eligible active employees and retirees
Delta Dental PPO Essential	Eligible active represented employees and retirees
Delta Dental PPO Premium	Eligible active excluded employees
DeltaCare USA	Eligible active employees and retirees

DENTAL PLAN NAME	ELIGIBILITY
MetLife PPO Access	Eligible active employees and retirees
MetLife PPO Core	Eligible active represented employees and retirees
MetLife PPO Plus	Eligible active excluded employees
MetLife Select DHMO	Eligible active employees and retirees

2027 Dental Plan Options

2027 State Dental Plan Options for California State Employees

Taking care of your teeth is part of taking care of your health. Eligible state employees have several dental plan options to choose from for 2027, including DHMO and PPO plans.



What's New for 2027?

MetLife PPO dental plans are new this year. You can now choose between Delta Dental and MetLife for your DHMO and PPO coverage. Both carriers offer the same plan types with similar benefits. The main difference is which dentists are in each network. Choose the carrier whose dentists you prefer.

Dental Plan Options

Please contact your departmental personnel office to verify your eligibility and to enroll or make changes to your dental plan.

Visit the websites below to check whether your dentist is in the plan's network before you enroll.



metlife.com/safeguard/soc



deltadentalins.com/state

Choose between DHMO and PPO

- DHMO plans are usually the lower-cost option and work best if you're comfortable choosing a dentist from the plan's network.
- PPO plans give you more flexibility. You can visit any in-network or out-of-network dental provider and you'll usually save money when you stay in-network.

Choose the coverage level that meets your needs

2027 Delta Dental Plans (with new plan names)	2027 MetLife Plans	Plan Features
DeltaCare DHMO	Select DHMO	Lower predictable costs, routine preventive care coverage, network dentists only, no out-of-state coverage
PPO Standard (Formerly PPO)	PPO Access	Lower payroll deduction, preventive care coverage for exams and cleanings, designed for limited major dental work needs
PPO Essential (Formerly PPO Plus Premier Select)	PPO Core	Balanced monthly cost and coverage, includes coverage for occasional dental work, such as fillings and crowns, lower out-of-pocket costs than entry-level PPO plans
PPO Premium (Formerly PPO Plus Premier Enhanced)	PPO Plus	Enhanced coverage for major dental work, lower out-of-pocket costs when care is needed

Check your eligibility, coverage and monthly costs to decide.

If you're looking for out-of-state coverage, choose a PPO plan and save money when you see an in-network dentist.

Do preventive services cost anything?

All our state dental plans cover diagnostic and preventive benefits, including two free cleanings per year. For the PPO plans, dental cleanings do not count toward your calendar year maximum, so you have more coverage for other dental care.

What does "in-network" mean?

An in-network dentist has agreed to lower rates with the insurance company. That typically means lower out-of-pocket costs, better discounts and simpler claims processing.

Both Delta Dental and MetLife networks offer large provider networks nationwide. Because their networks are different, it's important to verify that your dentist participates in the network for the plan you choose. If you're looking for a new dentist, use the carrier's provider directory to find participating dentists near you.

Where can I find coverage details and monthly costs for each plan?

You can review coverage details and monthly costs on the CalHR Dental webpage. Scan the QR code below to learn more.

Ready to learn more? Scan the QR code to:

- ✓ Compare monthly costs
- ✓ See plan details
- ✓ Enroll



[benefits.calhr.ca.gov/
state-employees/
general-benefits/dental/](https://benefits.calhr.ca.gov/state-employees/general-benefits/dental/)

Understanding Your Dental Plan Choices

Understanding Your Dental Plan Choices



As part of the State of California's workforce, you and your family may be eligible for dental benefits designed to keep your teeth and gums healthy. From routine cleanings to more complex care, these benefits help you protect one of the most important parts of your health, so you can smile with confidence.

DHMO Plans

Dental Health Maintenance Organization (DHMO) plans are usually the lower-cost option and work best if you're comfortable choosing a dentist from the plan's network. Before enrolling, check that your preferred dentist participates in the DHMO network or search for a participating dentist in your area.

PPO Plans

Preferred Provider Organization (PPO) plans give you more flexibility. You can visit almost any licensed dentist, but you'll usually save money when you stay in-network. Before enrolling, check whether your current dentist participates in the PPO network for the plan you're considering.

What Does In-Network Mean?

An in-network dentist has agreed to lower rates with the insurance company. That typically means lower out-of-pocket costs, better discounts and simpler claims processing.

Both Delta Dental and MetLife networks offer large provider networks nationwide. Because their networks are different, it's important to verify that your dentist participates in the network for the plan you choose. If you're looking for a new dentist, use the carrier's provider directory to find participating dentists near you.

With PPO Plans You Can Still See an Out-of-Network Dentist, But You May Pay More

An out-of-network dentist doesn't have a contract with the insurance company, which means you pay the difference between what the plan allows and what the out-of-network dentist charges. Note that this doesn't apply to DHMO plans.

How to Choose the Right Plan

Choose a DHMO plan if you:

- Want lower, predictable costs
- Mostly need routine care
- Are comfortable using network dentists only

With a DHMO plan:

- You must choose a dentist in the DHMO network when you enroll
- There are no claim forms to file
- You'll need a referral to see a specialist
- You'll usually pay set copays for services instead of percentages
- Out-of-network care generally isn't covered except for emergencies

Choose a PPO plan if you:

- Want more flexibility
- Already have a preferred dentist
- Want access to both in-network and out-of-network care

With a PPO plan:

- You can visit any dentist
- You don't need referrals for specialists
- You'll pay less when you use an in-network dentist

Step 1 Check Eligibility and Network

Check What Plans You're Eligible For

Your dental plan options depend on your bargaining unit, employee classification and length of state service. For example, some employees may only be eligible for DHMO plans during their first 24 months of state employment. Check with your departmental personnel office to confirm your eligibility.

If keeping your current dentist is important, check the network first before you enroll. The biggest difference between Delta Dental and MetLife PPO plans is the provider network.

Go directly to each carrier to quickly check if your dentist is in their network:

Delta Dental

Visit:
deltadentalins.com/state

Customer Service:
800-225-3368

MetLife

Visit:
metlife.com/safeguard/soc

Customer Service:
800-880-1800

Step 2 Choose the Coverage Level That Fits Your Needs

2027 Delta Dental Plans (with new plan names)	2027 MetLife Plans	Plan Features
DeltaCare DHMO	Select DHMO	Lower predictable costs, routine preventive care coverage, network dentists only, no out-of-state coverage
PPO Standard (formerly PPO)	PPO Access	Lower payroll deduction, preventive care coverage for exams and cleanings, designed for limited major dental work needs
PPO Essential (formerly PPO Plus Premier Basic)	PPO Core	Balanced monthly cost and coverage, includes coverage for occasional dental work, such as fillings and crowns, lower out-of-pocket costs than entry-level PPO plans
PPO Premium (formerly PPO plus Premier Enhanced)	PPO Plus	Enhanced coverage for major dental work, lower out-of-pocket costs when care is needed

If you're looking for out-of-state coverage, choose a PPO plan and save money when you see an in-network dentist.

Step 3 Use Your Benefits in 2027

Coverage starts January 1, 2027. Choose a dentist and schedule your twice-yearly dental cleanings.

For more info about specific plan costs and coverage, check out the CalHR Benefits website



[benefits.calhr.ca.gov/
state-employees/
general-benefits/dental/](https://benefits.calhr.ca.gov/state-employees/general-benefits/dental/)

New Benefit – Pet Insurance

Employees can design a plan that fits their pet's needs at every stage of life.

- Coverage for injuries and illnesses as well as preventative care
- Direct billing through MetLife

Employees can enroll their pets in three simple steps:



1. Provide Zip Code	2. Describe Pet	3. Choose Plan Option
• Plans and rates may vary by zip code	• Species (dog/cat) • Gender (male/female) • Age • Breed	• Annual limit • Deductible • Reimbursement • Preventative Care Coverage for cats and dogs (optional)



Dental Plan Options

Benefits For a Life Well Lived



PPO plans

3 plan options

Delta Dental PPO™

Member video



Standard plan (formerly “PPO plan”)

Benefit Highlights: Delta Dental PPO™

Plan Benefit Highlights for: State of California
(PPO Standard)
Group No: 09946

PPO Standard plan

Eligibility	For eligibility details, refer to the plan's Evidence/Certificate of Coverage (on file with your benefits administrator, plan sponsor or employer).			
Deductibles	Delta Dental PPO dentists: \$25 per person / \$100 per family each calendar year Non-Delta Dental PPO dentists: \$75 per person / \$200 per family each calendar year			
Deductibles waived for Diagnostic & Preventive (D & P) and Orthodontics?	Yes			
Maximums	Delta Dental PPO dentists: \$2,000 per person each calendar year Non-Delta Dental PPO dentists: \$1,000 per person each calendar year			
D & P counts toward maximum?	No			
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)	100%	80%
Exams, cleanings and x-rays		
Sealants (dependents only)	90%	80%
Basic Services	90%	80%
Fillings and posterior composites		
Endodontics (root canals)	90%	80%
Covered Under Basic Services		
***Periodontics (gum treatment)	90%	80%
Covered Under Basic Services		
Oral Surgery	90%	80%
Covered Under Basic Services		
Major Services	80%	50%
Crowns, onlays and cast restorations		
Prosthodontics	60%	50%
Bridges and dentures		
Implant Benefits	50%	50%
Orthodontic Benefits	50%	50%
Adults and dependent children		
Orthodontic Maximums	\$1,000 Lifetime for Adults \$1,500 Lifetime for Dependent children	\$1,000 Lifetime for Adults and dependent children

* 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.

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

*** ALL OTHER STATES - Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and Premier contracted fees for non-Delta Dental dentists.

***A third cleaning per year is covered with periodontal history.

Eligibility:

The PPO plan is offered to both active and retired State employees.

Deductible:

Delta Dental PPO dentists:

\$25 per person / \$100 per family each calendar year

Non-Delta Dental PPO dentists:

\$75 per person / \$200 per family each calendar year.

Maximum:

Delta Dental PPO dentists:

\$2,000 per person each calendar year.

Non-Delta Dental PPO dentists:

\$1,000 per person each calendar year.

Plan highlights:

Diagnostic & Preventive Service do not apply to plan maximum
Out of pocket costs are higher when a member visits a PPO provider.

Out-of-pocket costs will be higher for enrollees when visiting a Premier or non-Delta Dental dentist.



Essential plan (formerly “Basic plan”)

Benefit Highlights: Delta Dental PPO TM

Plan Benefit Highlights for: State of California
(PPO Essential)
Group No: 09949

PPO Essential plan

Eligibility	For eligibility details, refer to the plan's Evidence/Certificate of Coverage (on file with your benefits administrator, plan sponsor or employer).			
Deductibles	\$50 per person / \$150 per family each calendar year			
Deductibles waived for Diagnostic & Preventive (D & P) and Orthodontics?	Yes			
Maximums	\$2,000 per person each calendar year			
D & P counts toward maximum?	No			
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%	100%
Sealants (Dependents only)	90%	90%
Basic Services Fillings and posterior composites	90%	90%
Endodontics (root canals) Covered Under Basic Services	90%	90%
***Periodontics (gum treatment) Covered Under Basic Services	90%	90%
Oral Surgery Covered Under Basic Services	90%	90%
Major Services Crowns, onlays and cast restorations	80% - EE 50% - Spouse and Dependents	80% - EE 50% - Spouse and Dependents
Prosthodontics Bridges, dentures and implants	50%	50%
Orthodontic Benefits Adults and dependent children	50%	50%
Orthodontic Maximums	\$1,000 Lifetime	\$1,000 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.

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

***ALL OTHER STATES - Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and Premier contracted fees for non-Delta Dental dentists.

***A third cleaning per year is covered with periodontal history.

Eligibility:

The Basic plan is offered to both active and retired State employees.

Deductible:

\$50 per person / \$150 per family each calendar year.

Maximum:

Delta Dental PPO dentists:
\$2,000 per person each calendar year.

Plan Highlights:

Diagnostic & Preventive Service do not apply to plan maximum. While enrollee cost-share is the same percentage when receiving services from a non-PPO dentist, an enrollee's out-of-pocket costs will be higher when visiting a Premier or non-Delta Dental dentist.

Premium plan (formerly “Enhanced plan”)

Benefit Highlights: Delta Dental PPO TM

Plan Benefit Highlights for: State of California
(PPO Premium)

Group No: 09949

PPO Premium plan

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 / \$100 per family each calendar year			
Deductibles waived for Diagnostic & Preventive (D & P) and Orthodontics?	Yes			
Maximums	\$2,000 per person each calendar year			
D & P counts toward maximum?	No			
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)	100%	100%
Exams, cleanings and x-rays		
Basic Services	90%	90%
Fillings, sealants and posterior composites		
Endodontics (root canals)	90%	90%
Covered Under Basic Services		
***Periodontics (gum treatment)	90%	90%
Covered Under Basic Services		
Oral Surgery	90%	90%
Covered Under Basic Services		
Major Services	80%	80%
Crowns, onlays and cast restorations		
Prosthodontics	50%	50%
Bridges, dentures and implants		
Orthodontic Benefits	50%	50%
Adults and dependent children		
Orthodontic Maximums	\$1,000 Lifetime	\$1,000 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.

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

** ALL OTHER STATES - Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and Premier contracted fees for non-Delta Dental dentists.

***A third cleaning per year is covered with periodontal history.

Eligibility:

The Enhanced plan is offered to active State employees only.

Deductible:

\$25 per person / \$100 per family each calendar year.

Maximum:

\$2,000 per person each calendar year.

Plan Highlights:

Diagnostic & Preventive Service do not apply to plan maximum.

While enrollee cost-share is the same percentage when receiving services from a non-PPO dentist, an enrollee's out-of-pocket costs will be higher when visiting a Premier or non-Delta Dental dentist.

Delta Dental network advantage

Making informed decisions



Delta Dental PPO



Delta Dental Premier®



Non-Delta Dental

Choose PPO to save

Claim example: crown, covered at 50%

	Delta Dental PPO	Delta Dental Premier	Non-Delta Dental dentist
Dentist charges	\$400	\$400	\$600
Plan allowance	\$150	\$200	\$125
Your plan pays	\$75	\$100	\$62.50
You pay	\$75	\$100	\$537.50

This is for illustrative purposes only. Assume no maximums or deductibles apply.

Diagnostic and Preventive Care Max Waiver

Included with all 3 PPO plans

With the D&P Maximum Waiver®, routine diagnostic and preventive (D&P) services like cleanings, exams and x-rays do not count against the annual benefit maximum.

This allows enrollees to preserve more of their annual maximum for other needed services like fillings, crowns or root canals.

With our Without D&P Maximum Waiver	Delta Dental pays	You pay	Your remaining maximum
Without D&P Maximum Waiver	\$350	\$0	\$1,650
With D&P Maximum Waiver	\$350	\$0	\$2,000

This example assumes an annual maximum of \$2,000, with 100% coverage for two routine exams, cleanings and X-rays at a Delta Dental dentist.

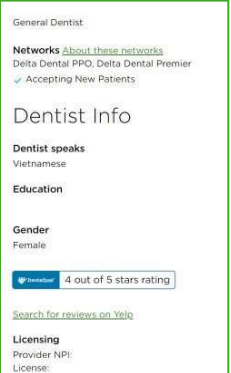
Oral health is part of overall health!

Introduced in 2026, the D&P Max Waiver encourages preventive care.

PPO enrollees receive two cleanings per year - three for those with periodontal history.

The right dentist, backed by data and real voices

Helping members choose with confidence through trusted, transparent information



General Dentist

Networks [About these networks](#)
Delta Dental PPO, Delta Dental Premier
✓ Accepting New Patients

Dentist Info

Dentist speaks
Vietnamese

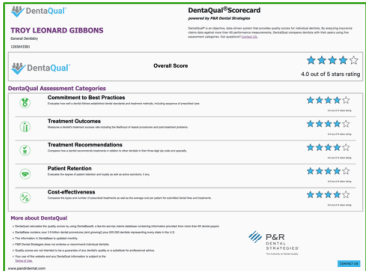
Education

Gender
Female

4 out of 5 stars rating

[Search for reviews on Yelp](#)

Licensing
Provider NPI:
License



DentaQual
TROY LEONARD GIBBONS
General Dentist

DentaQual Scorecard
powered by P&R Dental Strategies

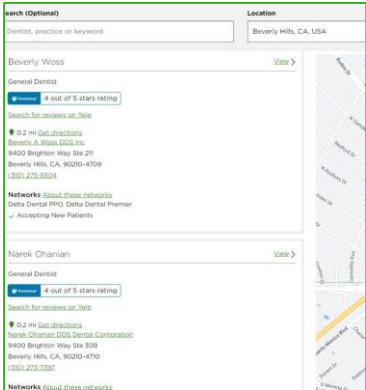
Overall Score
4.2 out of 5 stars rating

DentaQual Assessment Categories

- Commitment to Best Practices** 5 stars
- Treatment Outcomes** 5 stars
- Treatment Recommendations** 5 stars
- Patient Retention** 5 stars
- Cost-effectiveness** 5 stars

How about DentaQual?
DentaQual is a leading provider of dental quality data. We are the only provider of dental quality data that is based on actual claims data. We are the only provider of dental quality data that is based on actual claims data. We are the only provider of dental quality data that is based on actual claims data.

P&R
Dental Strategies



Search (Optional)
Dentist, practice or keyword
Beverly Hills, CA, USA

Beverly Hills
View >

General Dentist
4 out of 5 stars rating
Search for reviews on Yelp

6.2 mi Get directions
Narek Chorian, DDS, Dental Corporation
9400 Bingham Way Ste 211
Beverly Hills, CA 90210-4709
(310) 272-2232

Networks [About these networks](#)
Delta Dental PPO, Delta Dental Premier
✓ Accepting New Patients

Narek Chorian
View >

General Dentist
4 out of 5 stars rating
Search for reviews on Yelp

6.2 mi Get directions
Narek Chorian, DDS, Dental Corporation
9400 Bingham Way Ste 211
Beverly Hills, CA 90210-4709
(310) 272-2232

Networks [About these networks](#)

As the first dental carrier to offer two independent dentist review platforms, we bring transparency and trust to provider selection.

- **DentaQual®** delivers objective, easy-to-understand quality ratings based on actual claims data, so members can evaluate clinical performance, not just popularity.
- **Yelp** offers real patient feedback to provide the human perspective — what it's like to interact with a provider, not just their credentials.



DeltaCare USA

DHMO plan option

DeltaCare[®] USA

Member video



Delta Dental
DeltaCare[®]
USA Plan

The logo is a green rounded rectangle with a white horizontal bar across the middle. The text "Delta Dental" is in a light green font above the bar, and "DeltaCare[®]" and "USA Plan" are in a white font below the bar. The rectangle is reflected below it. There are several light blue starburst graphics around the rectangle.

DeltaCare USA plan highlights

Deductible and annual maximum:

No, not on this plan type.

Copayments:

Schedule A in the plan documents describes the benefits and their copayment amounts.

Eligibility:

This plan is offered to California residents only.

Out-of-network coverage:

No, except for emergency care.

Referrals:

With this plan type, referrals to specialists are required, except for pediatric dentists for children through age 13.

Network search:

DeltaCare USA network



Effective 1/1/2027

Added implant and cone beam coverage

Plan CAC63	DeltaCare USA	Description of Benefits and Copayments
SCHEDULE A		
Description of Benefits and Copayments		
The Benefits shown below are performed as deemed appropriate by the Contract Dentist subject to the <i>Limitations and Exclusions</i> of the Plan. Please refer to <i>Schedule B</i> for further clarification of Benefits. You should discuss all treatment options with Your Contract Dentist prior to services being rendered.		
Text that appears in <i>italics</i> below is specifically intended to clarify the delivery of Benefits under the DeltaCare USA Plan and is not to be interpreted as Current Dental Terminology ("CDT"), CDT-2025 procedure codes, descriptors or nomenclature that are under copyright by the American Dental Association ("ADA"). The ADA may periodically change CDT codes or definitions. Such updated codes, descriptors and nomenclature may be used to describe these covered procedures in compliance with federal legislation.		
CODE	DESCRIPTION	ENROLLEE PAYS
I. DIAGNOSTIC		
D0100-D0999		
D0120	Periodic oral evaluation - established patient	No Cost
D0140	Limited oral evaluation - problem focused	No Cost
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	No Cost
D0150	Comprehensive oral evaluation - new or established patient	No Cost
D0160	Detailed and extensive oral evaluation - problem focused, by report	No Cost
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	No Cost
D0171	Re-evaluation - post-operative office visit	No Cost
D0180	Comprehensive periodontal evaluation - new or established patient	No Cost
D0190	Screening of a patient	No Cost
D0191	Assessment of a patient	No Cost
D0210	Intraoral - comprehensive series of radiographic images - <i>limited to 1 of (D0210 or D0330) per 24 months. Either one (1) D0210 or one (1) D0330 permitted</i>	No Cost
D0220	Intraoral - periapical first radiographic image	No Cost
D0230	Intraoral - periapical each additional radiographic image <i>up to and including 13 films</i>	No Cost
D0240	Intraoral - occlusal radiographic image	No Cost
D0250	Extraoral - 2D projection radiographic image created using a stationary radiation source, and detector	No Cost
D0251	Extraoral posterior dental radiographic image	No Cost
D0270	Bitewing - single radiographic image	No Cost
D0272	Bitewings - two radiographic images	No Cost
D0273	Bitewings three radiographic images	No Cost
D0274	Bitewings - four radiographic images - <i>limited to 1 series every 6 months</i>	No Cost
D0277	Vertical bitewings - 7 to 8 radiographic images	No Cost
D0330	Panoramic radiographic image - <i>limited to 1 of (D0210 or D0330) per 24 months. Either one (1) D0210 or one (1) D0330 permitted</i>	No Cost
D0350	2D oral/facial photographic images obtained intra-orally or extra-orally	No Cost
D0396	3D printing of a 3D dental surface scan	No Cost
D0415	Collection of microorganisms for culture and sensitivity	\$45.00
D0419	Assessment of salivary flow by measurement - <i>1 every 12 months</i>	No Cost
D0425	Caries susceptibility tests	\$20.00
D0460	Pulp vitality tests	No Cost
D0470	Diagnostic casts	\$70.00
D0472	Accession of tissue, gross examination, preparation and transmission of written report	\$65.00
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	\$130.00
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	\$150.00

Orthodontic treatment in progress

Is simple with the DeltaCare USA plan

Continuous Orthodontic Coverage Form

(To be completed by the treating orthodontist)

If your patient's previous orthodontic coverage was through an employer-sponsored dental plan and the patient meets all of the above conditions, please provide the following information:

Primary enrollee's name: _____

Primary enrollee's ID #: _____

Name of employer/organization: _____

Patient's name: _____

Previous dental plan carrier: _____

Previous plan's total financial obligation: _____

Previous dental plan end date: _____

Banding date of patient: _____

Orthodontist's name: _____

Orthodontist's address: _____

Orthodontist's phone number: _____

In addition, please include the following required documents and information:

- Completed claim form, including the banding (appliance delivery) date.
- Explanation of Benefits showing how much the previous plan has paid to date and amount remaining.

Mail to:

DeltaCare USA
Claims Department
P.O. Box 1810
Alpharetta, GA 30023

If an eligible member started orthodontic treatment under a previous plan, they may be able to continue that coverage when they switch to a DeltaCare USA plan.

How does it work?

Orthodontic treatment in progress allows a member to continue treatment they started under their previous dental plan. They can visit the same orthodontist and have the same coverage and copayments as their previous plan.

How does a member qualify?

If banding has taken place, they are eligible for continuous coverage and may continue to see the same orthodontist.

What do members need to do?

Members will need their treating orthodontist to complete and submit the continuous orthodontic coverage form along with a claim within 30 days of the DeltaCare USA plan effective date.



Member resources

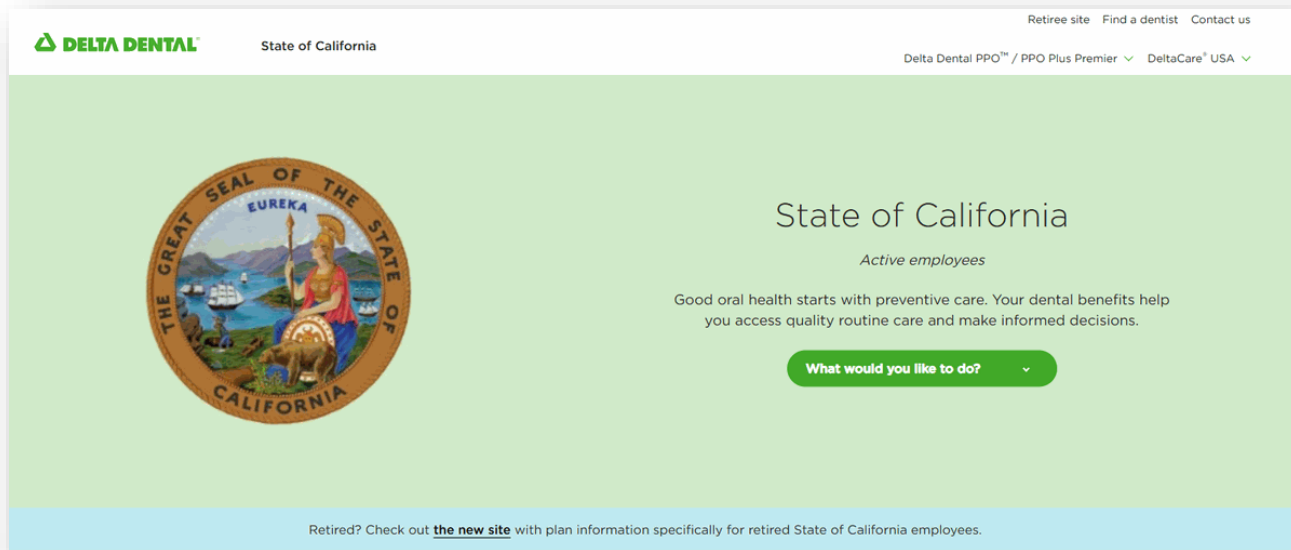
State of CA group site for active employees

No login required

Self-service tools and resources:

- Plan highlights and evidence of coverage for PPO and DeltaCare USA
- Robust member FAQs
- General details on how dental coverage works and key terms to know
- Plan comparison flyer to help members understand the key differences between PPO and DHMO plans
- Provider search tool
- Link to Healthy Living Hub
- Link to register or sign in to member portal

www.deltadentalins.com/state



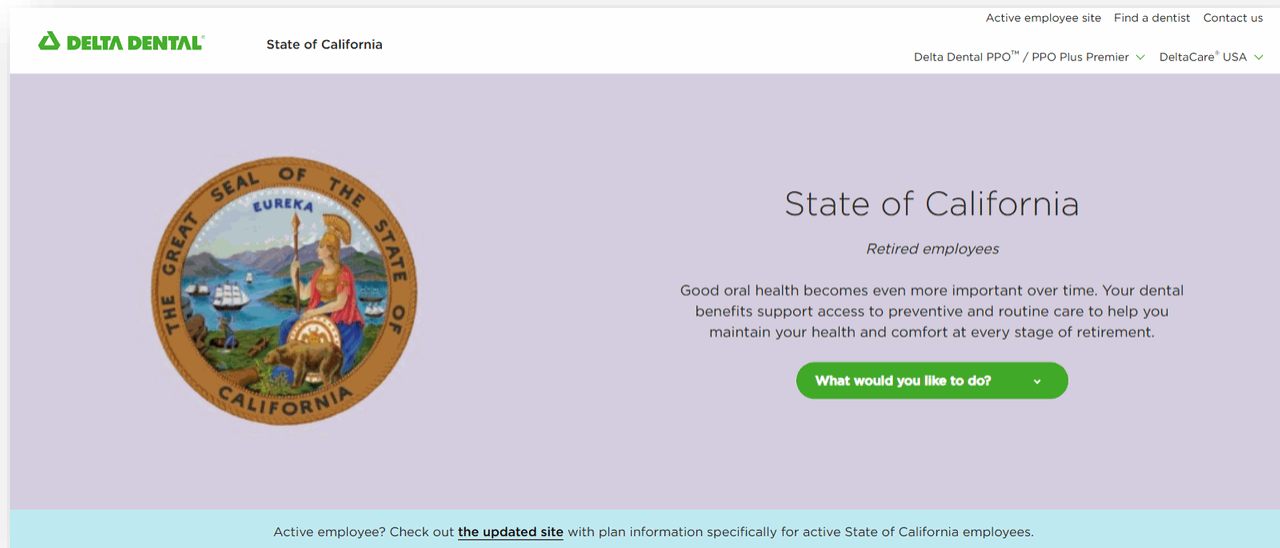
State of CA group site for retired employees

No login required

Self-service tools and resources:

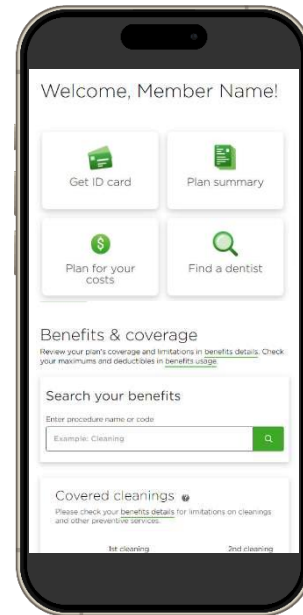
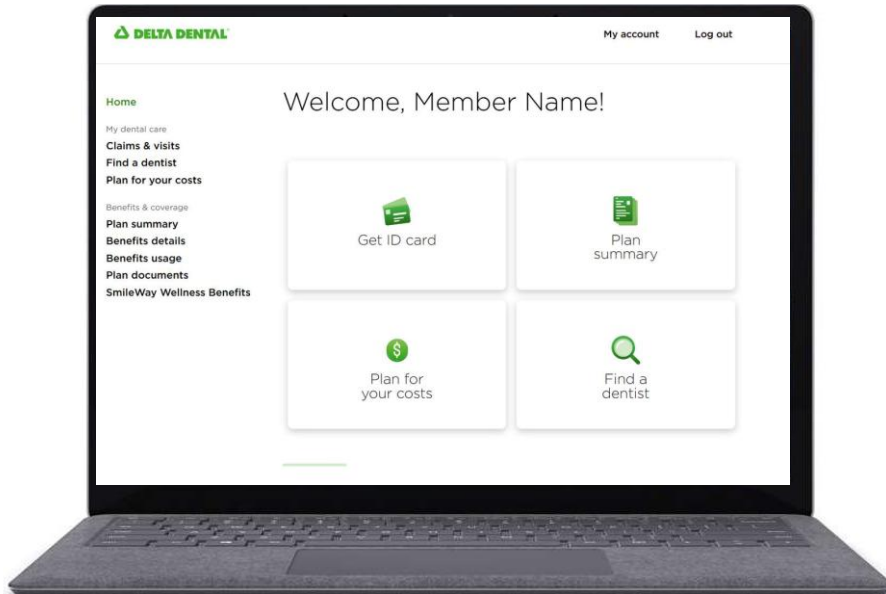
- Plan highlights and evidence of coverage for PPO and DeltaCare USA
- Robust member FAQs
- General details on how dental coverage works and key terms to know
- Plan comparison flyer to help members understand the key differences between PPO and DHMO plans
- Provider search tool
- Link to Healthy Living Hub
- Link to register or sign in to member portal

www.deltadentalins.com/state



Member portal

Member registration and login required



Self-service tools and resources:

- Claims history
- Benefit and coverage details
- Benefit usage, including deductibles and maximums (PPO)
- Provider search tool
- Cost estimator tool (PPO)
- Change or update primary care dentist (DeltaCare)
- Policy documents and enrollee notices
- Member Perks



Members can add their digital ID card to their Apple wallet



Member support

Tools and resources for engagement



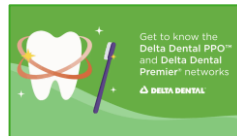
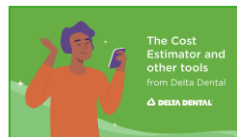
Cost estimator

Know before you go

- Real-time cost estimate based on member benefits
- Members can compare procedure costs at nearby dentists
- More cost transparency about out-of-pocket costs saves money

Video resources

Helping members make the most of their dental benefits



Available in English and Spanish.

Oral health webinars

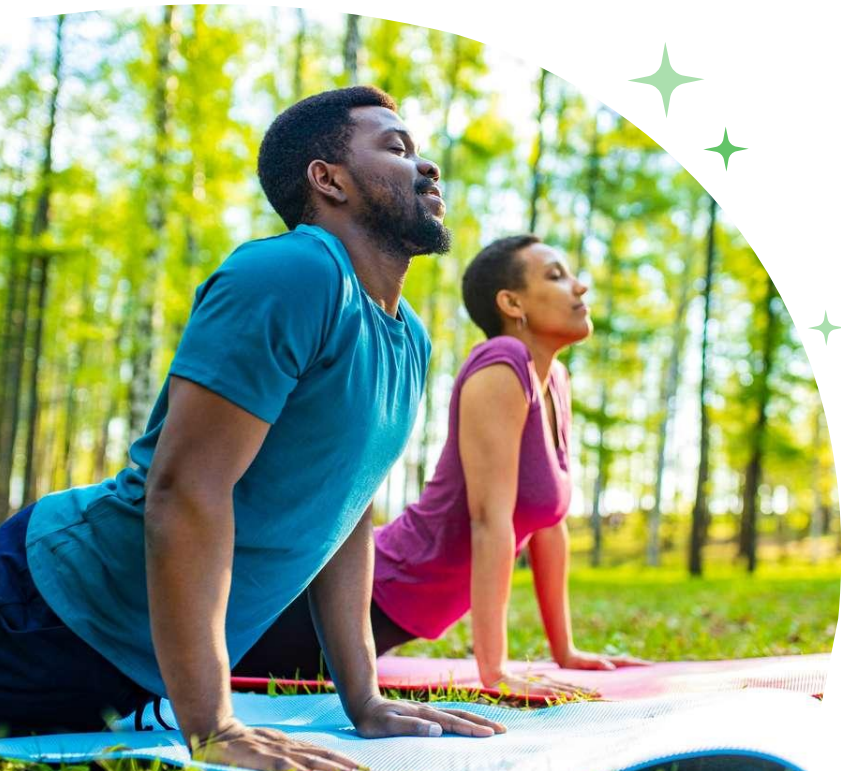
Health and wellness education

- Understanding tooth decay
- Gum health: the foundation of your smile
- How oral health impacts overall health
- Oral health and aging
- Women's health



Member perks

Extra features, exceptional outcomes



Virtual dentistry

Remote consultations
with a dentist

Hearing aids and LASIK

Discounts through
Amplifon and QualSight

LifePerks

Discounts on oral health
products, services,
memberships and more*

Wellness resources

Online articles, recipes,
videos and more



Members can learn more at
www1.deltadentalins.com/memberperks.



**Special offers are updated periodically and may vary based on availability.*

Key takeaways

3 PPO plan options and 1 DeltaCare USA plan option

PPO

- Those enrolled on a PPO plan can see *any* dentist, but enrollees will make the most of their benefits by using an in-network PPO dentist.
- Plan is subject to calendar year maximum and deductible, however, D&P services are not included in the calendar year maximum
- There are no waiting periods. Members pay based co-insurance
- If you see an in-network provider, there are no claim forms to fill out. If you go out of network, a claim form needs to be submitted.
- Active and retired State employees can enroll in the PPO plan or the PPO + Premier Essential plan.
- Retired State employees are not eligible for the Premium plan.

DeltaCare USA

- DeltaCare USA is a dental HMO-style plan.
- There are no deductibles or annual maximums. Members pay for services based on a set co-pay.
- Those enrolled in the DeltaCare USA plan must choose a primary/general dentist from the DeltaCare USA network. Covered dependents do not have to select the same general dentist.
- Specialist visits require a referral (except for pediatric dentists for children through age 13).
- Out-of-network services aren't covered.
- Emergency services by an OON dentist are limited to necessary care to stabilize a condition and/or provide palliative relief.

Support and resources

Key resources

State of California [active employee group site](#)

Frequently asked questions:

[PPO FAQs](#)

[DeltaCare USA](#)

State of California [retired employee group site](#)

Frequently asked questions:

[PPO FAQ](#)

[DeltaCare USA](#)

[Common dental and insurance terms](#)

Important contacts

Patricia Lazos, Senior Account Manager

plazos@delta.org

310-418-1594

Support team:

DeltaAccountSupport2@delta.org

Member service: 1-800-225-3368

Monday through Friday between 8 am and 8 pm, Pacific time

Group numbers:

- 09946 PPO (Standard plan)
- 09949 PPO + Premier (Essential and Premium plans),
- 72003 DeltaCare USA



Prepared for: State of California



Myth or Fact?

Myth or Fact? (Cont.)

- **Dental insurance only matters if someone already has dental issues.**
- **Most employer provided life insurance fully covers a family's needs.**
- **Regular dental visits can help detect broader health issues.**
- **Employees always understand and use their benefits effectively.**



NEW! MetLife Dental PPO



Why are dental benefits so important?



High cost of certain dental treatments



Benefit of preventive care



Connection between **oral health**

A plan that offers savings, choice and anywhere, anytime service¹



Negotiated fees typically 35% to 50% less than the average charges in the same area^{D2}



Explore our large network of carefully selected, participating dentists with flexibility to go to any dentist **in- or out-of-network**



With MetLife's International Dental Travel Assistance Program, **access dentists in more than 200 countries**^{D3}



Easy access to pre-treatment estimates, real-time claims processing



We're putting quality at the forefront to deliver healthier outcomes for your employees

SpotLite-designated providers prioritize preventive care, reducing the need for more complex procedures and driving savings¹.

Preventive care delivery rates were 10% higher²

Restorative treatment procedures decreased by 26%²

Delivery of major restorative care was reduced by more than half²

Utilization of SpotLite providers yields a 17% cost per member³ savings than other in-network providers

¹ Savings from enrolling in a dental benefits plan will depend on various factors, including the cost of the plan, how often participants visit a dentist and the cost of services rendered.

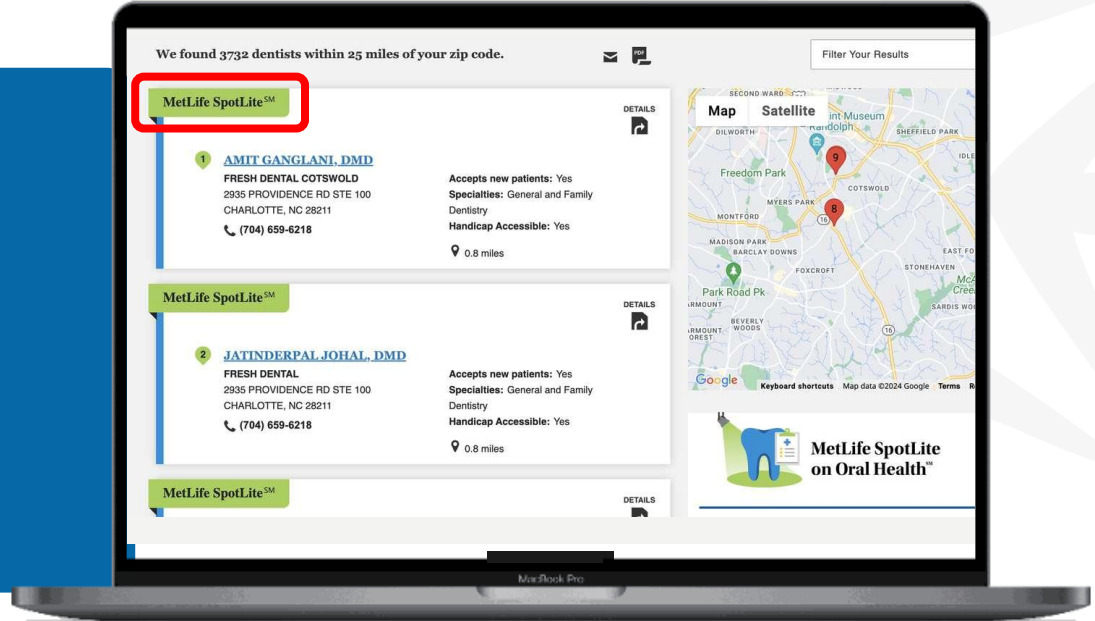
² MetLife Internal Data 2023, 2024 and YTD 2025.

³ Average cost per member is calculated as total benefits paid divided by total number of unique patients at the provider level when compared to other generalists and pediatrics in or out of the MetLife Dental network.



Employees can easily locate providers who are focused on improved health outcomes

The Find a Dentist tool on MetLife.com allows employees to filter their search to locate SpotLite on Oral Health® providers near them



MetLife PPO Access Plan

Services	In-network: ^{D4} % of Negotiated fee ^{D5} Out-of-network: ^{D4} % of R&C fee ^{D6}
Preventive & Diagnostic Services (does not count towards maximum)	In-Network: 100% / Out-of-Network: 80%
Basic Restorative Services	In-Network: 90% / Out-of-Network: 80%
Major Restorative Services	In-Network: 80% / Out-of-Network: 50%
Other Major Services	In-Network 60% / Out-of-Network 50%
Implants	In-Network: 50% / Out-of-Network: 50%
Calendar-Year Deductible – Applies to Basic and Major Restorative Services: Individual vs Family	In-Network \$25/\$100 / Out-of-Network \$75/\$200
Annual Plan Maximum Benefit	In-Network \$2000 / Out-of-Network \$1000
Orthodontia	In-Network 50% / Out-of-Network 50%
Orthodontia Lifetime Maximum	Child: In-Network \$1500 / Out-of-Network \$1000 Adult: In-Network \$1000 / Out-of-Network \$1000

Residents of Texas, Louisiana, Montana and Mississippi are not eligible for PPO Access plan



MetLife PPO Core Dental Plan

Services	Employee/Retiree In-network: ^{D4} % of Negotiated fee ^{D5} Out-of-network: ^{D4} % of R&C fee ^{D6}	Dependents of Represented Employees & Retirees In-network: ^{D4} % of Negotiated fee ^{D5} Out-of-network: ^{D4} % of R&C fee ^{D6}
Preventive & Diagnostic Services (does not count towards maximum)	In-Network: 100% / Out-of-Network: 100%	In-Network: 100% / Out-of-Network: 100%
Basic Restorative Services	In-Network: 90% / Out-of-Network: 90%	In-Network: 90% / Out-of-Network: 90%
Major Restorative Services	In-Network: 80% / Out-of-Network: 80%	In-Network: 50% / Out-of-Network: 50%
Other Major Services	In-Network 50% / Out-of-Network 50%	In-Network 50% / Out-of-Network 50%
Implants	In-Network: 50% / Out-of-Network: 50%	In-Network: 50% / Out-of-Network: 50%
Calendar-Year Deductible – Applies to Basic and Major Restorative Services: Individual vs Family	In-Network \$50/\$50 Out-of-Network \$150/\$150	In-Network \$50/\$50 Out-of-Network \$150/\$150
Annual Plan Maximum Benefit	In-Network \$2000 / Out-of-Network \$1000	In-Network \$2000 / Out-of-Network \$1000
Orthodontia	In-Network 50% / Out-of-Network 50%	In-Network 50% / Out-of-Network 50%
Orthodontia Lifetime Maximum	Child: In-Network \$1000 / Out-of-Network \$1000 Adult: In-Network \$1000 / Out-of-Network \$1000	Child: In-Network \$1000 / Out-of-Network \$1000 Adult: In-Network \$1000 / Out-of-Network \$1000



MetLife PPO Plus Plan

Services	In-network: ^{D4} % of Negotiated fee ^{D5} Out-of-network: ^{D4} % of R&C fee ^{D6}
Preventive & Diagnostic Services (does not count towards maximum)	In-Network: 100% / Out-of-Network: 100%
Basic Restorative Services	In-Network: 90% / Out-of-Network: 90%
Major Restorative Services	In-Network: 80% / Out-of-Network: 80%
Other Major Services	In-Network 50% / Out-of-Network 50%
Implants	In-Network: 50% / Out-of-Network: 50%
Calendar-Year Deductible – Applies to Basic and Major Restorative Services: Individual vs Family	In-Network \$25/\$100 / Out-of-Network \$25/\$100
Annual Plan Maximum Benefit	In-Network \$2000 / Out-of-Network \$2000
Orthodontia	In-Network 50% / Out-of-Network 50%
Orthodontia Lifetime Maximum	Child: In-Network \$1000 / Out-of-Network \$1000 Adult: In-Network \$1000 / Out-of-Network \$1000

Retirees are not eligible for PPO Plus plan



Find a Dental Provider

With MetLife Dental insurance, you can choose from thousands of general dentists and specialists nationwide. You can find the names, addresses, languages spoken and phone numbers of participating dentists by searching our online **Find a Dentist** directory.



Step 1:
Go to metlife.com

Enter your Zip, City or State and select the “Find a Dentist” button. You will then be prompted to select your plan from the list. The plan name is located in your Schedule of Benefits.



Step 2:
Select “Find a Dentist” next to
“How can we help you?”



Step 3:
Select “PDP Plus” next to
“Choose your network.”



With direct access to benefits and the right information, employees are supported and empowered at each step

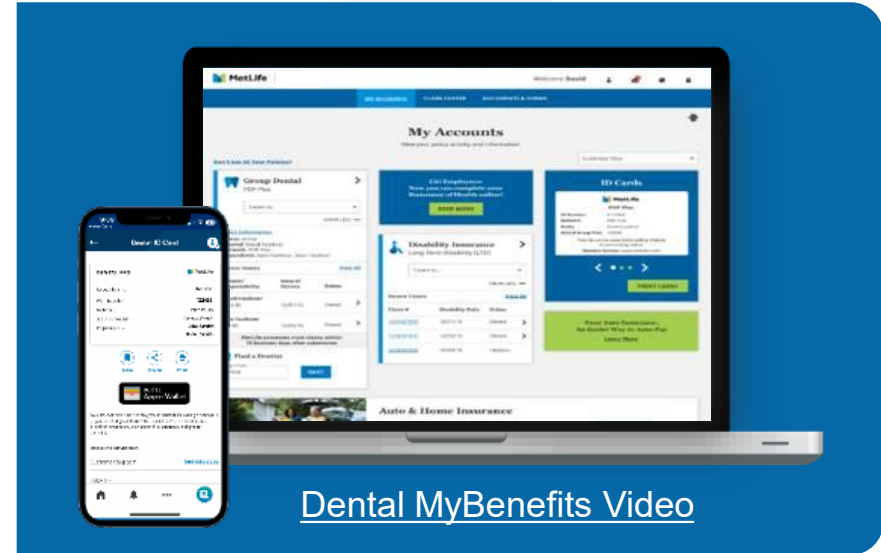
Self service digital tools

MyBenefits Portal and Mobile App¹ make receiving care and managing coverage costs easy.

- Find a Dentist and filter for SpotLite
- Review coverage and policy details for all products
- View/print/email claim and EOB information
- Personalized dental procedure cost estimates
- View and print ID cards and/or load to Apple wallet
- File a dental claim online
- Virtual assistant available 24/7



Scan for portal demo!



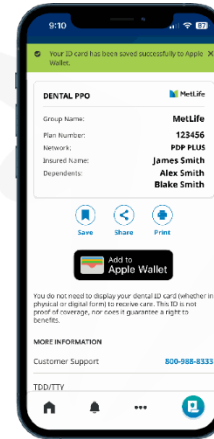
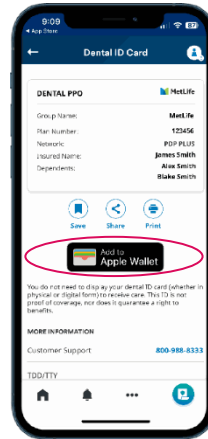
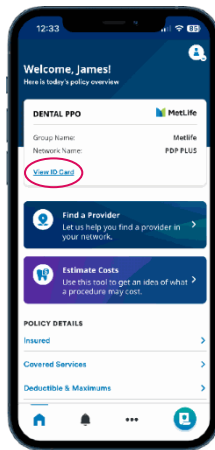
[Dental MyBenefits Video](#)

¹ To use the MetLife mobile app, employees can choose to register at metlife.com/mybenefits from a computer or directly through the app. Certain features of the MetLife Mobile App are not available for all MetLife Dental Plans.



Providing the tools your employees need at their fingertips

Dental ID cards can be loaded to your mobile wallet from the MetLife Mobile App



MetLife Dental HMO (DHMO)



Comparing dental benefits plan options

Plan Features	MetLife Preferred Dentist Program: DPPO	Safeguard DHMO
Choice of Dentists	Flexibility to choose any licensed dentist, in or out of the network, and still receive benefits. Out-of-pocket costs may be higher when employees go to an out-of-network dentist.	This plan requires employees to pre-select a dentist who participates in the network to receive benefits. Each enrolled family member may select a different participating dentist and can change dentists up to one time each month.
Specialty Care	No need for a referral for specialty care. Just select a dentist and make an appointment.	Your selected participating dentist will provide employee with the name of a network specialist. Employees can call that specialist to schedule an appointment. No pre-authorization is required. ^{D12} Any co-payment for services is listed on the plan's Schedule of Benefits. This co-payment applies whether the services are provided by selected participating dentist or by a participating specialist.
Access to Dentists when Traveling	When traveling within the U.S., you have access to one of the largest networks in the industry. Employees may also use an out-of-network dentist.	Because DHMO programs are based on the use of defined networks, general dental care is not accessible while traveling. The only exception is in an emergency when unable to receive care from your selected participating dentist. Please refer to plan coverage documents provided in enrollment booklet for details.
Network Discount	All participating dentists have agreed to accept negotiated fees as payment in full for covered services. These fees typically range from 30%-45% less than the average charges in the same community. ^{D5}	This plan provides access to hundreds of dental services that may be considerably lower than the cost would be without this plan. ^{D2, D10} Employees are responsible only for the co-payment for each covered service that is listed on your Schedule of Benefits, so employees know what out-of-pocket costs will be up front.
Quality of Network Dentists	All participating dentists have to go through a rigorous upfront and ongoing selection and review process. ^{D9}	All participating dentists have to go through a rigorous upfront and ongoing selection and review process.
Benefits	This plan typically includes a yearly deductible and an annual benefits maximum. Please refer to the Plan Summary included in your enrollment booklet for benefits specific to plan offering.	This plan is not subject to deductibles or an annual benefit maximum. Out-of-pocket costs for covered services are typically calculated based on co-payments as listed in the plan's Schedule of Benefits. Please refer to your enrollment instructions for information specific to plan offering.



MetLife Dental for State of California Employees in 2027

DHMO Plan Enhancements

- Enhancing the current Standard plan and removing the Enhanced plan
- New plan includes coverage for Implants
- New plan includes coverage for Cone Beam Imaging
- Copay on Porcelain Crowns (D2740) reduced to \$0

*Please note that for employees enrolled in the Western Dental or Premier Dental plans for 2026, those plans will be sunset in 2027. Employees will need to select a new dental plan, and if they make no active changes they will default to the MetLife DHMO plan.



Understanding your Schedule of Benefits

- **Code** – American Dental Association's code assigned to each dental procedure
- **Service** – the description of the treatment associated with the Code
- **Co-payment** – the amount you pay the dentist for the treatment.
 - In some instances, there may be additional fees (e.g., porcelain and gold on crowns or bridges). If there are, it will be noted.
- Exclusions & Limitations provide important plan information
- Information on any limitations and additional charges for procedures as well as what is not covered by the plan

MetLife		SCHEDULE OF BENEFITS
Benefits provided by SafeGuard Health Plans, Inc., a MetLife company		
Direct Referral Dental Plan*		ML 50
This SCHEDULE OF BENEFITS lists the Covered Services available to You and Your Dependents under Your dental plan, as well as Your and Your Dependent's costs for each Covered Service. Your and Your Dependent's costs may include Co-Payments, or a percentage of the Maximum Allowed Charge for a Covered Service.		
*Care under this plan is provided through a network of Selected General Dentists. Your Selected General Dentist is responsible for determining when the services of a Specialty Care Dentist are needed, and facilitating any necessary referral. You and Your Dependents will be advised of the name, address and telephone number of the Specialty Care Dentist in Your or Your Dependent's Service Area.		
In addition, any service that is not a Covered Service may be available with Your or Your Dependent's Selected General Dentist or Specialty Care Dentist at 75% of their Reasonable and Customary Charge.		
Missed Appointments: If You or Your Dependents need to cancel or reschedule an appointment, please notify the Selected General Dental Office as far in advance as possible. This will allow the Selected General Dental Office to accommodate another person in need of attention. If You or Your Dependents fail to do this in a timely fashion, You or Your Dependents may be charged a missed appointment fee.		
Service		Your and Your Dependent's Co-Payment
• Broken Appointment (less than 24-hr notice)		Not to exceed \$10
• Office visit - per visit (including all fees for sterilization and/or infection control)		\$0
Code	Service	Your and Your Dependent's Co-Payment
Diagnostic Treatment		
D0120	Periodic oral evaluation - established patient	\$0
D0140	Limited oral evaluation - problem focused	\$0
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	\$0



Resources: DHMO & PPO Microsite

MetLife

HOME DHMO MANAGED CARE RESOURCES

 **Dental Health Maintenance Organization (HMO) / Managed Care**

The MetLife Dental HMO/Managed Care Plan offers comprehensive coverage that protects your oral health and your wallet. Now that's something to smile about!

Maximize your oral health while minimizing costs¹

Get comprehensive coverage with your Dental HMO/managed care network. Only available in CA, FL, NJ, NY, and TX.

- Large network of participating dental providers to choose from
- You will need to pre-select a dentist who participates in the network in order to receive benefits.
- Each enrolled family member may select a different participating dentist and has the ability to change dentists up to one time each month.
- Hundreds of services offered at costs that may be lower than typical dental fees.¹



Call us at the State of California dedicated call center: 1-866-837-2364

Or visit the dental microsite for more information by scanning the QR code

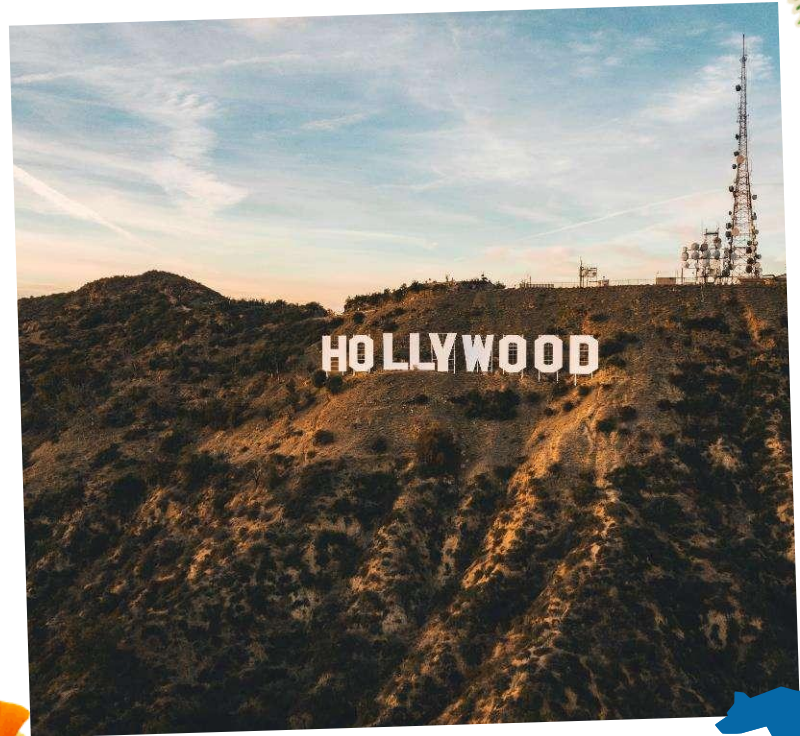


Recap of Dental Highlights

- MetLife's participation in the PPO program for the State of California offers **access to new network providers with a long-trusted carrier!**
- MetLife's **SpotLite on Oral Health** aims to reward providers who place strong emphasis on *preventive care, appropriate treatment, and improved long-term oral health outcomes*. This ensures top-tier care for employees, while protecting out-of-pocket spend.
- Changes to MetLife DHMO program include **expanded coverage for implants, cone beam imaging and porcelain crowns**
- MetLife **microsite** houses copies of important plan details and educational materials
- Online tools – **mobile app and MyBenefits portal** – offer support in finding a network dentists, reviewing claims, estimating costs for top services, and reviewing plan details
- Please **visit our booth** for hard and soft copies of materials reviewed in the presentation!



Thank you!



Dental Process

Dental Plan Enrollment Authorization form



Instructions for completing a STD. 692 Dental Plan Enrollment Authorization form

STATE OF CALIFORNIA - CALIFORNIA DEPARTMENT OF HUMAN RESOURCES
DENTAL PLAN ENROLLMENT AUTHORIZATION
STD. 692 (REV. 4/2024)

Clear

Print

D

PLEASE TYPE OR USE BALL POINT PEN, PRINT CLEARLY - SEND COMPLETED FORM TO PERSONNEL/PAYROLL OFFICE

SECTION A		SECTION B	
1. TYPE OF ACTION: ☒ NEW - ENROLLING IN A PLAN FOR THE FIRST TIME (Complete Sections A, B, and D) ☐ CANCEL - (Complete Sections A, C, D) ☐ CHANGE - CHANGING PLANS OR DEPENDENT COVERAGE (Complete Sections A, B, C, and D) ☐ COBRA - ENROLLING IN COBRA CONTINUATION COVERAGE (Complete Sections A, B, and D)		1. NAME OF DENTAL PLAN: Delta Dental PPO 2. PROVIDER/FACILITY NUMBER (If applicable) (prepaid plans only)	
2. NAME: (First) (Middle) (Last and) Ben E Fits ADDRESS (Number and Street) 1234 Caffeine Station (City, State, and Zip) Sacramento, CA 12345		3. WHEN CHANGING FAMILY MEMBER ENROLLMENT, LIST ALL FAMILY MEMBERS CURRENTLY ENROLLED, AS WELL AS FAMILY MEMBERS TO BE ADDED AND/OR DELETED. ENTER THE ACTION CODE A (ADD) AND/OR D (DELETE) BESIDES THE NAMES OF ONLY THOSE MEMBERS TO BE ADDED OR DELETED.	
3. CHECK IF PERMANENT INTERMITTENT EMPLOYEE ☐ PERMANENT ☐ INTERMITTENT		LIST ALL PERSONS TO BE ENROLLED IN DENTAL PLAN (Include self)	
4. MARITAL STATUS: ☐ MARRIED ☒ SINGLE ☒ MALE ☐ FEMALE ☐ DOMESTIC PARTNER ☐ NONBINARY		DATE OF BIRTH (MM/DD/YY)	
5. SOCIAL SECURITY NUMBER 123-45-6789		DEPENDENT TYPE	
7. SPOUSE'S OR DOMESTIC PARTNER'S SOCIAL SECURITY NUMBER		GENDER	
SECTION C (Complete for Plan changes if different than B-1 and cancellations only)			
1. PRIOR DENTAL PLAN NAME			
SECTION D			
CHECK APPROPRIATE BOX ☐ I DO NOT WISH TO ENROLL IN A DENTAL PLAN (Keep in employee's file)			
☒ I ELECT TO ENROLL IN (OR CHANGE TO) A DENTAL PLAN AS SHOWN ABOVE AND AUTHORIZE DEDUCTIONS TO BE MADE FROM MY SALARY OR RETIREMENT ALLOWANCE TO COVER MY SHARE OF COST OF ENROLLMENT AS IT IS NOW OR AS IT MAY BE IN THE FUTURE. I ALSO CERTIFY THAT THE NAMES OF THE PERSONS LISTED IN SECTION B, ITEM 3 ARE ELIGIBLE FAMILY MEMBERS AS DEFINED BY THE STATE OF CALIFORNIA AND ARE NOT ENROLLED IN ANOTHER STATE OF CALIFORNIA DENTAL PLAN.			
☐ I ELECT TO CANCEL THE DENTAL PLAN SHOWN ABOVE.			
8. EMPLOYEE'S OR ANNUITANT'S SIGNATURE (See Privacy Information on reverse of employee copy)		9. DATE SIGNED 01/01/2026	

1. Use the current form: (REV. 4/2024).
2. All highlighted sections of the STD 692. must be completed by the employee.
3. Print must be legible.
4. The current STD. 692 can be accessed by scanning the QR code below.



Personnel instructions for completing a STD. 692 Dental Plan Enrollment Authorization form

SECTION E (FOR AGENCY OR RETIREMENT SYSTEM USE ONLY)												
1. EMPLOYER DED CODE ☐ CSU-150 ☒ NON-CSU-351	2. DENTAL ORG CODE 018	3. PARTY CODE 1	4. PAY PERIOD MONTH YEAR 12 25		5. STATE SHARE AMOUNT \$ 50	6. EMPLOYEE OR COBEN DEDUCTION AMOUNT \$ 11	7. EMPLOYEE DESIGNATION R	8. BARGAINING UNIT 01	9. TOTAL PREMIUM AMOUNT \$			
COMPLETE ON CHANGES ONLY			12. PERMITTING EVENT DATE (MM / DD / YY) MONTH DAY YEAR 09 15 25		13. PERMITTING EVENT CODE 03		14. EFFECTIVE DATE OF ACTION MONTH DAY YEAR 01 1 26		15. AGENCY CODE 525		16. UNIT CODE 450	
10. PRIOR EMPLOYER DED CODE ☐ CSU-150 ☒ NON-CSU-351	11. PRIOR DENTAL ORG CODE	PRIOR PARTY CODE	17. AGENCY NAME OR RETIREMENT SYSTEM (IF RETIRED) ☐ AGENCY ☐ CALPERS RETIREE									
18. REMARKS Provide any remarks to the SCO, such as: Open Enrollment Plan Change Adding/ Deleting Dependents					19. SIGNING PERSONNEL OFFICER'S NAME (Please Print) Your Name 20. AUTHORIZED AGENCY SIGNATURE I hereby certify under penalty of perjury as follows: That I am the duly appointed, qualified and acting officer of the herein named agency and that I am authorized to make this certification; that the employees named herein is eligible for enrollment in the State Dental Insurance Program. Signature Here							
21. TELEPHONE NUMBER (Include Area Code) Your Phone Number					22. DATE RECEIVED IN EMPLOYING OFFICE Month Day Year 01 01 2026							
23. EMAIL ADDRESS Your Email Address												

1. Confirm the employee has completed all required sections on the form.
2. All highlighted sections of the form shown here must be completed by personnel.
3. Confirm the correct Dental Org Code is being utilized.
4. If forms are submitted to the SCO incomplete, the form will be returned to the submitting personnel department.

Questions?





Group Life Insurance Benefits

Prepared for: State of California



Life Insurance



What is Life Insurance?

Key Features

- A wide range of coverage options to fit your needs
- Your beneficiary receives the death benefit income tax free
- Underwriting requirements waived for certain amounts

Life insurance: Why is it so important?

If you have a spouse or domestic partner, or if you have children, they may rely on you to help keep the household running. It's important to take steps to make sure your loved ones would be financially prepared without you to handle expenses like:



- Food
- Utilities
- Transportation
- Mortgage/rent payments
- Childcare or education fees
- Insurance premiums



Active Employees Life/AD&D Overview

Basic Life/AD&D coverage	Benefit – employer paid
Employee Life / AD&D coverage	Management Employees, Superior and Municipal Court Judges: Flat \$50,000 AD&D is equal to Basic Life amount Confidential and Supervisory Employees Flat \$25,000 AD&D is equal to Basic Life amount
Voluntary / Supplemental Life and AD&D coverage	
Employee Life / AD&D coverage	Multiples of \$10,000, Minimum: \$10,000, Maximum: The lesser of 10 times your basic annual or \$100,000 Confidential and Supervisory Employees AD&D - an amount equal to the Supplemental Life Insurance
Spouse Life	Option 1 \$7,500 Option 2 \$15,000 Option 3 \$25,000 Option 4 \$50,000 Maximum of \$50,000
Dependent Child Life	Under 6 months old \$750 6 months and older \$7,500 Maximum of \$7,500



Retiree Life/AD&D Overview

Basic Life/AD&D coverage		Benefit – employer paid
Employee Life / AD&D coverage		Pre 1999 Retirees: \$5,000, \$12,500, \$25,000 Post 1999 Retirees: Prior to age 65 An Amount equal to the amount in effect on the day before the date you Retire.
Voluntary / Supplemental Life and AD&D coverage		
Employee Life / AD&D coverage		An Amount equal to the amount in effect on the day before the date you Retire
Spouse Life		An Amount equal to the amount in effect on the day before the date you Retire
Dependent Child Life		An Amount equal to the amount in effect on the day before the date you Retire



Guidance and one-on-one support through difficult times with MetLife AdvantagesSM

Grief Counseling⁷

Professional support from a licensed counselor
Critical Incident Stress Management for Employers'

Funeral Assistance⁷

Customized and compassionate funeral arrangements

Beneficiary Claim Assistance⁴

Assistance and support from experts on options and
financial needs with Delivering The Promise[®] services

Estate Resolution Services¹

Customized and compassionate support

Travel Assistance⁶

Employees and dependents have access to
emergency and non-emergency services

Total Control Account¹⁰

This flexible payment option gives beneficiaries full access to their life insurance funds to use within just 2 days following the approval of their claim. With the ability to link to mobile payment services TCA offers easy access to funds and provides competitive interest rates that go into effect from the time your account is established

Empathy⁹

Empathy provides comprehensive support for employees facing terminal illness and offers extensive beneficiary services beyond claim filing. These services address both emotional and practical challenges associated with loss, including probate and estate administration guidance, assistance with closing financial and social media accounts, help with filing for Social Security Administration benefits, and ongoing emotional support

¹⁻⁹ See "Additional Notes" regarding these products and services at the end of this presentation.



Video: Empathy Overview

empathy.



MetLife



Digital Estate Planning Services for all Employees with Basic Life

While you can't predict life outcomes, you can help prepare for them with estate planning

Answer a few simple questions online

Complete and notarize estate planning documents in as little as 15 minutes*

The top reason for not creating a will was, **“haven’t gotten to it yet.”****

Durable Financial Power of Attorney

Last Will and Testament

Advanced Healthcare Directive (Living Will)

* Digital Estate Planning with online notary is only available to individuals covered by Supplemental Term Life insurance, Worksite Whole Life insurance or GVUL/GUL insurance. Digital Estate Planning with online notary is not included with Basic Term Life insurance (unless Will Preparation is included with Basic Term Life coverage) or Dependent Term Life insurance and is not available for customers residing outside the United States or in any U.S. territory. Domestic partnerships are not currently supported; however, if individuals in a domestic partnership are covered by any contributory life insurance, they may use a MetLife Legal Plans attorney for their planning needs. Group legal plans are provided by MetLife Legal Plans, Inc., Cleveland, OH. In certain states, group legal plans are provided through insurance coverage underwritten by Metropolitan General Insurance Company, Warwick, RI. Digital Estate Planning without online notary is available to all individuals residing within the United States (except in any U.S. territory) regardless of any MetLife relationship or product.



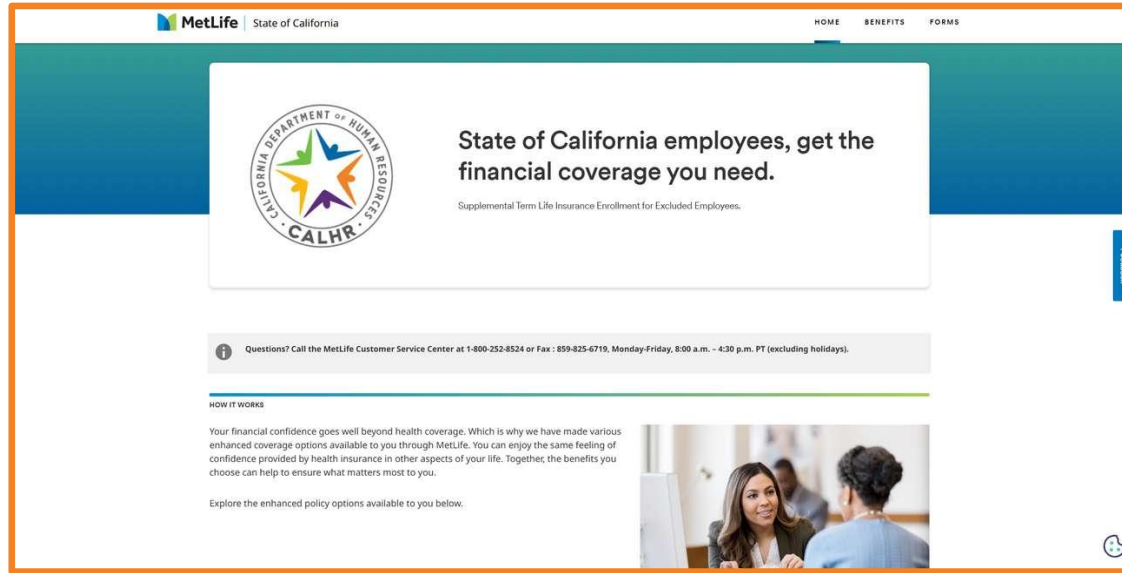
Digital Estate Planning Demo



Digital estate planning made easy



MetLife Life Insurance Resources



**Call us at the Life
Service Center for the
State of California:
1-800-252-8524**

**Or visit the
microsite for
more information
by scanning the
QR code**



Recap of Life Highlights

- MetLife **continues to administer the life insurance product** for Active and Retired employees, offering basic and supplemental benefit offerings
- **Empathy** program helps beneficiaries navigate the post-loss process, providing concierge style **assistance for bereavement support, assistance with complex estate resolution tasks, and digital time-saving tools**
- Value-added benefits within the life insurance program include in-person access to our attorney network for will and trust preparation*, and **digital estate planning tools to support efficient online will preparation**
- The **MetLife Life microsite** houses copies of important plan details and educational materials
- Please **visit our booth** for hard and soft copies of materials reviewed in the presentation!

**in-person preparation is only for Supplemental Life participants*



NEW! Pet Insurance



Employees can design a plan that fits their pet's needs—and their monthly budget

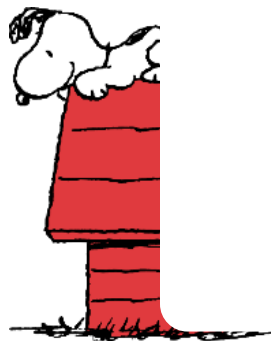
Most Popular Plan¹

Coverage **\$5,000**

Reimbursement² **80%**

Deductible³ **\$250***

Preventive Care Coverage **Optional**



Monthly Premium Examples⁴

\$41 - \$50 per month

Two-year-old mixed dog, medium

\$20 - \$25 per month

Two-year-old mixed cat, small

¹ Based upon internal data.

² Reimbursement options include: 50%, 70%, 80% and 90%. Restrictions apply.

³ Deductible options range include: \$0 - \$750 in \$50 increments and \$1,000, \$1,250, \$1,500, \$2,000 and \$2,500. Restrictions apply.

⁴ These premium ranges are for illustrative purposes only and based on a two-year old mixed breed dog or mixed cat with a \$5,000 annual limit, 80% reimbursement and \$250 deductible. Generally this is the range for a monthly premium, but it may vary based on geographic location. Monthly price does not include optional preventive care coverage. This premium also includes a 10% group discount.



Help employees meet their pet's needs at every stage of life



Cover them for injuries and illnesses

- Injuries such as broken bones or ingestion of foreign objects
- Illness such as allergies, ear infections, masses, cancer, hip dysplasia



Add preventive care to help them stay healthy

- Optional wellness benefits cover routine care such as vaccinations, exams, and behavioral training
- Multiple plan options available



Employees can enroll their furry family members in three simple steps

01

Provide Zip Code

- Plans and rates vary by Zip Code

02

Describe Pet

- Species (dog/cat)
- Gender (male/female)
- Age
- Breed

03

Choose Plan Option

- Annual limit¹
- Deductible²
- Reimbursement³
- Preventative Care Coverage for cats and dogs (optional)

Pet Insurance premiums do not have an option for automatic payroll deductions and are billed directly to the employee. They can set up payment options via credit card or automatic bank withdrawal directly with MetLife.

¹ Annual limit options range from \$500 - \$25,000 in \$1,000 increments or unlimited benefit option also available. Restrictions apply.

² Deductible options range include: \$0 - \$750 in \$50 increments and \$1,000, \$1,250, \$1,500, \$2,000 and \$2,500. Restrictions apply

³ Reimbursement options include: 50%, 70%, 80% and 90%. Restrictions apply.



MetLife - Thank you!





Break

CoBen and FlexElect



CoBen and FlexElect Overview



- Consolidated Benefits (CoBen) Cash and FlexElect Cash Option allows eligible employees to receive cash in lieu of state-sponsored health and/or dental benefits when they have qualifying alternative coverage.
- Employees may also participate in Reimbursement Accounts such as the Medical Reimbursement Account (MRA) and the Dependent Care Reimbursement Account (DCRA), which allow the use of pre-tax dollars to pay for eligible medical and dependent care expenses.
- Employees may enroll in these programs during Open Enrollment or when they experience a valid permitting event.

Cash Options Limits

As a reminder, employees enrolled in health and/or dental through the CSU, TriCare, MediCal, or Medicare are not eligible to enroll in FlexElect or CoBen Cash.

There are a few bargaining units that may have special exclusions so please visit the BAM or MOUs for more information.

CoBen Maximum Cash in Lieu	FlexElect Maximum Cash in Lieu
Health Only: \$130	Health and Dental: \$140
Health and Dental: \$155	Dental Only: \$12
Employees may not enroll in dental-only cash.	Health Only: \$128

FlexElect Reimbursement Account Filing Deadline and Limits

- Employees have until June 30 to file a reimbursement account claim for the prior plan year.
 - **Example:** employees enrolled in the 2026 plan year must submit all claims by June 30, 2027.
- The filing deadline is established by the IRS and cannot be extended.
- Claims submitted after the June 30th deadline cannot be approved.

MRA Account Limit	DCRA Account Limit
Maximum contribution is set by the IRS and may change annually	Maximum contribution is set by the IRS and may change annually
Current Annual Maximum: • \$3,400	Current Annual Maximum: • \$7,500 per household
Minimum contribution: \$10	• \$3,750 for a married individual filing a separate tax return
	Minimum contribution: \$20

New Permitting Events for FlexElect DCRA

- On March 3, 2025, the Governor released a return to office executive order which will go into effect July 1, 2026.
- To support employees during this transition, CalHR and the State Controller's Office (SCO) created two permitting events for the FlexElect DCRA Program.
- The new permitting events will let eligible employees newly enroll in the DCRA **or** increase their current monthly DCRA contribution (if they are not already at the maximum).
- Upon their department's return to a more frequent in-office schedule, eligible employees will have 60 days to enroll or make changes to their DCRA.
- **Important limitation:** Employees currently enrolled may not cancel their enrollment or decrease their current contributions. They may only cancel or make changes if they have another qualifying permitting event.

New Permitting Event Codes

Permitting Event	Action Allowed	Permitting Event Code	Permitting Event Date	Effective Date of Action	Time Limit to File Document
Returning to an in-office setting more frequently	New Enrollment	03A	Date of event	Mandatory	60 days after date of event

Permitting Event	Action Allowed	Permitting Event Code	Permitting Event Date	Effective Date of Action	Time Limit to File Document
Returning to an in-office setting more frequently	Increase DCRA Contribution	28B	Date of event	Mandatory	60 days after date of event

STD 701R Form

How to complete the STD 701R form with the new permitting events:

- In Section 1, please mark either **“New Enrollment”** or **“Change Due to Permitting Event”**
- DCRA contribution amount must be between the minimum of \$20 or the maximum for the remaining period of the calendar year. Enter the MONTHLY deduction amount.
- Complete all sections including Permitting Event Code/Permitting Event Date.
- Effective date must be the first of the month following the date of the permitting event date.
- CBID must be completed.
- Time base/Tenure must be completed.
- In the Remarks section, write **“RTO Flex DCRA”** or during the initial wave, if employees want their deductions effective July 1, 2026, write **“Per mutual agreement, effective date will be 07/01/2026”**
- A personnel specialist’s signature and date are required.
- **Reminder:** No form can be submitted if an employee is currently enrolled and is already deducting the maximum MONTHLY contribution of \$625

New Permitting Events Clarifications

Questions	Answers
Is this still considered a Special Open Enrollment?	For 2026, CalHR is not holding a Special OE . To support employees, we created two permitting events.
If a department is not making changes to the number of their in-office days, will the new permitting events apply?	The trigger for eligibility of the two new permitting events will be an increase to the number of in-office days required. For example, going from two to three days or more. If the employee has no increase to the existing number of in-office days, the two new permitting events will not apply.
If departments have already returned to a more frequent in-office setting, will the new permitting events apply?	Effective July 1, an employee may utilize the permitting event within 60 days from the date their department requires the employee to return to a more frequent in-office setting.
What if my department doesn't return until a later date?	Effective on or after July 1, an employee may utilize the permitting event within 60 days from the date their department requires the employee to return to a more frequent in-office setting.

FlexElect and CoBen Key Takeaways

1. Departmental personnel offices are responsible for informing their employees about eligible programs
2. New permitting event for DCRA



Get to Know Your VSP Vision Benefits

“Benefits for a Life Well Lived”

State of California Benefits Summit

Enjoy easy access to your vision benefits with VSP. Learn how at vsp.com.



Meeting Goals

Benefit Options and Plan Details

Network Access and Exclusive Member Extras

Member Resources

Plan Eligibility and Enrollment

Retiree Resources

Key Takeaways

Questions



Benefit Options and Plan Details

See Why Eye Care Is Essential to Overall Health and Wellness

Did you know an eye exam is the only non-invasive way to view blood vessels in your body?

Signs of more than 270 health conditions can be detected during an eye exam*.

Your eye doctor can be the first to detect signs of certain conditions, like diabetes**.

heart disease + **stroke** + cardiovascular + Alzheimer's + hypertension + aneurysm + **diabetes** + **brain tumor** + high blood pressure + cancers of blood, tissue, skin + **high cholesterol** + Lyme disease + multiple sclerosis + lupus + sickle cell disease + stroke + **thyroid disease** + vascular disease + brain tumor + melanoma + squamous cell + **Lymphoma** + **leukemia** + rheumatoid arthritis + giant cell arteritis + **medication toxicities** + myasthenia gravis + sarcoidosis + sjögren's syndrome + **vitamin a deficiency**

270+

Vision Plan Options - Benefits for a Life Well Lived

	In-Network VSP Basic Vision Plan Benefits	In-Network VSP Premier Vision Plan Benefits
WellVision Exam®	- WellVision Exam covered every calendar year with a \$0 copay at VSP Premier Edge™ locations OR - WellVision Exam covered every calendar year \$10 copay at non-Premier Edge in-network locations - Routine retinal imaging covered every calendar year up to a \$39 copay or get it fully covered with a \$0 copay at Premier Edge locations	
Essential Medical Eye Care	- Retinal imaging for eligible 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. \$5 copay applies. Ask your VSP network doctor for details.	
Material Copay*	\$25 prescription glasses copay every calendar year	\$10 prescription glasses copay every calendar year
Frame Allowance+	\$170 Featured Frame Brands allowance** \$150 frame allowance - One frame every calendar year	\$270 Featured Frame Brands allowance** \$250 frame allowance \$135 Walmart/Sam's Club/Costco frame allowance - One frame every calendar year
Lenses	- Fully covered single vision, lined bifocal, or lined trifocal lenses - Impact-resistant lenses for dependent children - Every calendar year	
Lens Enhancements+	- Tints/Light-reactive lenses covered-in-full - Impact-resistant lenses for adults with a \$35 copay - Standard progressive lenses with a \$55 copay - Average savings of 20-25% on lens enhancements like anti-reflective coating, scratch-resistant coating and UV protection - Every calendar year	- Tints/Light-reactive lenses covered-in-full Impact-resistant lenses for adults with a \$15 copay Standard progressive lenses with a \$0 copay Premium progressive lenses with a \$40 - \$50 copay Custom progressive lenses with a \$95 - \$120 copay Average savings of 30% on lens enhancements like anti-reflective coating, scratch-resistant coating and UV protection - Every calendar year
Contact Lens Allowance (instead of glasses)	\$110 allowance for contacts and contact lens exams (fitting and evaluation) and a 15% discount on fitting and evaluation - Every calendar year	\$200 allowance for contacts and contact lens exams (fitting and evaluation) and a 15% discount on fitting and evaluation - Every calendar year
Your Monthly Contribution	\$0 Employee only \$0 Employee + one \$0 Employee + family	\$8.63 Employee only \$17.09 Employee + one \$27.41 Employee + family

*Material copay applies to Medically Necessary Contact Lenses.

**Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change.

+Coverage with a retail chain may be different or not apply.

Plan Enhancements Implemented 1/1/2025!



Basic and Premier Plan Members Save More on Eye Care



Get a WellVision Exam® for a **\$0** copay when you visit a VSP Premier Edge™ location (\$10 copay at other in-network locations—one exam per calendar year).



Get a routine retinal screening with a **\$0** copay when you go to a Premier Edge location (up to a \$39 copay at other in-network locations—one per calendar year).

Premier Plan Members Save More on Eyewear



Premier Plan members can save more on frames beginning in 2025 with an increased \$250 frame allowance every calendar year.





Retinal Screening

Digital imaging is key to early detection and intervention

- Images of the inside of the eye
- Baseline documentation of a healthy eye
- Screen for potential disease(s)
- Can be compared year after year to monitor even the most subtle changes in the eyes
- No more than **\$39** copay or **\$0** copay when you go to a Premier Edge location
- **\$0** copay for members with diabetes

Essential Medical Eye Care

- Fully covered retinal screening for members with diabetes.
- Exams and services to treat immediate issues like pink eye and sudden changes in vision.
- Treatment options to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more.
- **\$5** per exam for additional exams and services.



“My husband burned his eyes welding, and without this benefit we would have had to pay out of pocket or waited days to get prior authorization from his health insurance.”



Network Access and Exclusive Member Extras

The Choice is Yours

It's easy to choose the care that's right for you.



Private Practice
locations



Retail
locations



Online at
Eyeconic®

**Your benefits go further
when you visit a
VSP Premier Edge™
location, including
private practice doctors
and Visionworks®!**



Get more
at preferred
in-network
doctor locations

**Participating
Retail Chains
like these –
and more**



private
practice
doctors

Visionworks

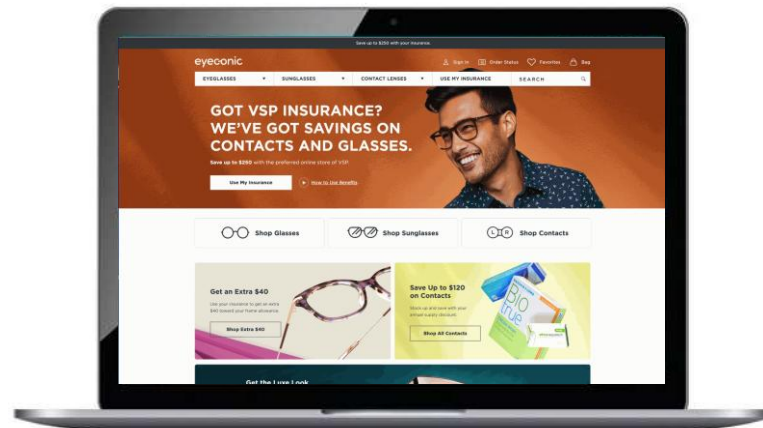
Visionworks and Eyemart Express retail locations are in-network for the Basic plan enrollees. Premier plan enrollees have access to all in-network retail chains.

Eyewear Shopping Online at Eyeconic®

Eyeconic® is the in-network, online eyewear store for VSP® members. *You'll get:*

- Over 60 brands of glasses, contacts, and sunglasses
- Virtual Try-On
- Free shipping and returns*
- Get 20% off eyewear just for being a VSP member
- Specialty sizes that fit your needs

Find your product, customize your order, and we do the rest.
Start saving at **eyeconic.com** today.



eyeconic
a vsp vision company

*Terms and conditions apply. Visit **eyeconic.com/faqs** for more details

Premier Edge Promise



Replacement within 12 months if their Featured Frame Brand selection is accidentally broken or damaged at no cost¹



New exam and replacement lenses if their prescription changes within 12 months²



Replacement within 100 days of purchase if they don't love their Featured Frame Brand selection³

Only at Premier Edge locations. Premier Edge is not available for some members in the State of Texas.

1. \$40 processing fee applies to replacement lenses if needed

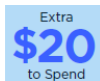
2. \$40 processing fee applies to replace lenses (minimum Rx change required)

3. \$40 processing fee applies

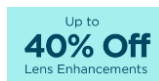


Exclusive Member Extras – vsp.com/offers

Glasses & Sunglasses



Premier Edge
Promise



Visionworks



LASIK



Contacts



Health & Wellness

Hearing Health

Money & Life Management

Leisure & Lifestyle



*Exclusive Member Extras are only available through VSP network doctors or participating partners. Some offers may only be available to VSP members with applicable plan benefits. Promotions are evaluated regularly and are subject to change. VSP shall have no liability whatsoever for the services or products or the discounts that may be offered by third parties. These third-party offers are void where prohibited.
Classification: Confidential

Members Save More on Featured Frame Brands



Calvin Klein	Calvin Klein Jeans	FERRAGAMO		LACOSTE 
LONGCHAMP PARIS	 CONVERSE	D K N Y	KARL LAGERFELD	VICTORIA BECKHAM EYEWEAR
	 McALLISTER	CUTLER AND GROSS	Paul Smith EYEWEAR	DONNA KARAN NEW YORK
LINDA FARROW	NINE WEST	JOE JOSEPH ARBOUD	NAUTICA	 Columbia
skaga sweden 1980	MARCHON NYC	 DRAGON	Otis & Piper	FLEXON EYEWEAR
pure	COLE HAAN	DRAPER JAMES	bebe	 SPYDER
JOSEPH & ABBOUD	ANNE KLEIN	R LENTON & RUSBY	ALTAIR GENESIS	AVIO

Extra \$20

To spend on top of your allowance on a wide selection of Featured Frame Brands at network locations

Look for the VSP® heart logo when shopping in store.

Everyday value to reduce member out-of-pocket costs



Savings On Hearing Aids

Like vision loss, hearing loss can have a huge impact on your quality of life. TruHearing® makes hearing aids affordable by providing exclusive savings to all VSP Vision Care members.

As a VSP member, you can save up to 60% on a pair of hearing aids with TruHearing. Your dependents and even extended family members are eligible, too.

Learn more about this VSP Exclusive Member Extra at truhearing.com/vsp.

TruHearing™



Using Your Benefit Is Easy

Once your plan is effective...

- Create your VSP Member Account at vsp.com or stateofcaemployee.vspforme.com
- Find a VSP network doctor near you by logging into your member account or by calling Member Services at **800.400.4569**.
- When you're ready to use your benefits, simply tell your VSP network doctor you have VSP—*we'll take care of the rest! No ID card is needed and there are no claim forms to complete when you visit a VSP network doctor.*



Utilizing Out-of-Network Coverage

- Pay in full at the time of services
- Copays for Exam and Materials apply
- Reimbursement will be made up to the out-of-network allowances for your plan
- Submit claim form and itemized receipt online or by mail with an itemized receipt
- Receive reimbursement by check within 7-10 business days once the claim



VSP Member Resources

Employee's Dedicated VSP Microsite

Welcome to VSP

The State of California offers you a choice of two great vision plans. The **Basic Vision Plan** will be provided at no extra cost to you, or you can upgrade to the **Premier Vision Plan** for a small monthly premium. **To upgrade to the Premier Vision Plan**, you may enroll through your department's personnel office within 60 days of your new hire/newly eligible status or during open enrollment.

Note: When you upgrade to the Premier Vision Plan, you must also enroll any dependents you wish to be covered, or they will lose their vision coverage.

If you have lost or broken eyewear due to a recent natural disaster, [VSP has resources to help.](#)



Member Quick Links

[View Your Benefit Information](#)[COBRA Benefit Summary](#)[Employee Vision Handbook](#)[Visit CalHR Wellness Portal](#)[Basic and Premier Plan Evidence of Coverage](#)[Complaints and Grievance Notification](#)[Visit VSP's Eye on Cost Calculator™](#)[Log In/Create My Account](#)

Visit stateofcaemployee.vspforme.com or stateofcaretiree.vspforme.com

FIND A DOCTOR

BENEFITS

OFFERS

EYEWEAR AND WELLNESS

PLAN OPTIONS

SHOP



Ready to Use Your Vision Benefits?

Getting started is easy! Create an account and log in to view your benefits, find an in-network doctor, and schedule an eye exam today.

Log In



Find a Doctor



Individual Vision Plans



Special Offers



Your VSP Account

Vsp.com Demo

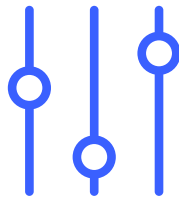


Plan Eligibility and Enrollment

Eligibility and Enrollment



Eligibility
Guidelines



Choosing
Your Plan



Enrollment
Process



Monthly
Premiums

Open Enrollment Is 09/14/26 – 10/09/26

As a State of California employee, you have two great vision plans to choose from—making prioritizing your eye health (and budget) in 2027 easier than ever. In fact, you don't need to lift a finger to stay enrolled in your current vision plan option. But, if you need to make changes such as updating dependents under your Premier Plan, upgrading to the Premier Plan, or terminating your Premier Plan coverage, now's the time!

Upgrading or Changing Your Vision Coverage Is Easy!

To make updates, follow these steps:

1. Visit **stateofcaemployee.vspforme.com**.
2. Click, **Enroll Now or Update**.
3. Enter your information. (You'll need your name, date of birth, and your enrollment code or the last four digits of your SSN).
4. Make your changes in the system and submit them. *Make sure you review your elections before submitting your changes for the 2027 plan year!*

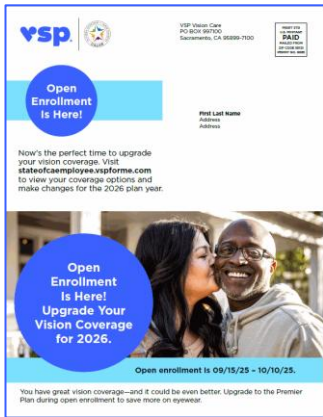
You can also make changes over the phone by calling VSP Member Services at **800.400.4569**.

Note: If you terminate your Premier Plan coverage, you and your eligible dependents will automatically be enrolled in the Basic Plan for the 2027 plan year. Dependents must be enrolled in the same plan as the employee.

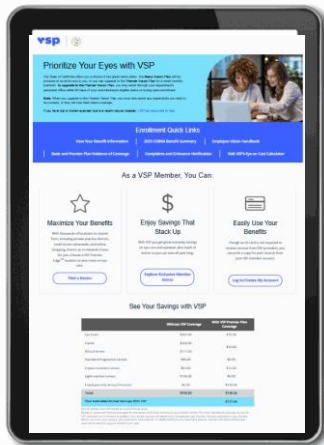


Open Enrollment Communications and Resources

Pre-Enrollment Mailer



Benefit Microsite



Vision Handbook



Member Benefit Summary

[illegible]

VSP® & You Quiz



How to Enroll Guide



Staying enrolled in VSP and continuing to prioritize your eyes is easier than ever. In fact, you don't have to lift a finger to stay enrolled in your current plan option. But, if you need to make a change, such as updating dependents on your Premier Plan, upgrading to the Premier Plan, or terminating your Premier Plan coverage, use this guide to help you process the changes online.

Note: If you term from the Premier Plan, you and your eligible dependents will automatically be enrolled in the Basic Plan for the 2026 plan year.



**Your wellbeing
is at the heart of
everything we do.**

Create an account, find your local
VSP network doctor, and
see your benefit information at
stateofcaemployee.vspforlife.com



Open Enrollment Confirmation



Thinking of Retiring? You have options!



State-sponsored
Vision Plan



COBRA



Open Enrollment

Retiree Vision Handbook

Member Benefit Summary

Retiree Microsite

[illegible][illegible]

Visit stateofcaretiree.vspforme.com to learn more.



VSP Key Takeaways

- **Plan Options**
- **Enrollment Options**
- **Member Resources**
- **Maximizing Savings**

Questions? Contact Us.

VSP helps you see well and be well with the coverage and quality care you deserve.

Call Member Services at
800.400.4569

Visit
stateofcaemployee.vspforme.com
or stateofcaretiree.vspforme.com



Key Member Resources

For information about:	Contact or visit:
Member inquiries about benefits, claims, or eligibility	Member Services at 800.400.4569 Monday through Saturday 6am to 5pm PST. or visit vsp.com .
Side-by-side comparison of benefit plan details	Visit stateofcaemployee.vspforme.com or stateofcaretiree.vspforme.com to view your Member Benefit Summary for a side-by-side comparison of the plan benefits and monthly premium rates.
Monthly premium rates	Rates are located in the employee and retiree vision handbooks as well as Member Benefit Summaries. Visit stateofcaemployee.vspforme.com or stateofcaretiree.vspforme.com for a copy.
Enrollment forms for new hires	Links to the CalHR STD 700 Vision Plan Enrollment Authorization form and CalHR 744 Premier Vision Enrollment form are available in the employee vision handbook or through the CalHR website.
Enrollment forms for new retirees	Links to the CalHR 695 Retiree Vision Plan Enrollment form are available in the retiree vision handbook or through the CalHR website.
Retiree enrollment guide	A retiree enrollment guide is available at stateofcaretiree.vspforme.com .
Exclusive Member Extra's	Visit https://www.vsp.com/offers to learn about all the exclusive discounts you have access to as a VSP member.
Submitting benefit changes for Open Enrollment	Employees visit stateofcaemployee.vspforme.com Retirees visit stateofcaretiree.vspforme.com OR Employees and retirees can contact Member Services at 800.400.4569.
Open Enrollment resources	Visit stateofcaemployee.vspforme.com or stateofcaretiree.vspforme.com to view benefit information, monthly premium rates, and to submit changes or call Member Services at 800.400.4569. Monday through Saturday 6am to 5pm PST. Employees and retirees can also visit the CalHR OE site at https://benefits.calhr.ca.gov/open-enrollment/ .

Frequently Asked Questions

Question	Answer
How can I find a VSP Doctor?	Create a member account at vsp.com to search for a in-network doctor. You can also use the guest "Find A Doctor" search feature on vsp.com and at stateofcaemployee.vspforme.com or stateofcaretiree.vspforme.com
Can my dependents enroll in Basic if I enroll in Premier?	Dependents cannot enroll in a different plan than the primary enrollee. The dependents must be enrolled in the same plan as the employee or retiree.
Why am I not able to see my dependents listed online under my VSP member account?	Currently VSP does not receive dependent data when you are enrolled in the Basic plan. You are enrolled with Party Code 3 (family) regardless of whether you have dependents. Your doctor or Member Services can add your dependents at the time they schedule their appointment.
If I term from the Premier plan, will I be enrolled in the Basic Vision Plan?	Yes, if you term from the Premier plan during Open Enrollment, you and your eligible dependents will be automatically enrolled in the Basic plan effective with the new plan year.
What is Premier Edge?	Available to all enrollees in the Basic and Premier Vision Plans at no extra cost, you can maximize your benefits and save up to an additional \$49 on your eye exam and retinal screening when you visit a Premier Edge location. The Premier Edge network includes private practice doctors and Visionworks® locations nationwide! To find a Premier Edge location near you, look for the orange banner when searching for a VSP network doctor.
What is the main differences between the Basic plan and Premier plan?	Higher allowances on your frame or contact lenses when you use your plan in-network. The copay for materials is \$10 instead of \$25. Standard progressives are covered, and premium and custom progressives have lower copays. Polycarbonate for adults is a \$15 copay instead of \$35. You have more retail provider options.
Can I choose to use my benefits at an out-of-network doctor?	Yes, you will need to pay the doctor in full and submit an out-of-network claim form online through your member account or by mailing your claim form and itemized receipt to VSP for reimbursement. You will be reimbursed up to the out-of-network allowances.
How do I use my benefits in-network?	Simply tell your VSP network doctor you have VSP—we'll take care of the rest! <i>No ID card is needed and there are no claim forms to complete when you visit a VSP network doctor.</i>
Are there any discounts for Lasik surgery?	Yes, VSP members receive up to 15% discount on the regular price; discounts are available at contracted facilities.

Basic Program Terms

Term	Definition
Basic Plan	Vision plan option paid for in full by the state.
Premier Plan	An enhanced vision plan option an employee can upgrade to for a monthly contribution. The state contributes a portion equal to the basic plan and the employee pays the difference based on their party code. Higher allowances, lower copays, larger network, and higher discounts on lens options are included in the Premier plan.
VSP Network Doctor	An Optometrist or Ophthalmologist who has signed an agreement with VSP to provide services to VSP patients.
Premier Edge Provider or Location	A custom network of optometrist or ophthalmologist who has signed an agreement with VSP to provide services to VSP patients.
PremierMax	Benefit enhancements available at Premier Edge locations.
Eyewear/Materials	Lenses, frames, low vision aides, or contact lenses.
WellVision Exam	A comprehensive eye exam
Retinal Screening	High-resolution images of the inside of the eye.
Microsite	A dedicated website with resources available to employees, dependents, and or retirees.



Long Term Disability, Accident & Critical Illness Insurance for The State of California Excluded Employees

State of California
2026 Benefits Summits





What is your biggest financial asset?

(Hint... it's you.)



Protect Your Paycheck

A disability can quickly drain a family's savings and jeopardize their long-term financial security.

1 in 4

20-year-olds

will experience a disability by age 67

Source: U.S. Social Security Administration, *The Faces and Facts of Disability*, ssa.gov/disabilityfacts/facts.html. Accessed August 8, 2024.

Health Insurance Pays Your Doctor. Disability Insurance Pays You.

What can you use disability benefits for?



Rent/Mortgage



Groceries



Child Care



Student Loans

Why Choose LTD?

Disabilities happen more often than we realize. Has someone you know experienced a disability?

Top 5 Causes of Disability Claims:

- Bone/Joint/Muscle Disorders: 23%
- Back Conditions: 18%
- Cancer: 14%
- Mental Disorder: 10%
- Cardiovascular: 8%



LTD Coverage Options for State of CA Excluded Employees

Enroll Now		
Coverage Type	55% LTD Benefit Option (employee-paid)	65% LTD Benefit Option (employee-paid)
Maximum Benefit (before reduction by deductible income) ¹	55% of the first \$18,182 in predisability earnings ² (up to \$10,000 per month)	65% of the first \$15,385 in predisability earnings ² (up to \$10,000 per month)
Benefit Waiting Period	You must be continuously disabled for 6 months before benefits will start	
Maximum Benefit Period	To age 65 or age-graded to Social Security Normal Retirement Age	

¹ Deductible income is other income payable due to a disability, such as worker's compensation, Social Security, and retirement plans.

² Your monthly base pay before your disability.



Sample LTD Coverage Comparison

For an employee earning \$50,000 per year, predisability earnings = \$4,167 per month

Coverage Type	55% LTD Benefit Option (employee-paid)	65% LTD Benefit Option (employee-paid)
Maximum Benefit	55% of the first \$18,182 in predisability earnings (up to \$10,000 per month LTD benefit)	65% of the first \$15,385 in predisability earnings (up to \$10,000 per month LTD benefit)
Calculation	$55\% \times \$4,167 = \$2,292$ The employee would receive a \$2,292 monthly benefit	$65\% \times \$4,167 = \$2,709$ The employee would receive a \$2,708 monthly benefit

**Could you meet your financial commitments if you were unable to
work for a long period of time and had no disability coverage?**

LTD Premium Cost for State of CA Excluded Employees

Age as of last January 1	55% Plan*	65% Plan*
Under age 30	0.012%	0.026%
Age 30 – 39	0.037%	0.073%
Age 40 – 49	0.087%	0.173%
Age 50 – 59	0.175%	0.347%
Age 60 or over	0.195%	0.384%

- Premiums are expressed as a percentage of insured earnings.

Note: A monthly administrative fee of \$0.80 will be added to the LTD premium.

Sample Premium Calculation

Choose your age as of last January 1	55% Plan*	65% Plan*
Under age 30	0.012% = .00012	0.026% = .00026
Age 30 – 39	0.037%	0.073%
Age 40 – 49	0.087%	0.173%
Age 50 – 59	0.175%	0.347%
Age 60 or over	0.195%	0.384%

Example 1:

\$5,000
 x 0.00012
 \$0.60
 + 0.80
\$1.40
 per month

Example 2:

\$5,000
 x 0.00026
 \$1.30
 + 0.80
\$2.10
 per month

Note: A monthly administrative fee of \$0.80 will be added to the LTD premium.



Accident & Critical Illness Insurance Benefits

Reminder: 2026 Contract Changes

Enrollment Timeframe

For Long Term Disability, AI and CI plans, employees may enroll at any time throughout the year, not just during CalHR's Open Enrollment periods.

For applications processed by the 10th day of the month:

Insurance becomes effective 1st
day of next month

For applications processed after the 10th day of the month:

Insurance becomes effective 1st
day of second calendar month
following the date of application

Dependent Education Benefit

Under the Long Term Disability plan, this benefit increased to \$300 per month.

Accident & Critical Illness Insurance Benefits: What's New

Annual Health Maintenance Screening Benefit

- Embedded in each plan
- Covers 22 wellness screenings, including mental health assessments and novel infectious disease testing (including COVID-19)

Excluded employees who are enrolled in the LTD policy will be automatically enrolled in Accident and Critical Illness coverage at no cost if eligible. Employees who are not enrolled in LTD may elect Accident and/or Critical Illness Insurance coverage at any time.

New for 2026:

- Increased Health Maintenance Screening Benefit to \$100 (from \$50 in 2025)
- Enhanced Accident Insurance benefit amounts
- Employee-paid Spouse/Domestic Partner coverage available

Same for 2025/2026:

- Both plans offer cash benefits payable to members
- Child(ren) automatically receive Critical Illness coverage at 50% of employee benefit amounts
- Both coverages are portable
- Both coverages help fill the gap caused by out-of-pocket costs, creating a financial safety net for you and your family

Health Maintenance Screening Benefit

An annual benefit for employees and their covered spouses and children; a \$100 benefit in both the Accident and Critical Illness plans:

- That is \$200 per enrolled employee per year
 - An additional \$100 for spouse in AI + \$100 for spouse in CI
 - \$100 for each dependent child as they are automatically covered with the employee CI coverage
- No documentation requirements for HMS benefit payment
- Can call these claims in and they are processed same day

Annual Screenings

Employees enrolled in any of our Supplemental plans, as well as their covered spouses and children, receive a \$100 annual benefit each that also supports wellness and encourages health initiatives.

22 Covered Health Screenings

- Abdominal aortic aneurysm ultrasound
- Ankle brachial index (ABI) screening for peripheral vascular disease
- Biopsies for cancer
- Bone density screening
- Breast ultrasound
- Cancer antigen 125 (CA 125) blood test for ovarian cancer
- Cancer antigen 15-3 (CA 15-3) for breast cancer
- Carcinoembryonic antigen (CEA) blood test for colon cancer
- Colonoscopy
- Complete blood count (CBC)
- Comprehensive metabolic panel (CMP)
- Electrocardiogram (EKG)
- Hemocult stool analysis
- Hemoglobin A1C
- Human papillomavirus (HPV) vaccination
- Lipid panel
- Mammography
- Pap smears or ThinPrep Pap test
- Prostate-specific antigen (PSA) test
- Stress test on a bicycle or treadmill
- Generally, medically accepted cancer screening test
- Mental health assessment
- Novel infectious disease testing, like COVID-19



The Standard: Accident Insurance

Accident Insurance

70+ Benefits for Injuries and Treatment

Injury	Emergency	Surgery	Hospitalization	Follow-Up Care	AD&D
• Burns • Dislocations • Eye Injuries • Concussion • Loss of Hearing • Lacerations • Fractures • Coma	• Emergency Dental • Urgent Care • Ambulance • Emergency Room • X-ray • Major Diagnostic Exam	• Abdominal/Thoracic Surgery • Outpatient Surgical Facility • Skin Grafts • Knee Cartilage/Ligament/Tendon Repair • Ruptured Disk • Rotator Cuff	• Hospital Admission • Hospital Confinement, up to 365 days • CCU Confinement, up to 15 days • CCU Admission	• Chiropractor • Medical Appliance • Hearing Device • Physical Therapy • Physician Care • Prosthesis • Rehab Facility	• Accidental Death • Accidental Dismemberment schedule including sight and hearing • Common Carrier is 100% • Seatbelt, airbag and helmet benefits

Accident Insurance (Cont.)

- Standard Insurance Company Long Term Disability plan participants are eligible to enroll at no cost for employee-only coverage
- Guarantee issue coverage – no health questions, pre-existing condition exclusions or benefit waiting period
- Injuries must occur after the member's effective date for coverage
- **New for 2026:** Employees may purchase coverage for their Spouse/Domestic Partner at an affordable rate of \$6.54 per month through convenient payroll deduction
- Health Maintenance Screening (HMS) Benefit – **\$100 per insured**, per calendar year in 2026 (increasing from only \$50 in 2025)
- Coverage is portable, with the same benefits and rates if you leave your employer
- Affordable premiums for portability plan or stand-alone coverage





Note: This example is for illustrative purposes only.

Claims Example: Soccer Injury

An ER visit and X-rays revealed a concussion, broken leg, torn ACL, and torn meniscus – requiring a 2-day hospital stay and surgery.

	2025	2026
Ground ambulance	\$300	\$400
Emergency room	\$150	\$200
X-ray	\$50	\$50
Leg fracture (surgical)	\$2,400	\$5,500
Concussion	\$150	\$175
Medical appliance (crutches)	\$100	\$100
Physician follow-up (2 visits)	\$100 (\$50 per visit)	\$150 (\$75 per visit)
Physical therapy (3 sessions)	\$150 (\$50 per visit)	\$195 (\$65 per visit)
Total benefits paid to Michael	\$3,400	\$6,770

The Standard: Critical Illness Insurance

Critical Illness Covered Conditions

Continuing: \$10,000 Employee Benefit

New for 2026: Optional \$10,000 Spouse/Domestic Partner Benefit

Benefits Payable at 100%

- Heart attack
- Stroke
- Cancer
- End Stage Renal Failure
- Major Organ Failure
- Coma
- Paralysis
- 21 Covered Childhood Diseases
- Benign Brain Tumor
- Bone Marrow Transplant
- Loss of Sight, Hearing or Speech
- Occupational HIV
- Occupational Hepatitis
- ALS (Lou Gehrig's Disease)
- Alzheimer's Disease
- Multiple Sclerosis
- Parkinson's Disease

Benefits Payable at 25%

- Coronary Artery Disease
- Non-invasive Cancer

Spouse Coverage

- Available beginning January 1, 2026
- Employee-paid

Health Maintenance Screening Benefit

Increasing to \$100 in 2026 (from \$50 in 2025) per insured, per calendar year

Child(ren) Coverage

- Automatically covered at 50% of employee's benefit level

Critical Illness Insurance

- Eligible Standard Insurance Company Long Term Disability plan participants will be automatically enrolled at no cost for employee-only coverage
 - Employees who are not enrolled in LTD may elect Critical Illness Insurance coverage at any time
- Guarantee issue coverage – no health questions or pre-existing condition exclusions
- Diagnosis must occur after the member's coverage effective date; plan does not require first-time diagnosis
- Lump sum benefit payable on diagnosis of covered condition
 - Employee benefit: \$10,000
 - Child(ren) are automatically covered at 50% of the employee's benefit, up to age 26
- Health Advocacy services included with Critical Illness benefit
- Health Maintenance Screening (HMS) Benefit – **\$100 per insured**, per calendar year in 2026 (increasing from only \$50 in 2025)
- Affordable premiums for portability plan or stand-alone coverage



NEW for 2026:
Optional Spouse/Domestic Partner coverage

- \$10,000 benefit if enrolled
- Premium: \$9.12 per month

Note: This example is for illustrative purposes only.

Claims Example: Cancer

Shayna beat cancer, but faced many costs she didn't expect.

There were copays for doctor visits and what she owed for chemotherapy after meeting her deductible. She also bought hair prosthetics, paid for travel to specialists, and had alternative treatments.

Critical Illness insurance benefits helped cover the expenses. And her plan gave her access to Health Advocate™, through which Shayna's personal guide helped her make sense of her diagnosis and treatment options.

Here's an example of what this benefit could cover:

Out-of-Pocket Expenses		Benefits	
Medical plan	\$1,400	Total Out-of-Pocket Expenses	\$10,900
Lost wages	\$5,000	Critical Illness Benefit Amount	– \$10,000
Alternate treatments/diets not covered by medical plan	\$4,500	Out-of-Pocket Amount Shayna Actually Had to Pay	\$900
Out-of-Pocket Total	\$10,900		

The Standard Key Takeaways

Long Term Disability

- Health insurance pays your doctor, but Long Term Disability insurance pays you
- You have a choice between two employee-paid LTD options: 55% plan and 65% plan
- Accident and Critical Illness are no cost for employee coverage if you are enrolled in the Long Term Disability insurance plan

Accident and Critical Illness Insurance

- Offer cash benefits payable to you
- Both include a Health Maintenance Screening Benefit of \$100
- Employee-paid Spouse/Domestic Partner coverage is now available
- Excluded employees who are enrolled in the LTD policy will be automatically enrolled in Accident and Critical Illness coverage at no cost if eligible
- Employees who are not enrolled in LTD may elect Accident and/or Critical Illness Insurance coverage at any time

The Standard Key Takeaways (cont.)

Enroll or find more info: www.standard.com/mybenefits/california/

For help with benefits enrollment and other plan details:

- Contact your dedicated account specialist by email or phone
- Contact The Standard at 971.321.8150 (direct) or 888.641.7193 (toll-free)
- Email SOCLTDforms@standard.com



State of California

Group Insurance for Excluded Employees



Group Long Term Disability, Critical Illness and Accident Insurance for State of California Excluded Employees

Life is unpredictable. If you found yourself suddenly disabled or experience an accident or serious illness, could you afford to keep paying your monthly bills and providing for your loved ones? Group Long Term Disability, Critical Illness and Accident with Accidental Death and Dismemberment coverage can help safeguard the life you love and the people who matter most. These coverages are available through Standard Insurance Company at group rates that may be more affordable than those available through individual insurance.

For Your Information

These policies have exclusions, limitations, reductions of benefits, and terms under which the policy may be continued in force or terminated. Please consult your benefits summary and other enrollment materials from The Standard for further details before making a purchase decision and enrolling.

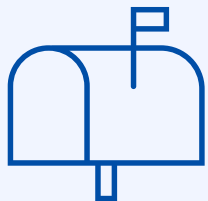
Contact The Standard for additional information, including costs and complete details of coverage.

Appendix:

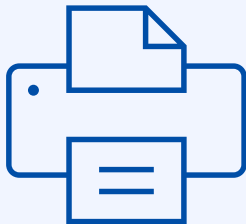
AI and CI Benefit Plans

Claims Submission Options

Claim Intake and Submission



Mail



Fax



Email



Employee
Portal

Filing a Supplemental Insurance Claim



Filing a Supplemental Insurance Claim

Using your Supplemental insurance means you may have hit one of life's rough spots. We're sorry about any difficulties you're going through — and we're here to help.

What is Supplemental insurance and how does it work?

Accident and Critical Illness insurance are types of Supplemental insurance provided by Standard Insurance Company.

These plans can help you pay bills that medical insurance doesn't cover. They pay a cash benefit directly to you for covered treatments or conditions.

How can I access Supplemental Benefits?

To receive the cash benefits from your plan, you need to file a claim that we approve. We make the process easy, so you can focus on what matters most — your health.

How can I file a claim online?

- 1 [Log in](#) at [standard.com](#).
- 2 After logging in, go to the Accident and Critical Illness Benefits or Health Maintenance Screening section and click **Start a New Claim**.
- 3 This will take you to the **Set Up Your Claim** page. Choose the insurance that applies to your claim and follow the instructions.

 Don't have an account? You'll need to [create an account](#) to file your claim and log in.

Other ways to file a claim

Completed, signed and dated forms, including supporting documentation can also be filed by:

-  Standard Insurance Company
PO Box 2800
Portland OR 97208
-  SupplementalNewClaim@standard.com. Please include, when possible, your Employer Name and Policy Number, Insured's Name and Claim Number.

Please keep in mind that communications via email are not secure. While unlikely, there is a possibility that information can be intercepted in transmission or misdirected and read by other parties besides the recipient to whom it is addressed.

 You can fax completed forms to our office 833.289.5001.

 **What if I have more questions?**

Check out the **Frequently Asked Questions** page for filing a claim:

-  [Accident Insurance FAQ](#)
-  [Critical Illness Insurance FAQ](#)

Critical Illness is called Specified Disease in Vermont.
Standard Insurance Company | [standard.com](#)
The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of 1100 SW Sixth Avenue, Portland, Oregon in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

SI 23381

Supplemental Benefits Explanation and Steps EE
(2/23)



Filing a Health Maintenance Screening Benefit Claim



Filing a Health Maintenance Screening Benefit Claim

Your Health Maintenance Screening Benefit, or HMS Benefit, may be available with our Supplemental products (Accident, Critical Illness or Hospital Indemnity insurance). We're here to help you file your claim.

What is HMS Benefit and how does it work?

With this benefit, you can receive payments once per calendar year when you or your covered dependents complete [covered screenings](#). This benefit enables you to get regular checkups, which are important to maintain health. We make direct benefit payments to you for covered screenings.

How can I access Supplemental Benefits?

To receive direct benefit payments, you need to file a claim that we approve. We make the process easy, so you can focus on what matters most — your health.

How can I file a claim online?

- 1 Log in at [standard.com](#).
- 2 After logging in, go to the HMS section and click **Start a New Claim**.
- 3 This will take you to the **Set Up Your Claim** page. Choose the insurance that applies to your claim and follow the instructions.

Don't have an account? You'll need to [create an account](#) to file your claim and log in.

For more details, follow [these instructions](#) to file a claim online.

Other ways to file a claim

Completed, signed and dated forms, including supporting documentation can also be filed by:

- You can call 800.634.1743 to start filing a claim with us.
- SupplementalNewClaim@standard.com. Please include, when possible, your employer name and policy number, insured's name and claim number.

Please keep in mind that communications via email are not secure. While unlikely, there is a possibility that information can be intercepted in transmission or misdirected and read by other parties besides the recipient to whom it is addressed.

Standard Insurance Company
PO Box 2800
Portland OR 97208

Or You can fax completed forms to our office 833.289.5001.



What if I have more questions?

Check out the **Frequently Asked Questions** page for filing a claim:

■ [Health Maintenance Screening Benefit Claim FAQ](#)

Standard Insurance Company | 1100 SW Sixth Avenue | Portland OR 97204 | [standard.com](#)

Hospital Indemnity insurance is not available in all states.

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of 1100 SW Sixth Avenue, Portland, Oregon in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

GP0614-ACC, GP0614-ACC FLORIDA, GP0614-ACC 0323, GP0614-ACC PA, GP0614-CI, GP0614-CI FLORIDA, GP0614-CI FLL, GP0614-CI 1122, GP0614-CI MO, GP0614-CIw/GC0614-CI, GP0614-CI D42021, GP0614-CI PA, GP0614-CI AA, GP0614-HI, GP0614-HI FLL, GP0614 0423, GP0614-HI 0123, GP0614-HI PA

SI 00000

Health Maintenance Screening Benefit Explanation and Steps EE (8/24)

New Communication Materials



This flyer features a blue header with the 'TheStandard' logo and the California Department of Industrial Relations (CALHR) seal. Below the header, the text 'Excluded Employees' is followed by the main title 'Explore Your Employee Benefits'. The flyer includes three photographs: a man holding a baby, a woman holding a small white dog, and a family of four in a park. At the bottom, it mentions 'State of California' and 'Group Long Term Disability, Accident and Critical Illness Insurance'.

TheStandard
CALHR

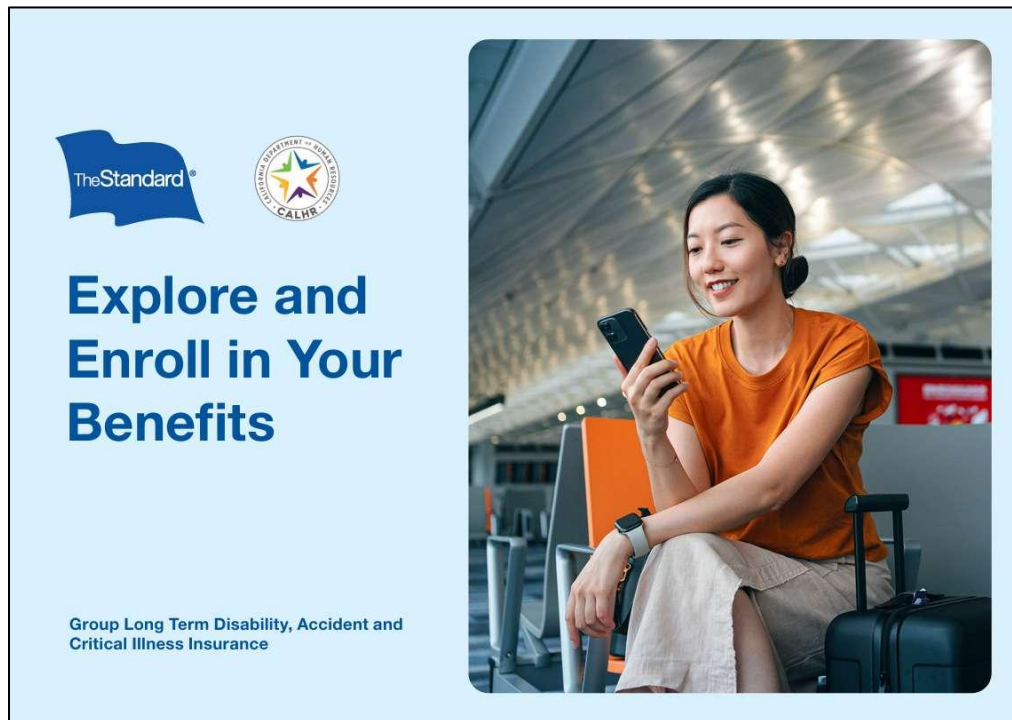
Excluded Employees

Explore Your Employee Benefits

State of California
Feel protected in every step of life—your benefits are here to support you, every mile of your journey.

Group Long Term Disability, Accident and Critical Illness Insurance

https://www.standard.com/eforms/20564_643146.pdf



This flyer features a light blue background with the 'TheStandard' logo and the California Department of Industrial Relations (CALHR) seal. The main title 'Explore and Enroll in Your Benefits' is prominently displayed. A photograph of a woman in an orange shirt sitting on a train and looking at her phone is on the right. At the bottom, it mentions 'Group Long Term Disability, Accident and Critical Illness Insurance'.

TheStandard
CALHR

Explore and Enroll in Your Benefits

Group Long Term Disability, Accident and Critical Illness Insurance

https://www.standard.com/eforms/20468_643146.pdf



Grokker®

Stretch Break



LIVE WELL

Increase Blood Flow

By Sarah Kusch, Personal Trainer



Supporting Employees: CalPERS Retirement & Resources

Name

Customer Education & Outreach Division

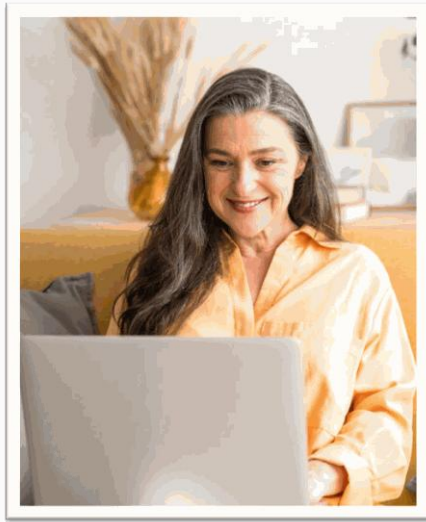
Class Overview

- myCalPERS Account
- Planning & Resources
- Life Events
- CalPERS Special Power of Attorney
- Health into Retirement



myCalPERS Account

Benefits of creating myCalPERS account



Account setup - takes 10 minutes or less



30-minute appointments – use it for help, not account setup



Plan ahead – run retirement estimates instantly



Stay connected – access CalPERS services 24/7

Members can create their account at
calpers.ca.gov



[Contact](#) | [About](#)[Log in to myCalPERS](#)[Select Language](#) ▼

Powered by Google Translate

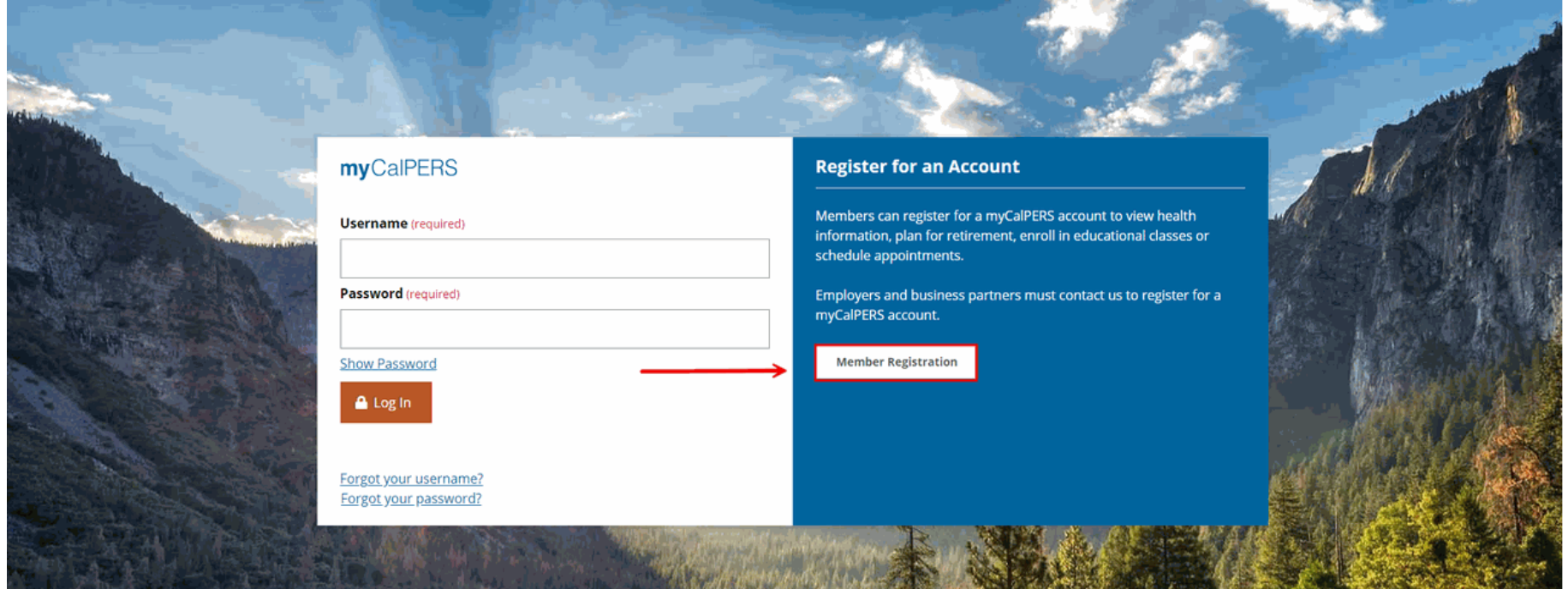
[Home](#)[Members](#) ▼[Retirees](#) ▼[Employers](#) ▼[Investments](#) ▼ [Search Q](#)[New To CalPERS](#)[Life Events](#)[Estimate Your Retirement](#)[Health Plans & Rates](#)[Paydays](#)

Get to Know Our New Pharmacy Benefits Manager

CVS Caremark and SilverScript will replace OptumRx starting January 1.

[Get the Latest Transition Details](#)

myCalPERS Login Page

The image shows the myCalPERS login page overlaid on a scenic background of a mountain valley with a blue sky and clouds. The login form is white and contains fields for Username and Password, both marked as required. Below the password field is a 'Show Password' link. A red arrow points from the 'Show Password' link to the 'Member Registration' button on the right. The right side of the page is a blue sidebar with a 'Register for an Account' section, which includes text about member registration and a 'Member Registration' button.

myCalPERS

Username (required)

Password (required)

[Show Password](#)

 Log In

[Forgot your username?](#)
[Forgot your password?](#)

Register for an Account

Members can register for a myCalPERS account to view health information, plan for retirement, enroll in educational classes or schedule appointments.

Employers and business partners must contact us to register for a myCalPERS account.

Member Registration

myCalPERS

Messages | John Smith

Home Retirement Health Statements Education

Last reported 1/30/2025

Retirement

Estimated Earliest Retirement

9.350 years

Your Retirement Formula

2% @ 55

[Calculate a Retirement Estimate](#)

[Apply for Retirement](#)

Service Credit

Total Service Credit

17.813

Your Current Membership

State Miscellaneous

[View Service Credit by Fiscal Year](#)

[Make a Service Credit Purchase](#)

Balance

Total Balance

\$96,704.28

Contributions

\$65,040.26

Interest

\$31,664.02

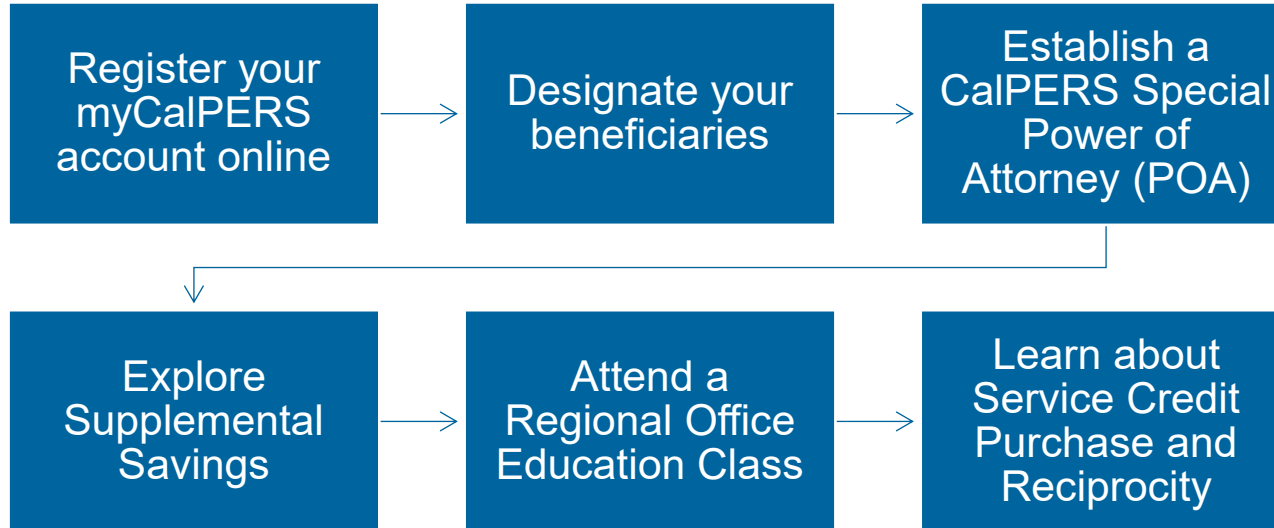
[View Retirement Contribution Details](#)

[View Your Retirement Summary](#)

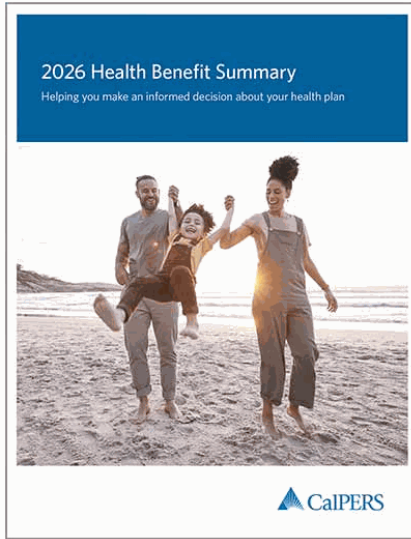


Planning & Resources

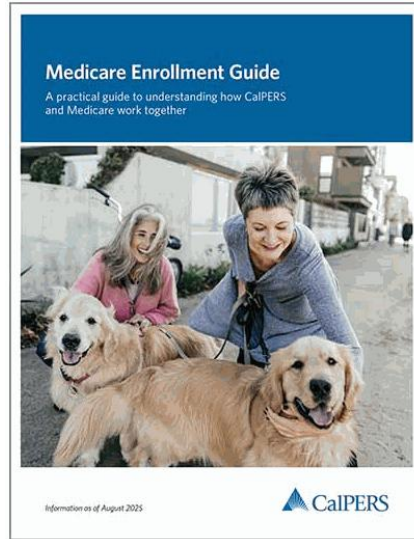
New to CalPERS



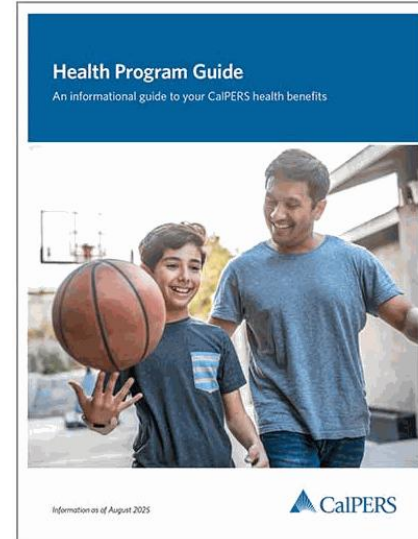
Health Publications



www.calpers.ca.gov/HBS



www.calpers.ca.gov/MEG



www.calpers.ca.gov/HPG



Health Benefits

Affordable Care Act (ACA)

The ACA requires most Americans to have qualifying health insurance called "minimum essential coverage." Currently, the individual mandate is still in effect, but the individual penalty has been set to zero. All of CalPERS' health plans meet the minimum essential coverage requirement.

[Affordable Care Act \(ACA\)](#)

Eligibility & Enrollment for Active Members

Eligibility isn't based on your job classification. To be eligible for the CalPERS Health Program, you must: Be appointed to a job that will last at least six months and one day, work at least half time, and work for an employer contracted with CalPERS to administer their health benefits program.

[Eligibility & Enrollment for Active Members](#)

Long-Term Care

CalPERS has temporarily suspended open enrollment for the Long-Term Care Program. Therefore, until further notice, we're no longer accepting new applications for coverage.

The CalPERS Long-Term Care Program is administered by our third-party administrator, illumifin.

[Long-Term Care](#)

Medicare

Medicare is health insurance for people 65 or older. You may be eligible to get Medicare earlier if you have a disability, End-Stage Renal Disease (ESRD), or ALS (also called Lou Gehrig's disease).

[Medicare](#)

Open Enrollment for Active Members

2026 Open Enrollment takes place September 14 through October 9. Changes made during Open Enrollment take effect January 1, 2027.

[Open Enrollment for Active Members](#)

Plans & Rates (Active Member)

Learn about the different health plans and other details about your health care benefits. We have information on employer contributions, Open Enrollment, and general information about what the types of plans include.

[Plans & Rates \(Active Member\)](#)

Open Enrollment for Active Members

- **September 14 through October 9**
- **2026 Open Enrollment Webinar**
 - Employers on **September 2**
 - Members on **September 9**
- **CalPERS Website Includes:**
 - Health Plan Changes
 - Dental & Vision Benefits
 - Health Program Guide
 - How to Choose a Health Plan Guide
 - Important Health Enrollment Reminders





Open Enrollment Resources

Open Enrollment is your chance to enroll in or change health plans, add or remove dependents, or cancel coverage. No matter what your goals are during Open Enrollment, these resources will help you navigate decisions and details with confidence.

Prepare for Open Enrollment

Open Enrollment Information

Open Enrollment takes place each fall and is your chance to find the plan that's right for you.

[Open Enrollment](#)

Annual Health Plan Changes

Review health plan changes before Open Enrollment begins.

[Annual Health Plan Changes](#)

Health Plans & Rates

Review health plan premiums and employer contribution amounts.

[Health Plans & Rates](#)

Explore Your Options

myCalPERS

Review your personalized health information, search for available health plans in your area, check if your doctor or medical group is included, and compare plans side-by-side based on costs, benefits, and member ratings. You can also make changes when you're ready.

[myCalPERS](#)

How to Choose a Health Plan

Use this guide when exploring health plan options and key factors to consider.

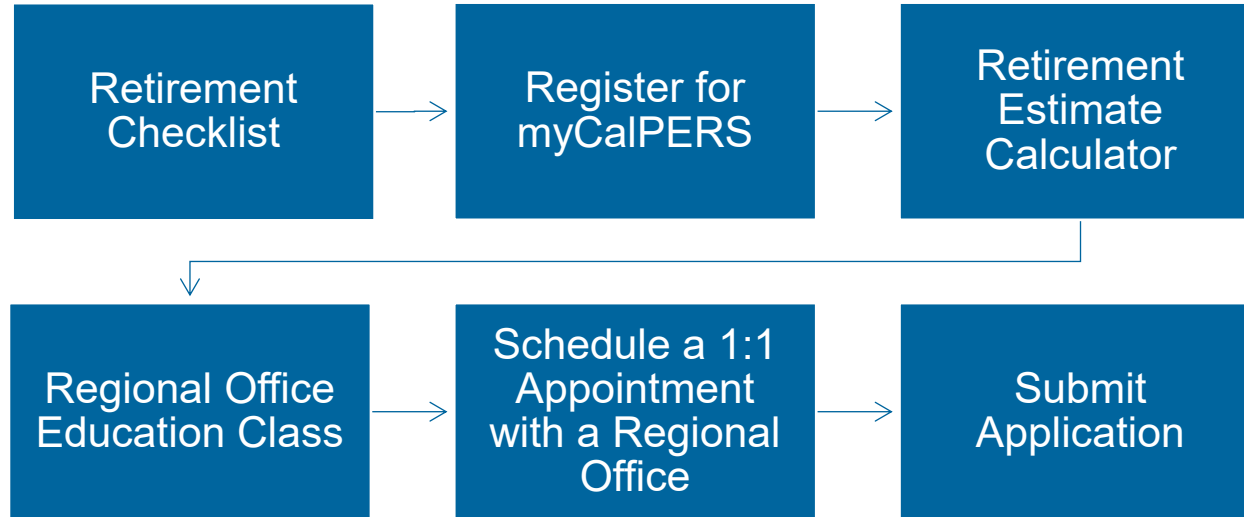
[How to Choose a Health Plan \(PDF\)](#)

Health Plan Search by ZIP Code

Search for health plans available in your area.

[Health Plan Search by ZIP Code](#)

Nearing Retirement



Retirement Planning Checklist

[Home](#) > [Members](#) > [Retirement Benefits](#) > [Service & Disability Retirement](#) > [Retirement Planning Checklist](#)

Retirement Planning Checklist

We recommend you begin the steps to retire one year in advance. If your retirement date is less than a year away, don't worry, we can still help you retire on the day you have planned.

We can also expedite retirement processing for those facing a [terminal illness](#). If you're in this situation, [contact us](#) immediately to discuss emergency retirement.

Below are the key steps to help you prepare for retirement. You can find a more detailed checklist in [Planning Your Service Retirement \(PUB 1\) \(PDF\)](#), or watch our [Retirement Planning Checklist video](#) [↗](#).

We also have a video series that highlights the importance of planning early for retirement.

1 Or More Years Before Retiring

- Watch our [Planning Your Financial Future video series](#) [↗](#). Financial security helps ensure you have enough money for the retirement lifestyle you want.
- Use our [Planning Your Financial Future Checklist](#) as a guide.
- Visit the [Social Security & Your CalPERS Pension](#) page to learn how your Social Security benefits may be affected.

Service & Disability Retirement

[Retirement Estimate Calculator](#)

[Retirement Planning Checklist](#)

[Social Security & Your CalPERS Pension](#)

[Special Power of Attorney](#)

Resources

[Continuing Benefits & Deductions](#)

[Deferred Compensation](#)

[Make an Appointment](#)

[Member Education](#)

[Working After Retirement](#)

Forms & Publications

Forms & Publications

The screenshot displays the CalPERS website interface. At the top left is the CalPERS logo. To the right are links for 'Contact' and 'About', and a 'Log in to myCalPERS' button. Below the header is a navigation bar with 'Home', 'Members' (highlighted with a red box), 'Retirees', 'Employers', and 'Investments'. A search bar is located on the right side of the navigation bar. The main content area is divided into four columns: 'Retirement Benefits', 'Health Benefits', 'Death Benefits', and 'Resources'. The 'Resources' column contains the link 'Forms & Publications', which is highlighted with a red arrow. Other links in the 'Resources' column include 'Life Events', 'Education Center', and 'Videos'. At the bottom of the main content area is a link 'Explore All Member Topics >'.

CalPERS

Contact | About Log in to myCalPERS

Home Members Retirees Employers Investments

Search Q

Retirement Benefits

- Benefit Factor Charts
- Deferred Compensation
- Reciprocity (Linking Retirement Systems)
- Refund Member Contributions
- Service & Disability Retirement
- Service Credit (Time Worked)

Health Benefits

- Affordable Care Act (ACA)
- Eligibility & Enrollment (Active Member)
- Long-Term Care
- Medicare
- Open Enrollment for Active Members
- Plans & Rates (Active Member)

Death Benefits

- Application Process
- Beneficiary Designation
- Benefits Payable

Resources

- Life Events
- Forms & Publications
- Education Center
- Videos

Explore All Member Topics >



Life Events

[Contact](#) | [About](#)[Log in to myCalPERS](#)

Select Language

Powered by Google Translate

[Home](#)[Members](#) ▾[Retirees](#) ▾[Employers](#) ▾[Investments](#) ▾ Search[New To CalPERS](#)[Life Events](#)[Estimate Your Retirement](#)[Health Plans & Rates](#)[Paydays](#)

CalPERS Career Workshop



Discover Your Future With CalPERS

Looking to launch your career in state service? Sign up for our virtual career workshop and get expert guidance, practical tips, and hands-on support to kickstart your job search.

[Register for Our Virtual Event](#)



Life Events

Visit the pages below to learn how certain events can impact your coverage or benefits in CalPERS programs.

Family Changes

- [Birth or Adoption](#)
- [Domestic Partnership](#)
- [Marriage or Divorce](#)

Personal Information Changes

- [Name or Address Changes](#)

Employment Changes

- [New CalPERS Member](#)
- [Leave of Absence](#)
- [Leaving CalPERS-Covered Employment](#)

Subscribe to Our Newsletters and Alerts

Subscribe to the Member Education Bulletin to receive emails when new training and events are offered.

Email Address

[Subscribe](#)

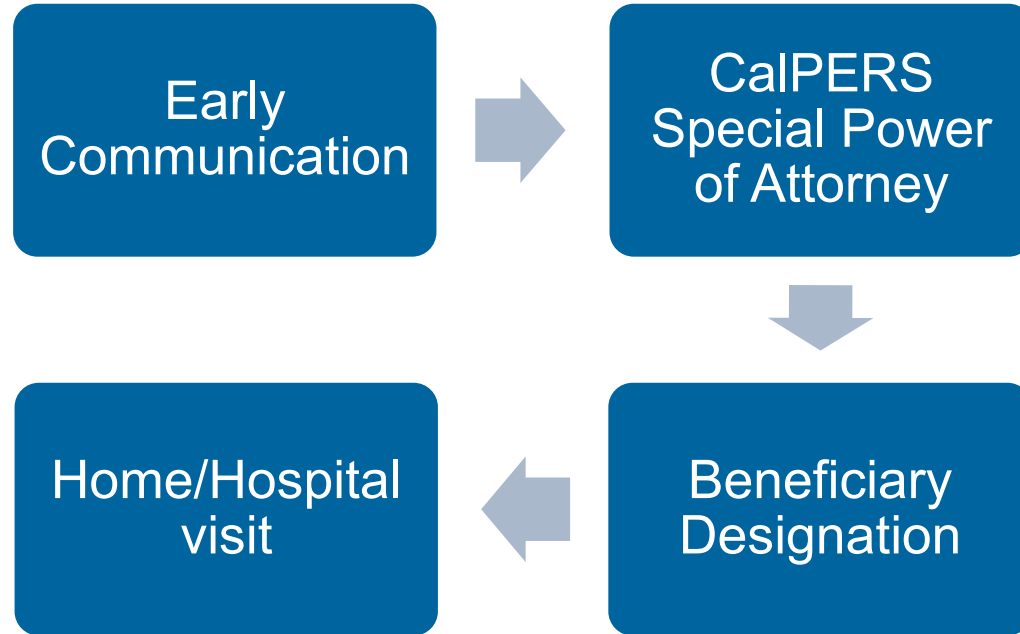
Resources

[Consolidated Omnibus Budget Reconciliation Act \(COBRA\)](#)

[CalPERS Long-Term Care](#) [↗](#)

[Death Benefits](#)

Death or Terminal Illness





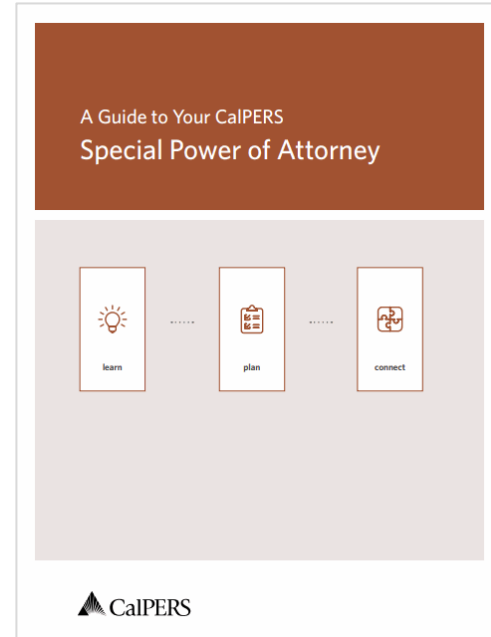
CalPERS Special Power of Attorney

CalPERS Power of Attorney

CalPERS Special Power of Attorney (Pub 30)

Designate a person to conduct business:

- Specifically for CalPERS issues
- You give specific authority
- Cannot be used to make medical decisions
- Cannot provide authority over real or personal property
- Cannot give authority to access myCalPERS





Health into Retirement

What Employees Need to Know

Medical Benefits into Retirement

Dental & Vision Benefits into Retirement

Retiree Medical & Dental Benefits

Retiree Vision Benefits (VSP)

CalPERS Open Enrollment

What Employers Need to Do

- ✓ Verify correct employee information
- ✓ Inform employee of Health Plan Tools
 - Health Into Retirement Calculator
 - Health Plan Search by Zip Code
- ✓ Dental and vision enrollment



Thank you



Lunch

Legal Insurance from ARAG

Be protected when legal happens.



Legal Insurance

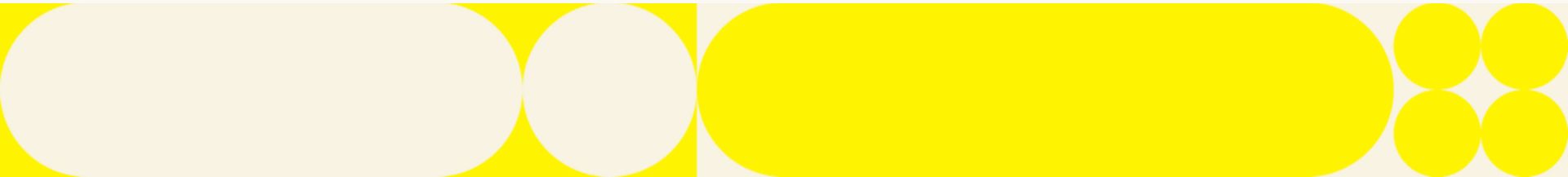


State of California Benefits
Summit

ARAG Agenda



1. Why Legal Insurance?
2. 6 Reasons to Enroll in ARAG Legal Insurance
3. What Does it Cost?
4. Using The Legal Plan is Easy
5. What are SOC Members Saying
6. You Can Dispute That
7. What's New in 2026
8. A Closer Look at ARAG's Additional Services
9. Resources Site for State Personnel
10. Questions?



Be Protected When Legal Happens



Legal Insurance

Legal Insurance from ARAG

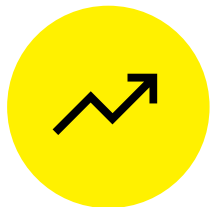
Be protected when *legal happens*.

In Today's World, Employees Need Legal Protection

Uncertainty around rapid regulatory changes, shifting economic conditions and an ever-evolving legal landscape are driving employees to seek help with legal challenges.



Legal Insurance



Economic and Financial Pressures

- Increasing healthcare costs
- Limited affordable housing
- Increased personal debt
- Retirement readiness
- The "Great Wealth Transfer"



Societal Trends

- Caregiver stress
- Mental health stress
- Marriage and divorce rates
- Data breach impacts



Unpredictable Political Environment

- Polarizing political views
- Policy uncertainty
- Shifting tax priorities
- Tightening immigration enforcement

Legal insurance helps employees take control of their legal matters while avoiding costly legal fees and reducing stress.

What Are SOC Actives and Retirees Saying?



Legal Insurance

Real-World Examples:



Bankruptcy

Overwhelmed with student loans and mounting debt, you need to look at options including filing bankruptcy.



Traffic Tickets

You want to fight a speeding ticket – and minimize the impact it has on your insurance.



Property Disputes

A contractor starts work on your dream kitchen remodel and then never comes back to finish the job – leaving you with a mess.



Divorce

You're dealing with a painful divorce from your soon-to-be ex-spouse and need an experienced attorney to help you navigate the process.

Real Employee Feedback on Their Plan's Value:

"Having ARAG as a support gave me a place to start during a very difficult time. I felt confident knowing I had help."

– *SOC Retiree / Chapter 7 Bankruptcy*

"Quickly resolved the ticket and gave me the confidence that I understood my options."

– *SOC Member / Traffic Violation – Minor Offense*

"I would not have normally hired an attorney, but having the legal plan made all the difference."

– *SOC Member / Landlord Dispute*

"I was able to let my legal team handle the case while I focused on my family."

– *SOC Member / Divorce*

Did You Know - You Can Dispute That!

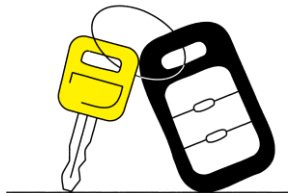


Legal Insurance

A legal dispute is a disagreement between you and any other party regarding your legal rights.

Insurance Disputes

Your car got backed into and the other driver's insurance only wants to pay for subpar parts to fix your car. *Without legal insurance, you may be required to accept substandard repairs.*



Dispute with a Landlord

Your child at college has been notified by their landlord they violated the lease agreement. *Without legal insurance, are you prepared to look for a new apartment for your child in the middle of the school year?*



Real Estate Disputes

You just purchased a home and want to sue the seller for not disclosing severe water damage that occurred before the closing. *Without legal insurance, you may have to pay costly legal fees to fight this in court.*



The Value of Legal Insurance

Legal disputes often take longer to resolve, can cost thousands more than expected and leave employees stressed, worried, distracted and less productive at work.

Continued Innovation Enhances the Employee Experience



Legal Insurance

We're redefining legal access through technology – investing in AI, digital tools and secure platforms to deliver smarter, faster and more personalized solutions. We've expanded our self-service options to give members a more robust DIY experience. These new options live in a dedicated DIY Tools section in the member portal.



AI-powered demand letters

Built on Azure OpenAI, this solution guides members through structured prompts to input key details and receive ready-to-send communications tailored to their specific issue.



Estate planning navigator

An interactive, proprietary tool that identifies key factors and unique situations to help members determine which DIY Docs® works best for their situation, or if they should work with a network attorney for estate planning needs.



DIY Docs®

DIY Docs now includes a Trust with Pour-Over Will as an option for members creating an estate plan. This is a convenient, comprehensive solution for employees interested in avoiding probate or who may have more complex assets. An updated look and feel gives each document its own page with detailed information and FAQs, helping members feel confident throughout the process.

Current Access to DIY Tools



- Log in to your ARAG Member Account
- Access DIY Tools on the left

A screenshot of the ARAG member dashboard. On the left is a dark blue sidebar with the ARAG logo at the top, followed by "MEMBER #". Below this are several menu items: "Plan Coverage", "Attorneys", "DIY Tools" (which is circled in yellow), "DIY Docs", "Demand Letters", "Learning Center", "Additional Services", "Account", "Help Center", and "Log out". The main content area has a light blue header with the word "Welcome" and a link to "Watch Video". Below this is a section for "Recent Cases" with a table that has columns for "Date", "Case #", and "Legal Matter". The table is currently empty, showing "You have no recent cases." Further down is a section titled "What Do You Want to Do Today?" containing three cards: "Get Started on Your Legal Matter" with a "Start a Case" button, "Review Your Plan Coverage" with a "View Coverage" button, and "Create Your Own Legal Documents" with a "Create Document" button.

AI-Powered Demand Letters

AI powered demand letters enable members to create personalized dispute letters instantly without waiting for attorney appointments. Adapts to varied legal issues and inserts relevant case law.



Legal Insurance

Demand Letters

A letter drafting assistant powered by Microsoft Azure AI services.

Click on the type of letter you want to create, and we'll help you get started with a ready-to-use prompt.



Landlord/Tenant Disputes

Rent, eviction, repairs, deposit



Debt Collection/Repayment

Debt disputes, plans, collection replies



Consumer Complaints

Refunds, faulty goods, warranty claims



Neighbor Disputes

Noise, boundary, shared property issues

What type of letter can we help you create?

Write a legal letter from a tenant to a landlord regarding my son's security deposit that hasn't been returned for his apartment lease. My son's name is Joe Smith. He is listed on the lease. The landlord is Campus Property Management at 876 University Ave. Ames, IA 50012.

The property is located at 1234 Ash Avenue in Ames, IA.

His lease ended on July 31, 2025. He moved out by the deadline and followed the instructions on the move out checklist. There were no damages that weren't previously disclosed on the move-in checklist.

I am requesting that you return the \$1,000 deposit.

My name is Tom Smith, and my current address is 1234 Somewhere Avenue, Township, IA 50255

Please provide as many details as possible so AI can generate the letter.

ResetGenerate Letter

Demand Letters

A letter drafting assistant powered by Microsoft Azure AI services.

Tom Smith
1234 Somewhere Avenue
Township, IA 50255
May 22, 2026

Campus Property Management
Attn: Security Deposit Returns
876 University Ave.
Ames, IA 50012

Re: Security Deposit Return for Joe Smith, 1234 Ash Avenue, Lease Ended July 31, 2025

To Whom It May Concern:

(Iowa Code Section 562A.12)

I am writing on behalf of my son, Joe Smith, who was a tenant at 1234 Ash Avenue in Ames, Iowa. His lease with your management company ended on July 31, 2025. Joe moved out by the required deadline and ensured all instructions on the move-out checklist provided by your office were carefully followed. Additionally, any pre-existing concerns were documented on the move-in checklist, and no additional damages occurred during his tenancy.

Despite meeting all move-out requirements, the \$1,000 security deposit has not yet been returned. Iowa law (Iowa Code Section 562A.12) requires landlords to either return the security deposit or provide a written, itemized statement of specific damages or reasons for withholding any portion of the deposit within thirty days after the end of the tenancy. More than thirty days have passed since the end of Joe's lease without any communication or return of the security deposit.

I am formally requesting the immediate return of the full \$1,000 security deposit. If there are any questions, or if Campus Property Management believes any deductions are justified, please provide a written, itemized explanation within seven (7) days of this letter's date.

Please send the payment to the address listed above or contact me directly to arrange remittance.

If the deposit is not returned promptly, we may pursue all remedies available under Iowa law, including the possibility of recovering additional damages and attorney fees.

Thank you for your immediate attention to this matter.

Sincerely,
Tom Smith
(on behalf of Joe Smith)

Download PDFCopy Letter

AI can make mistakes, check for accuracy.

Create Legal Documents – Now Including a Trust



Employees can easily and quickly create legally valid documents. This online tool guides them through the process so they can produce signature-ready documents to protect themselves and their family.

Available Legal Templates

 Specific or Durable Power of Attorney >	 Power of Attorney for Health Care >
 Medical Records Release (HIPAA) >	 Authorization for Minor's Medical Treatment >
 Residential Lease >	 Vehicle Bill of Sale >
 Contractor Agreement >	 Living Will >
 Standard Trust with Pour-Over Will >	 Standard Will >

NEW

All state-specific legal documents are designed to conform to ADA requirements!

Estate Planning Navigator



With the Estate Planning Navigator, located in the DIY Docs section, employees answer key questions about their family, assets and privacy considerations to help choose between a Will or Trust.

Your Estate Planning Navigator

Not sure if you need a Will or a Trust? Answer key questions to help us understand your personal situation and receive options for how to create your estate plan.

Get My Results



How it Works

1.

Tell us about your family, assets and estate planning priorities through 13 questions.

2.

Our system analyzes your responses against established estate planning best practices.

3.

Receive options and next steps to create your estate plan.

Explore Estate Planning Options in Minutes

What is needed to get started?

What are my options to create my estate plan?



Your Estate Planning Priorities: What We Need to Know

- ✓ What do you own? We'll look at your assets, their value and how they're titled.
- ✓ Do you want to avoid probate? Tell us if you'd prefer to skip the court process after your passing.
- ✓ How important is privacy to you? Decide if you want your estate details kept out of public records.
- ✓ What are your health considerations? Let us know if you're planning ahead for possible incapacity or long-term care needs.

Based on your estate size, family complexity and asset types, we'll provide estate planning document options that can help protect your family's future.

Start Estate Planning Navigator

You've Completed the Estate Planning Navigator

Based on your responses, here are your results. Toggle between the options below to learn more.

Choose your estate plan document:

☒ Standard Will
Best Match

☐ Trust with Pour-Over Will

Why is a Standard Will the best match for me?

- ✓ Simple and straightforward to create and update
- ✓ Your estate is simple and you don't want or need to take extra steps to fund a Trust
- ✓ Includes naming guardians for minor children
- ✓ Not overly concerned with privacy issues

A Closer Look At ARAG's Additional Services for Actives and Retirees



Identity Theft Protection

Members can monitor their personal identity and information, plus access restoration services that help if they're a victim of identity theft or fraud.

Financial Counseling & Education

Members can call a professional counselor who will consult with them on financial issues, including debt management, savings and budgeting, insurance, mortgage education, credit reports and more.

NEW
2026

Services for Parents/Grandparents

Access personalized guidance from expert Care Coaches, digital educational and support tools – including a library of content to further members' care education, medication and provider tracking and resources to assist with planning and managing care.

NEW
2026

Tax Services

Stress less about taxes with this service that allows members to call for a one-on-one consultation if they have questions or need advice regarding personal, non-business-related tax matters.

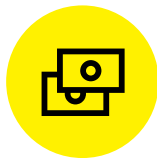
NEW
2026

What Does it Cost?



Legal Insurance

ARAG legal insurance provides **affordable** coverage with **more than 100+** ways to use the plan for both simple and complex legal issues, benefiting employees and their family.



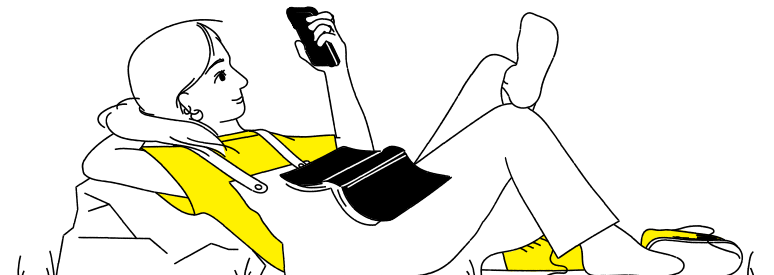
Employee Cost:

Individual: \$10.61 monthly

Family: \$18.47 monthly

Network Attorney fees for most covered
legal matters with an
ARAG Legal Plan:

\$0



Limitations and exclusions apply.

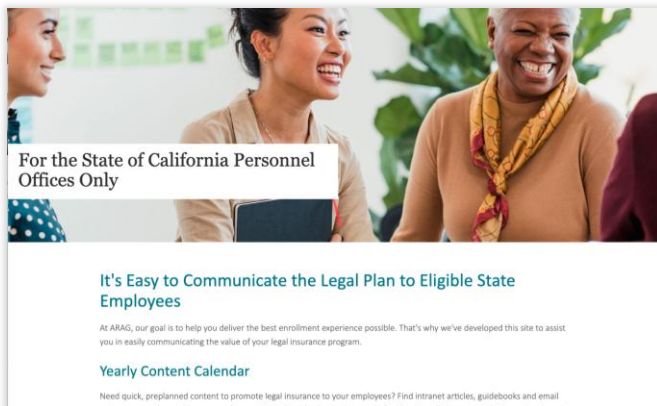
Share Legal Insurance Plan Benefit Information Easily & Quickly



Self-Service Communications Site:

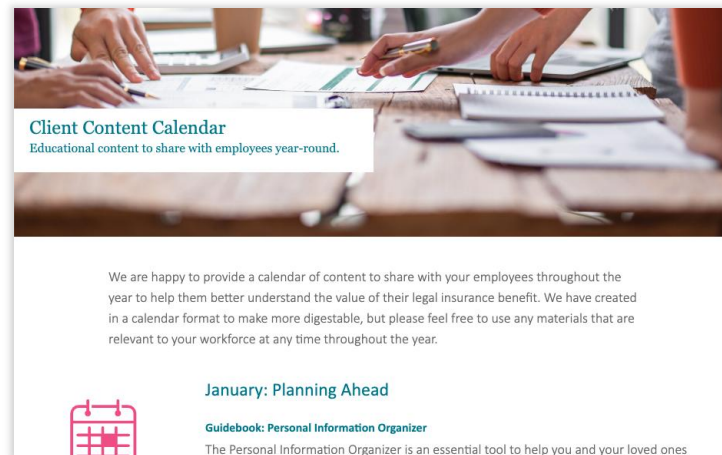
Do employees have questions or want more information about the legal plan? No need to hunt down materials to send. The ARAG resources website gives you one place to go for information you can easily share.

Visit: ARAGlegal.com/SOCResources



Client Content Calendar:

Use ARAG's popular [Client Content Calendar](#) to educate employees on benefits throughout the year not just at open enrollment.



3 Key Takeaways



Legal Insurance

Legal troubles can happen to anyone – often when they're least expected.

1. Legal insurance is for more than estate planning.

- It's there to protect when unknown situations happen. Show employees examples of how they can use the plan to protect themselves now and in the future.

2. This benefit offers protection AND peace of mind.

- Confidence knowing covered employees are protected when legal stress could otherwise impact finances, well-being and productivity.

3. Communication increases awareness and keeps legal insurance value top of mind.

- Leverage ARAG's materials as needed using the SOC Resource Center and incorporate into other internal materials and events as appropriate.

Helpful Communication Tip:

If you need help **engaging employees**, contact me for compelling plan-specific examples and other resources.

Any Questions?



Call Customer Care:

866-762-0972

(Monday – Friday, 5 am to 5 pm PT)



Email:

service@ARAGlegal.com

More Info:

For specific details about the plan, like a list of all coverages, plan cost savings calculator or network attorneys in your area, visit **ARAGlegal.com/SOCinfo**



Employee Cost:

Individual: \$10.61 monthly

Family: \$18.47 monthly



Who Can Employees Cover?

The employee, their spouse and children who are 26 or under: employees' children are covered until the end of the month that they turn 26, regardless of their student or marital status.

ARAG - Thank You!

*Propriety and Confidential. The recipient (State of California) shall keep this material strictly confidential and shall not disclose it or its contents or permit its employees and/or representatives to disclose this material or its contents to any third party, a competitor of ARAG, or the public.

Limitations and exclusions apply. Depending upon a state's regulations, ARAG's legal insurance plan may be considered an insurance product or a service product. Insurance products are underwritten by ARAG Insurance Company of Des Moines, Iowa. Service products are provided by ARAG Services, LLC. Eligibility, coverage, limitations and exclusions of identity theft insurance are governed by a separate coverage document. This material is for illustrative purposes only and is not a contract. For terms, benefits or exclusions, contact us at 800-247-4184.



Spring Health 



Get to Know **Whole** **You**, powered by **Spring Health**, Your Employee Assistance Program





What is Spring Health?

Spring Health is your new State of California EAP provider offering **convenient, personalized mental health support** to help you and your family navigate life's challenges.

Our mission is to help people and organizations *thrive* by **eliminating every barrier to mental health.**

Our agenda



Who is eligible for Spring Health benefits?

What benefits are available?

When is a good time to reach out to Spring Health?

Where do I get started?

How does this work?

Who is eligible for Spring Health benefits?



Spring Health is available to
The State of California active state
employees...



and their lawful spouse or registered domestic
partner, and unmarried dependent children

What benefits are available through Spring Health?



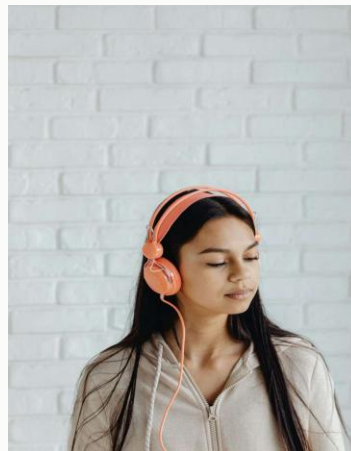
Therapy

Each member (age 6+) gets free therapy sessions per year.*



Coaching

Each member (age 13+) gets 6 free coaching sessions per year.



Self-Care

Access to Moments digital wellness exercises is free and unlimited.



Work-Life

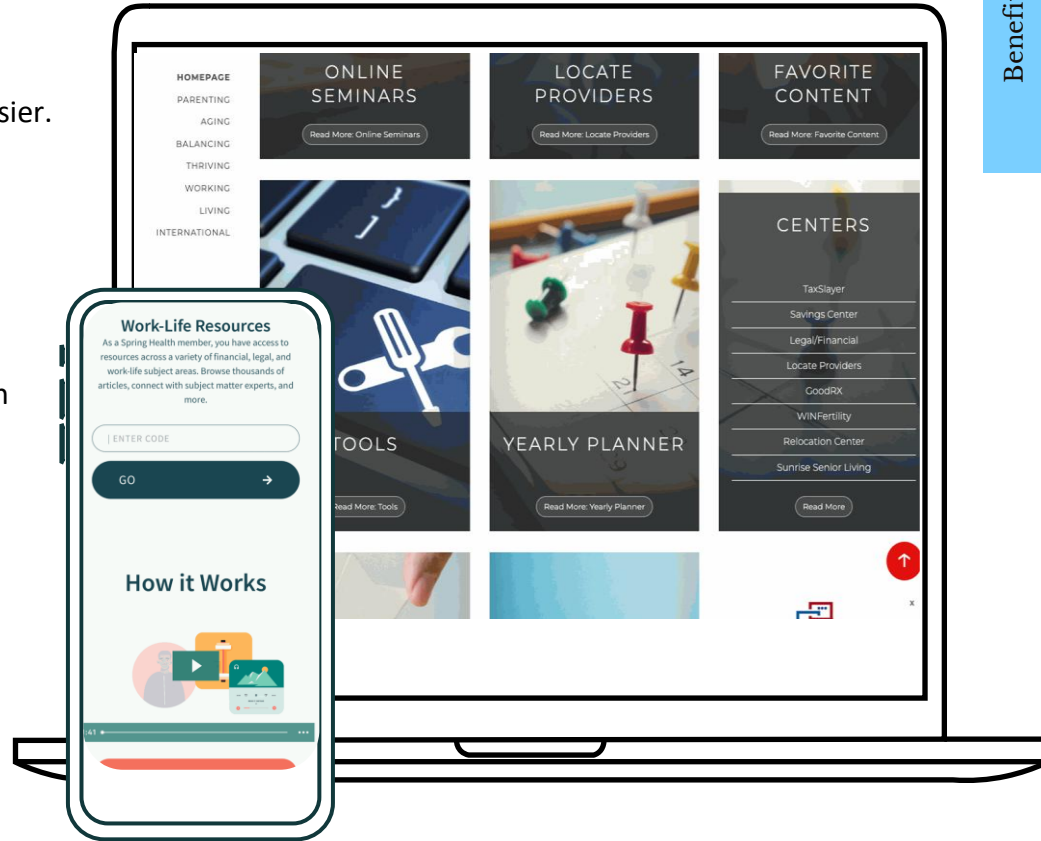
Resources and free expert consultations for life's needs. For example, Financial matters, legal assistance, major life events etc

*The number of sessions is based on your bargaining unit. Refer to the eligibility table on your member website, eap.calhr.ca.gov, for details.

Work-Life Resources

Work-life resources make managing your day-to-day life easier. Browse information online or connect with subject matter experts to get support for:

- Financial matters
- Legal assistance
- Major life events
- Health and wellness
- Travel
- Home improvement
- Child, senior or pet care
- Parenting and education
- Career development
- And much more!



When is a good time to reach out to Spring Health?



A.

When I need
someone to talk
to



B.

When I need
some help
finding answers



C.

When I need
some extra
support



D.

When nothing
else has worked



E.

When I don't feel
like myself

When is a good time to reach out to Spring Health? (Cont.)

There isn't a bad time
to reach out to
Spring Health

"I'm doing alright but I can use some
space to talk things out"

"I haven't been sleeping well lately"

"I'm trying my best but I'm feeling
stuck"

"I've been navigating a lot of
change lately"

"I noticed my kid could use
some extra support"

"My relationships are getting
harder to navigate"

Where do I get started?

There are
three ways to
get started with
Spring Health

1.

Internet browser

Visit: eap.calhr.ca.gov
and click or select
"Create my Account"

2.

Training

Scan this QR code:



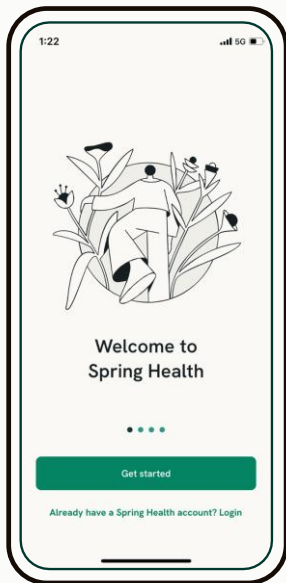
3.

Spring Health app

Search "Spring Health mobile"
in your app store to download
or scan the QR codes below:

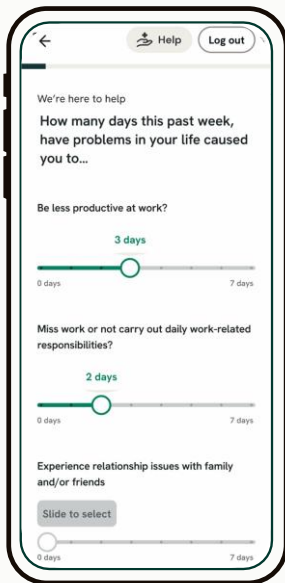


Where do I get started? (Cont.)



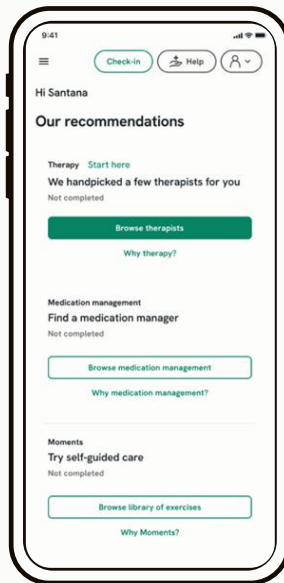
Registration

Activate your account by verifying your eligibility.



Screening

Take a short assessment to identify your needs and goals.



Matching

Receive your care plan and provider recommendations.



Access

Access support and resources through your account.

Who?

What?

When?

Where?

How?

How does this work?

The screenshot shows the Spring Health website landing page. At the top, there's a navigation bar with the Spring Health logo on the left and links for 'Language', 'Log in', and 'Activate your free benefit' on the right. The main headline reads 'FEEL BETTER TODAY USING Your employer-provided free mental health benefit'. Below this is a large green button labeled 'Activate your free benefit'. To the right of the button is a dark blue box with white text: 'We help you engage your workforce with tactics that are proven to work for your industry. Your branded landing page provides instant access to care.' and a 'Next' button. Below the main headline, it says 'ALL-IN-ONE SUPPORT THAT INCLUDES' followed by a list of services: 'Therapy sessions', '1-on-1 coaching', 'Self-guided exercises', 'Family care', and 'Personalized plan & More'. To the right of the text are three images: a woman sitting in a chair, a woman working on a laptop, and a man wearing headphones and working on a laptop. At the bottom, there are three icons with text: a person icon for '13k+ vetted providers', a dollar sign icon for '\$0 to start', and a calendar icon for 'Appointments within 1 day'. A 'Get Started' button is in the bottom right corner.

Spring Health

Language Log in Activate your free benefit

FEEL BETTER TODAY USING

Your employer-provided
free mental health
benefit

Activate your free benefit

We help you engage your workforce with tactics that are proven to work for your industry. Your branded landing page provides instant access to care.

Next

ALL-IN-ONE SUPPORT THAT INCLUDES

Therapy sessions 1-on-1 coaching Self-guided exercises Family care Personalized plan & More

13k+ vetted providers | \$0 to start | Appointments within 1 day

Get Started

[Activate Demo](#)

Why Whole You, powered by Spring Health, your Employee Assistance Program?



The State of California and Spring Health have
partnered to make getting support as easy as possible

You don't need to be in crisis to reach out

You're not alone means you don't have to navigate
difficulty alone

Spring Health Questions

Q: Will The State of California know about my care?

A: No.

Q: Other than therapy/coaching, what other benefits does Spring Health offer?

A: Moments. Work-life. Etc.

Q: What should I do if I find all of this overwhelming?

A: Connect with a Care Navigator who can answer questions, provide explanations and give guidance on your journey



Whole You, powered by Spring Health Eligibility and What's Included

Whole You, powered by Spring Health is available to The State of California employees and their eligible dependents.

Therapy

Each member gets 28, 12 or three free therapy sessions per year. The number of therapy sessions is based on your bargaining unit. Refer to the eligibility table on your member website, <https://www.eap.calhr.ca.gov> for details.

Coaching

Each member (age 13+) gets free coaching sessions per year.

Work-Life Resources

Resources and expert consultations are free. Specialized services or referrals may be subject to fees.

Wellness Exercises

Access to Moments digital wellness exercises is free and unlimited.

Substance Use Support

Each member (age 18+) can get free guidance from a specialized Care Navigator. Treatment costs vary based on your health plan.

Care Guidance

Support from a Care Navigator is free and optional at any point.



**Start your mental health journey at
eap.calhr.ca.gov**

More questions?

Visit: springhealth.com/support

Call: 1-855-629-0554



Scan to activate
your account

Spring Health
Thank you

Spring Health 



Grokker®

State of CA: Benefits Summit Carrier

2026





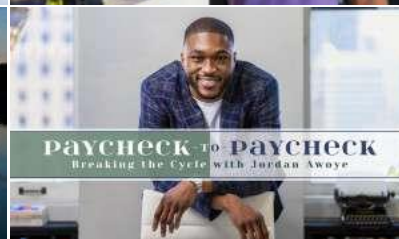
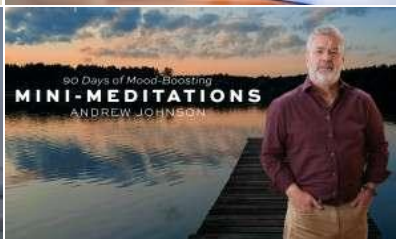
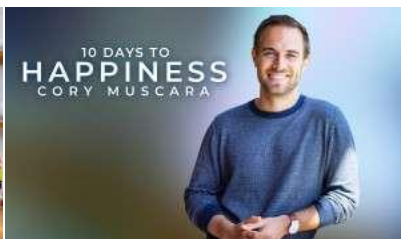
Grokker transforms
employee physical,
mental, and financial well-
being globally

Grokker®

grok/gräk/, verb

To drink or soak in knowledge such
that you are transformed by it.

0+ Programs: **Fitness • Nutrition • Financial • Sleep • Mindfulness**
(Content is available in 21 different languages)



Neck & Back Relief Stretch

By Dr. Kevin Fong, Doctor of Physical Therapy



DR. KEVIN FONG
PHYSICAL THERAPIST

Grokker

Personalized Wellbeing: Meeting Employees Where They Are

- **Total Customization:** Employees choose their own path across Fitness, Mindfulness, Sleep, Financial Wellbeing and Nutrition—all disciplines carry equal weight and value on the platform.
- **Inclusive Definition of Health:** By rewarding meditation and nutrition alongside HIIT, Grokker engages your *entire* workforce, not just the "fitness-focused" demographic.
- **Capture Every Effort:** Seamlessly syncs with external wearables and fitness apps so employees get credit for the workouts they are already doing.
- **Flexible Self-Reporting:** Validates that wellbeing happens everywhere—users can log activities like gardening, preventative doctor visits, or restorative hobbies.
- **Low Barrier to Entry:** When employees define what "wellbeing" means to them, participation rates soar and burnout risk drops.



The State of California's Employee Wellness Program is now called Live Well, powered by Grokker. Live Well will use Grokker's online platform to offer wellbeing content, tools and resources for state employees, expanding access to include dependents.

What is the cost? Zero. Zilch. Nada. Grokker is available to eligible State of CA employees and their dependents at no cost to you.

How Do You Access Grokker?

Grokker is available on the web as well as through your mobile device and tablet through the iOS or Android app. You may also enjoy Grokker videos on your TV through Apple TV, Amazon Fire Stick, Google Chromecast or Roku.

Visit calhrwellness.com or scan the QR code now!

What You'll Need to Create Your Account:

- Last Name
- Home Zip Code
- DOB (MM/DD/YYYY)
- Make sure you know your UEID (which may be found via your **Cal Connect account**)
- State-issued or personal email address

If you are new to Grokker:

Validate Eligibility



Department Wellness Coordinators: Your Essential Link to Employee Wellbeing

The DWC (Department Wellness Coordinator) is the "Last Mile" of Employee Wellbeing. While CalHR sets the strategy and provides the platform, your department's DWC helps put that platform directly into your employees' hands. Without this role, even the best benefits remain **"ghost benefits"**—unseen, unused, and unable to support your team's health and retention.

- **Bridging the Communication Gap:** CalHR provides the Grokker platform, but they do not have access to your employees' email addresses. Direct departmental outreach is the **only** way to reach your staff.
- **Eliminating the "Ghost Benefit":** Without a dedicated Dept Wellness Coordinator to champion the platform, many employees remain completely unaware that this high-value, free benefit exists.
- **The "Last Mile" of Promotion:** You have a world-class resource at your fingertips, but it requires a local voice to move it from a "statewide initiative" to a "departmental priority."
- **Creating Awareness:** Your DWC ensures that the department isn't just offering a benefit, but actually seeing the results in reduced burnout, improved morale, and higher retention.
- **Closing the 50% Gap:** Currently, half of state departments lack a designated DWC. Appointing one is the most effective way to ensure your department stays apprised of all upcoming programs, promotions, challenges, etc..

Grokker



LIVE WELL

Any Questions about Grokker?



Debbie Coldiron
Senior Client Success Manager,
Grokker
dcoldiron@grokker.com



Danielle Hatcher
Statewide Engagement
Program Manager, Live Well
danielle.hatcher@calhr.ca.gov

Thank you!

Empower your team to a brighter financial future with Savings Plus



Who is eligible to enroll in Savings Plus?

You are eligible if you:



Are currently employed by the State of California or the California State University system, and you are eligible for membership in CalPERS, the Legislators' Retirement System or the Judges' Retirement System



Separated from state or CSU system employment and returned to service as a "rehired annuitant" or "retired annuitant"



Are an active participant in the Part-time, Seasonal, and Temporary (PST) Employee Retirement Program

How to enroll in Savings Plus



Scan the QR code or go to SavingsPlusNow.com

Establish online access to your account

Provide certain personal and job-related information

Decide on plan type, contribution amount and investment options

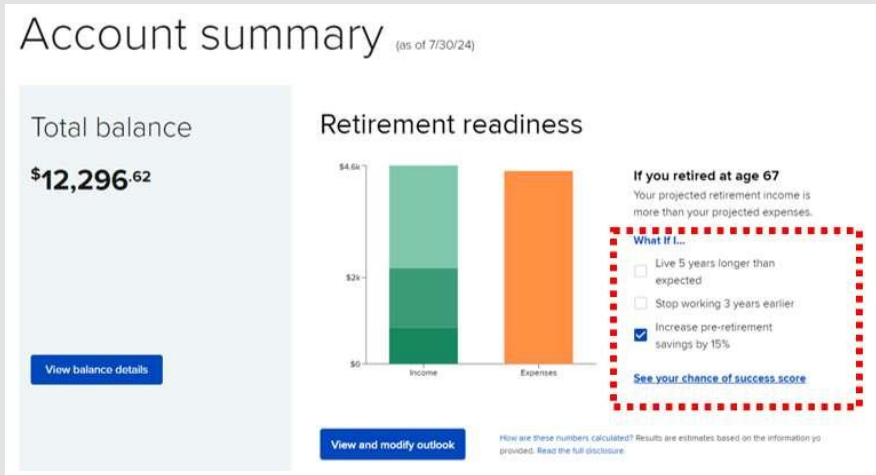
That's it!

Get to know My Income and Retirement Planner

This powerful resource can help you:

- Formulate retirement goals
- Identify potential retirement income sources
- Create a Retirement Readiness Report

There's no charge to use MIRP. Find it on the Savings Plus website's home page.



My Income & Retirement Planner is a hypothetical compounding example and is not intended to predict or project investment results of any specific investment. Investment return is not guaranteed and will vary depending upon your investments and market experience. Assumptions do not include fees and expenses. If fees were reflected, the return would be less. My Income & Retirement Planner is a service mark of Nationwide Mutual Insurance Company. © 2025 Nationwide

Invite Savings Plus to your workplace

Presentations



Dynamic presentation(s)
customized to align with
audience's interest

One on one appts



Personalized 15-minute
breaktime sessions to get
expert guidance tailored to
your financial goals

Resource Hub



Interactive resource table
providing free tools and
resources, person-to-
person support, and
giveaways

Want to collaborate: SPPOutreach@calhr.ca.gov

Leader Connect

The State Leader hub for Savings Plus resources and support

- One centralized hub built exclusively for State Leaders
- Direct access to Savings Plus resources, tools, and expertise
- A single place to connect, lead, and support your teams



Your Partner in Supporting State Employees



Equip leaders with the resources to support their teams



Simplify access to Savings Plus education, tools, and guidance



Enable coordination of onsite services and leader support



CalHR Benefit Resources

Benefit Resources

Title	Description	Link
State HR Professionals Webpage	You can access the Benefits Administration Manual, Benefits Program Information, OE resources and more. Password: 2021StateHRP	https://benefits.calhr.ca.gov/state-hr-professionals/
Benefits Administration Manual (BAM)	An online resource that provides benefits program information and processes to state departmental personnel offices.	https://benefits.calhr.ca.gov/state-hr-professionals/benefits-administration-manual/
HR Toolkit	A guide to help you confidently assist employees with their benefit questions	https://benefits.calhr.ca.gov/state-hr-professionals/state-hr-professionals-toolkit/
Open Enrollment Fair Toolkit	A guide to help you confidently plan, invite partners and host your own in-person fair	https://benefits.calhr.ca.gov/state-hr-professionals/oe-fair-toolkit/
Event Request Intake Form via CalHR Request Tracking System (RTS)	Use this to request support from CalHR for your upcoming event	https://eservices.calhr.ca.gov/enterprisehrblazorpublic/Public/ProcessTracking/RequestSearch

Benefit Resources (Cont.)

Title	Description	Link
Open Enrollment Webpage	The main hub for state employees regarding all things OE.	https://benefits.calhr.ca.gov/open-enrollment/
Open Enrollment Benefits Fairs	Provides details for all OE events available to state employees. You can also find information about the carriers that provide benefits to state employees.	https://benefits.calhr.ca.gov/open-enrollment/benefits-fairs/
Retiree Open Enrollment Resources	The main hub for state retirees regarding all things OE.	https://benefits.calhr.ca.gov/state-retirees/open-enrollment-resources/
Virtual Library	A collective library that houses benefit carrier materials.	https://benefits.calhr.ca.gov/open-enrollment/virtual-library/
Benefits Calculator	A tool that helps you make informed financial decisions about your health, dental and vision benefits by comparing benefit options, calculating premiums for different benefit plans and viewing contribution rates based on your bargaining unit.	https://benefits.calhr.ca.gov/calhr-benefits-calculator/

Forms and Contacts

Forms
Health Benefit Plan Enrollment for Active Employees – HBD-12
Dental Plan Enrollment Authorization – STD-692
Vision Plan Enrollment Authorization – STD-700
Supplemental Life Enrollment Form
Group Legal Enrollment Form
LTD Enrollment Form
LTD Active Military Enrollment Form
LTD Direct Pay Enrollment Form

CalHR Contacts
Open Enrollment: OpenEnrollment@calhr.ca.gov
General Benefits: BenefitsInquiries@calhr.ca.gov
Statewide Engagement Program: StatewideEngagement@calhr.ca.gov
Dental Program: Dental@calhr.ca.gov
Vision Program: Vision@calhr.ca.gov
FlexElect Program: FlexElect@calhr.ca.gov
CoBen Program: CoBen@calhr.ca.gov
Life Insurance: LifeInsurance@calhr.ca.gov
Group Legal: GroupLegal@calhr.ca.gov
Long-Term Disability: LTD@calhr.ca.gov

Final Remarks

For additional questions regarding benefits or Open Enrollment, contact

OpenEnrollment@calhr.ca.gov

Thank you for attending the Benefits Summit today! We value your feedback and invite you to complete a brief survey to help us evaluate the effectiveness of the event.

Your feedback will guide future Benefits Summit enhancements to better support HR professionals and the departments you serve. Thank you!



End of Benefits Summit

