The City of SAN DIEGO

2027

OPEN ENROLLMENT GUIDE

Open Enrollment is Oct. 22 - Nov. 18, 2026



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Open Enrollment Overview

Open Enrollment:
Oct. 22 - Nov. 18, 2026

Last Date for Changes:
Nov. 18, 2026
at 11:59 PM PT

Documentation Deadline:
Dec. 18, 2026

Benefit Changes Take Effect:
Jan. 1, 2027

Your Detailed Enrollment Checklist

- ○ Review your options in this **Benefits Guide** or on the **Employee Benefits website**.
- ○ Review your dependent information and eligibility rules *(see pages 11-15)* to verify current dependents, add new dependents, or remove ineligible dependents. Be sure to gather new dependent verification documents and Social Security numbers.
- ○ Make your 2027 enrollment elections. To enroll, go to **CityNet**, access the SAP Portal *(from the Quick Links menu)* and select the 2027 Plan Year Open Enrollment tile. Follow the application steps to submit your enrollment elections.
- ○ Submit dependent verification documents *(birth certificate, marriage certificate, etc.)* for new dependents to **benefits@sandiego.gov**. *(Refer to page 11)*
- ○ Review this Benefit's Enrollment Guide to understand plan rules and successfully manage your benefits over time.

IMPORTANT: *If you do not make any changes during Open Enrollment, all your current health plan and life insurance elections will rollover into the next plan year, except for the Flexible Spending Accounts. If you want to enroll in the FSA, you must make a new election during each year's Open Enrollment window.*

What's New for Plan Year 2027

Health Insurance

All medical, dental, and vision insurance carriers will remain the same for the 2027 plan year. However, the semi-monthly premium costs of your health plans may have changed. New 2027 health plan premiums will be reflected in your December 18, 2026 paycheck, which pays for January 2027 coverage.

FBP Credits: Review Your 2027 Costs

Flexible Benefit Plan (FBP) credit allotments have changed for select bargaining units and medical dependent coverage tiers. During Open Enrollment, be sure to review your personalized FBP credits and health plan costs in the benefits enrollment portal.

Increased Health FSA Limit

The Health FSA (DMV FSA) maximum annual contribution is increasing from $3,300 to $3,400 for eligible pre-tax healthcare expenses. If you wish to participate in the 2027 FSA, you must actively enroll during the City's Open Enrollment period. FSA elections from 2026 do not carryover into 2027.

Expanded Supplemental Life Insurance Coverage Options

New for 2027, expanded supplemental life insurance options provide additional coverage choices to help support you and your family's financial security.

- **Higher Maximum Employee Supplemental Coverage:** Increased from $500,000 to $1 million, in $50,000 increments.
- **Increased Guaranteed Issue Amount (GIA):** The GIA for Employee coverage rises from $250,000 to $350,000. During open enrollment no evidence of insurability is required for a new $25,000 election or one-tier increase, up to $350,000 for employee coverage and $50,000 for spouse coverage.
- **New Child Life Option:** $20,000 coverage option now available.

About Open Enrollment

Looking ahead, here are the top three things you should know about the City's annual Open Enrollment.

1. Open Enrollment takes place Oct. 22 - Nov. 18, 2026, and is your only opportunity to make coverage elections for yourself and your dependents for the following plan year *(unless you experience a* ***qualifying life event*** *change)*.
2. Generally, your current benefit elections will automatically roll over to the following year, unless you make a change during Open Enrollment. Enrollment in the Dependent Child/Care Reimbursement Account (DCC) and/or the Dental/Medical/Vision (DMV) Healthcare Flexible Spending Account does not automatically roll over – if you wish to participate in one of these accounts, you will need to elect to do so during Open Enrollment.
3. Some Open Enrollment election actions require you to submit supporting documentation to complete the enrollment. A common example is enrolling a new dependent in coverage.

The benefit elections you make during Open Enrollment will be effective Jan. 1, 2027, and will remain in effect through Dec. 31, 2027.

Making Mid-Year Changes

You cannot change your choices during the plan year unless you experience a qualifying life event. Common qualifying life events include:

- Marriage or divorce
- Birth or adoption of a child
- Loss or gain of coverage

(See pages 75-79 for more information on Qualifying Life Events)

When Are Premiums Paid?

City employees pre-pay for their health insurance coverage. This means that deductions withheld in one month, pay for the following month's coverage.

Example: Premiums deducted from the two pay periods ending in December, pay for insurance coverage for January.

ID Cards

If you elect a new medical or dental plan for 2027, you can expect to receive your 2027 medical and/or dental ID card at the end of December 2026 *(note: Cigna ID cards are virtual only, see page 40 for instructions on accessing your virtual ID online)*. If you are not making changes to your medical and/or dental plan for 2027, your existing ID cards will still be valid and you will not be receiving new ID cards for 2027. For MEA VSP vision plan, ID cards are not provided. When you go in for your eye exam, your doctor's office will be able to access your benefit information. For EyeMed vision, all newly enrolled employees for 2027 will receive an ID card, although you don't have to bring it with you when you visit your eye doctor.







Employee Benefits Overview

The following table provides a general overview of all the benefits available to you as a City of San Diego employee.

	Benefit Options	Provider	Cost
Flexible Benefit Plan (FBP) Credits	The City provides dollars in the form of FBP Credits that you can apply towards your health *(medical, dental, vision)* or basic life insurance premiums and Flexible Spending Accounts. The FBP credit allotment varies depending on your bargaining unit and medical dependent coverage level.	City	None
Medical	HMO Medical Plans PPO Medical Plan	• Kaiser • Cigna* • Sharp* • Anthem Blue Cross* • ALADS California Care* *(*Eligibility based on bargaining unit)*	FBP Credits are applied towards the premium cost. Employees must only pay amounts above the allocated FBP credit.
Dental	HMO Dental Plans PPO Dental Plans	• Delta Dental* • MetLife* *(*Dental provider based on bargaining unit)*	FBP Credits are applied towards the premium cost. Employees must only pay amounts above the allocated FBP credit.
Vision	Vision plans provide coverage for eye exams, lenses, frames, contacts, and more.	• EyeMed* • MEA VSP* *(*Eligibility based on bargaining unit)*	FBP Credits are applied towards the premium cost. Employees must only pay amounts above the allocated FBP credit.
Basic Life Insurance	Life Insurance Coverage *(up to $50,000)*	The Hartford	FBP Credits are applied towards the premium cost. Employees must only pay amounts above the allocated FBP credit.
Supplemental Life Insurance	Life-Supplemental Coverage *(up to $500,000)*; Life-Spouse/Domestic Partner Coverage *(up to $500,000)* Life-Child Coverage *(up to $10,000)*	The Hartford	Cost varies based on coverage level elected and is calculated by age.
Flexible Spending Accounts	Dental/Medical/Vision Flexible Spending Account (DMV FSA) Dependent/Child Care Flexible Spending Account (DCC FSA)	Health Equity/WageWorks	You elect voluntary contributions up to an annual maximum limit. FBP Credits can be used towards your semi-monthly contributions.

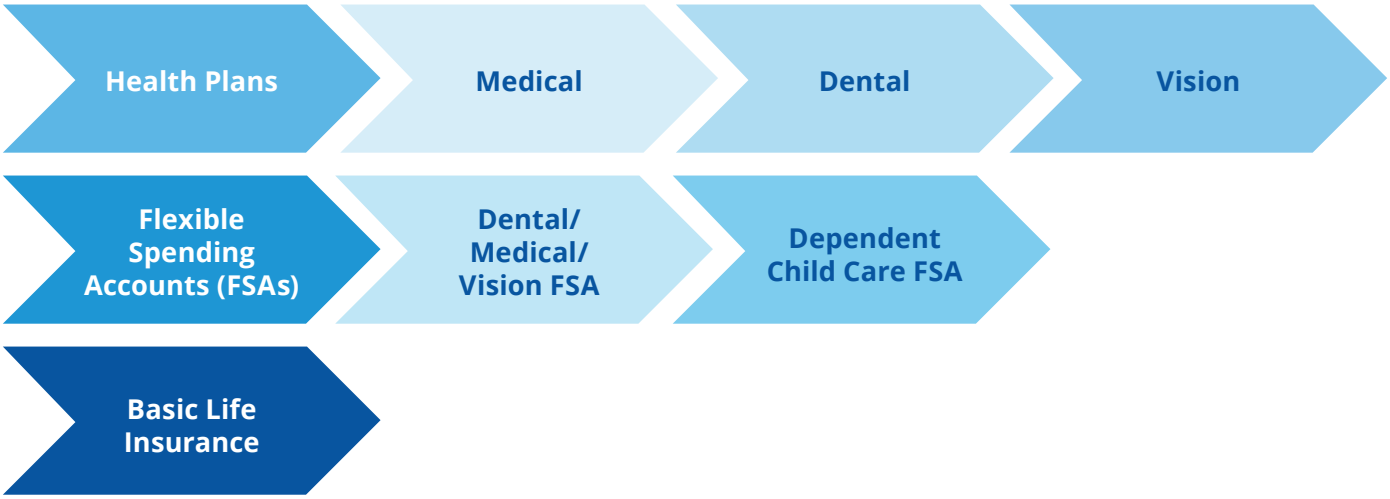
The Flexible Benefits Plan (FBP)



Highlights

- The City's Flexible Benefits Plan (FBP) provides eligible employees with the option to choose the benefits they want or need from a package of programs. The programs include medical, dental and vision insurance, as well as Flexible Spending Accounts (FSA) and basic life insurance.
- Eligible employees will receive a semi-monthly allowance, referred to as FBP credits that goes towards the payment of these elected plans.
- Your eligibility for the benefits and FBP credits is reviewed each pay period *(semi-monthly)*. Employees must have a minimum of 40 hours of FBP credit eligible time to receive the City FBP credits. Some leaves may impact eligibility for benefits and FBP credits *(pages 16-25).*
- You can enroll eligible dependents to your health plans. Review your dependents and verify that each dependent enrolled meets the City of San Diego eligibility criteria. Documentation is required to verify any newly enrolled dependents. If you do not provide the required documentation *(see table on page 11)* as verification of dependent status, your dependent will be ineligible and removed from coverage.
- Ineligible dependents cannot be enrolled in your health plans. Additionally, eligible dependents may turn into ineligible dependents when certain life events occur. In these cases, ineligible dependents must be removed from coverage *(see page 12).*

The City of San Diego offers an IRS-qualified 125 cafeteria-style benefits program to all eligible employees. Eligible employees may choose the flexible benefits they want or need from a package of programs. The City provides dollars in the form of FBP Credits that are applied towards the payment of your health *(medical, dental, vision)* premiums, basic life insurance premiums, and Flexible Spending Accounts.



Flexible Benefit Plan (FBP) Eligibility

Eligible Employee

An "eligible employee" means any "active" employee in a standard-hour, permanent, one-half, three-quarter or full-time status. Employees in non-standard hour positions, or whom are in an "inactive" status due to certain types of leaves of absence, are not eligible to participate in the Flexible Benefit Plan (FBP).

Eligibility Date

"Eligibility Date" means the date the employee becomes eligible for benefits, which is the later of the first day of the first pay period in which the employee works at least 40 hours as an eligible employee or the date the employee becomes an eligible employee.

When do my benefits start?

- All newly eligible employees *(new hires, rehires, or any job/class change that results in becoming newly eligible for benefits)* will have the option to start benefits the first of the month following the eligibility date, or can elect to delay coverage by one month.
- Open Enrollment elections for current employees are effective Jan. 1 of the following year.
- For employees who return to work following a leave of absence that resulted in a loss of coverage, benefits will start the first of the month following the return-to-work date.

FBP Credit Eligible Time

Your eligibility to receive the City's FBP credits for your benefits is evaluated each pay period *(semi-monthly)*. Employees must have a minimum of 40 hours of FBP credit eligible time to receive FBP credits. FBP credit eligible time includes any combination of:

- Compensated time *(working time)*, annual leave, discretionary leave, holiday, floating holiday, furlough, bereavement leave, parental leave, long-term disability, industrial leave, management leave and any other leave that is considered compensated leave, and/or
- Job-protected leaves: Family Medical Leave Act (FMLA), Pregnancy Disability Leave (PDL), California Family Rights Act (CFRA).

Missed Benefit Premium Deductions

If you do not have sufficient compensated hours and/or job protected leave hours in any given pay period, you will be required to pay the full premium cost for your benefits to continue, and a direct bill for any outstanding benefit cost will be sent to you by the Employee Benefits office. Other situations, including benefit termination, may apply. *(See pages 72-74 for more information.)* The amount of premium you are responsible for depends on three factors:

1. The specific health plan that you are enrolled in.
2. The coverage level that you are enrolled in *(the number of dependents* you cover, if any)*.
3. The FBP credits that the City provides to you, which is determined by:
   - Your hire date.
   - Your bargaining unit.
   - The level of Medical coverage in which you enroll.

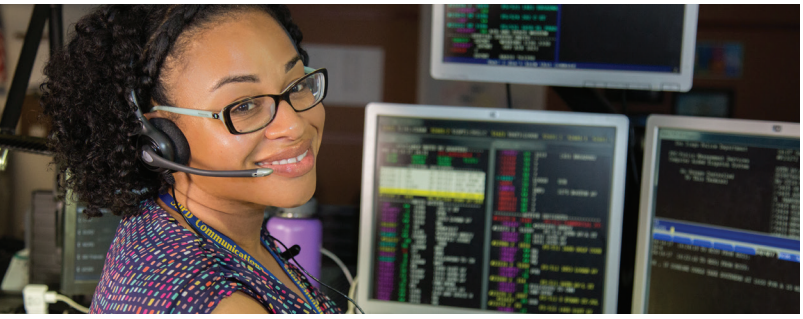
** Eligibility of dependents is subject to the City of San Diego's Flexible Benefit program rules. See page 11 for more information on dependent eligibility. Domestic partnerships are not recognized under federal tax law, and enrollment of domestic partner dependents may result in different taxable income treatment of the employee. See pages 14-15 for more information on domestic partner taxable income treatment.*













Utilizing the FBP Credits

FBP credits are provided on a semi-monthly basis *(24 pay periods in a plan year)*. Your semi-monthly FBP credit is used to pay the semi-monthly costs of your selected plans. Your FBP credit will appear on your paycheck as wages, with the associated costs of your plans displayed as a pre-tax deduction. However, special taxation rules may apply for domestic partners *(see pages 14-15)*.

Health Plans

Health Plans is an all-encompassing term meaning any Medical, Dental and Vision benefits. Health Plans, unless you're waiving medical, will consume the largest portion of your available credits. Keep in mind, a medical election, including if you are waiving, is mandatory. Dental and Vision plans are optional. If you plan to enroll into a City health plan some important things to consider are whether the plan is HMO vs. PPO, the location of facilities near your residence and the associated costs of copays, deductibles and prescriptions.

401(k) Flex

Depending on your most recent hire date and medical dependent coverage level, you may be eligible to defer your excess FBP credits to the City's 401(k) plan, referred to as 401(k) Flex contributions. Employees eligible for the 401(k) Flex option will have the option displayed on their benefits enrollment portal.

Cash-out

Depending on your most recent hire date and medical dependent coverage level, you may be eligible to cash-out your remaining excess FBP credits as taxable income. Employees who are eligible for this option, do not need to make any specific election in the benefits enrollment portal. The system will automatically cash the excess to you on your paycheck.

Basic Life Insurance

Basic life insurance is a mandatory plan election, even if you already have outside coverage. Depending on your bargaining unit, you may have the option for different levels of basic life insurance tiers, all with a maximum coverage of $50,000 for the employee. FBP credits cannot be used to purchase supplemental life insurance coverage. However, supplemental life insurance for employees and their dependents is available as an independent payroll deduction.

Flexible Spending Accounts (FSA)

Flexible Spending Accounts, or FSA's, are a "Use or Lose" benefit for Dental/Medical/Vision (DMV) or Dependent Child Care (DCC) reimbursement. These benefits are an effective means to use remaining FBP credit for various eligible expenses incurred during the City's fiscal year. Both FSA account options have pretax contribution limits. These spending accounts are for services used, cannot be cashed out and will expire if unused during the IRS allowable timeframe. Unused, expired funds will be forfeited per IRS regulations.

NOTE: *The City's payroll schedule runs bi-weekly (26 pay periods in a year). FBP credits and premium payments are on a semi-monthly schedule (24 pay periods). This means that there are two pay periods every year where there are no FBP credits and premium payments.*

Eligible Dependents

If you are eligible for the Flexible Benefits Plan, you can enroll yourself and your eligible family members *(your eligible dependents)*. Before adding a dependent to your health plan(s), review the table below to ensure your dependent(s) meet the eligibility criteria *(additional rules apply if your dependents are also City employees, see page 13)*. Dependents should be reviewed regularly to ensure that they continue to meet the eligibility criteria. Coverage for your enrolled dependents must be dropped within 30 days from the date they no longer meet the eligibility requirements. See pages 77-81 for the Qualifying Life Event process for dependents who no longer meet the eligibility requirements.

Your dependents are eligible if they meet the criteria listed in the table below and you have provided the required documentation to confirm your dependents *(e.g., birth certificate, marriage certificate, etc.)*. Required documentation must be provided within 30 days of the election window closing.

Dependent Type	Age	Eligibility Definition	Documents Required for Verifying Eligibility
Spouse	N/A	Person to whom you are legally married	Marriage Certificate
Domestic Partner	18+	Meets the City of San Diego's domestic partner eligibility requirements. See pages 14-15.	Provide both item's #1 and #2: 1. The City of San Diego **Health Plan Certification of Federal Tax Dependent Status form**, and; 2. Proof of Domestic Partnership (provide one of the following): If your domestic partnership is registered with the State of California, submit a copy of the Declaration of Domestic Partnership filed with the California Secretary of State; If your domestic partnership is not registered with the State of California, submit a completed City of San Diego **Affidavit of Domestic Partnership**.
Biological Child	Up to age 26*	Employee's child(ren) under the age of 26	Child's Birth Certificate, Hospital Verification Letter or court document that verifies your relation to the child
Stepchild	Up to age 26*	Spouse's child(ren) under the age of 26	Child's Birth Certificate, Hospital Verification Letter or court document that verifies your spouse as parent. ***Note:*** These are documents required in addition to the Marriage Certificate for the spouse.
Adopted Child, Foster Child or Child placed for adoption	Up to age 26*	Child under age 26 that was legally adopted by the employee, a foster child or child placed for adoption with employee	Child's Birth Certificate and court documentation
Child of a Domestic Partner	Up to age 26*	Child of employee's domestic partner under the age of 26	Child's Birth Certificate, Child's Hospital Verification Letter or court document that verifies your Domestic Partner as child's parent. ***Note:*** These are documents required in addition to those required for the Domestic Partner.
Disabled Child	N/A	Disabled child over the age of 26 who is dependent on you for support and was disabled before age 26. To be eligible, your child must remain unmarried, dependent on you for financial support and disabled as determined by your health plan. See page 13 for more information.	**1.** Birth certificate or Hospital Verification Letter, and; **2.** Social Security Disability Award Letter, Disability certification package or Disability application from your health plan completed by your child's doctor and returned to your health plan for approval each year or as requested by the insurance company.
Child under a Legal Guardianship	Up to age 26*	Child/Grandchild *(unmarried)* up to age 26, if you show proof of legal custody	**1.** Child's Birth Certificate or Hospital Verification Letter and; **2.** Court documentation

**Eligibility continues up to the end of the month in which your dependent turns age 26.*

Ineligible Dependents

Common examples of individuals who are considered ineligible dependents:

- Your spouse following a divorce.
- Your child over the age of 26, unless they meet the disabled child definition *(see eligible dependents, page 11).*
- Someone else's child *(such as your nieces or nephews)*, unless you have been awarded legal custody or guardianship *(see eligible dependents, page 11).*
- Your parents, parents-in-law, or grandparents, regardless of their IRS dependent status.

When Eligible Dependents become Ineligible Dependents

The following table provides common examples of when an eligible dependent may turn into an ineligible dependent.

Dependent Type	What Is an Eligible Termination Life Event	When Coverage Can Terminate	Documents* Required for Verifying Termination *(must be submitted within 30 days of Termination Event)*
Ex-Spouse	A final Divorce	The first of the month following the date you report, as long as the report date is on or after the event date.	Signed divorce judgment
	Note: Your divorce must be finalized in order to qualify as a termination life event; a divorce event will also terminate coverage of any covered stepchild.		
Domestic Partner	Separating from your partner *(terminating your domestic partnership)*	The first of the month following the date you report, as long as the report date is on or after the event date.	• City of San Diego **Termination of Domestic Partnership** • Marriage Certificate
Child	Turning age 26	Coverage will terminate in the end of the month in which your child turns 26. The City of San Diego monitors your dependent's age and will automatically remove the child from coverage. You will be notified at this time.	None

Employees who enroll dependents in violation of the rules in this section, or as otherwise listed in this guide, are considered to be making an improper use of their benefits. The Employee Benefits office will have authority to take corrective action to any employee's coverage, or the employee's applicable dependent coverage, if the employee is found to have made an improper use of benefits.

Dependent Coverage Rules for Special Situations

Disabled Child Over Age 26

You can continue coverage for a disabled child aged 26 or older who depends on you for support, if that child was disabled before age 26. To be eligible, your child must remain unmarried, dependent on you for financial support and disabled as determined by your medical plan.

To add a disabled dependent to health coverage, the Employee Benefits Office must receive verification that your dependent is disabled. You can submit a Social Security Disability Award Letter. If you do not have a Social Security Disability Award Letter, then you must request the required disability application from your medical plan; ask your dependent's primary care physician to complete it, and then return it to your medical plan for review. Once approved, a copy of the completed disability application must be submitted to the Employee Benefits Office.

Family Members Who Are Also City Employees

Family members who are also City employees are not permitted to be dually covered within the City of San Diego benefits, meaning any City employee is not permitted to be simultaneously covered as both an employee and a dependent under City medical, dental, vision and life insurance plans.

If you are married or domestic partners with another eligible City Employee *(with or without children)*:

- Medical, Dental and Vision coverage: You cannot enroll as both an employee and as a dependent of your spouse/domestic partner. If your spouse/domestic partner chooses family coverage, you must waive coverage and you can be covered as a dependent of your spouse/domestic partner. Only one spouse/domestic partner can cover dependent children.
- Life Insurance coverage: If you and your spouse/domestic partner both work for the City, only one supplemental life insurance plan can be purchased per employee. A child(ren) may only be covered by one employee.

Two Eligible City of San Diego Employees Have Dependent Children Together:

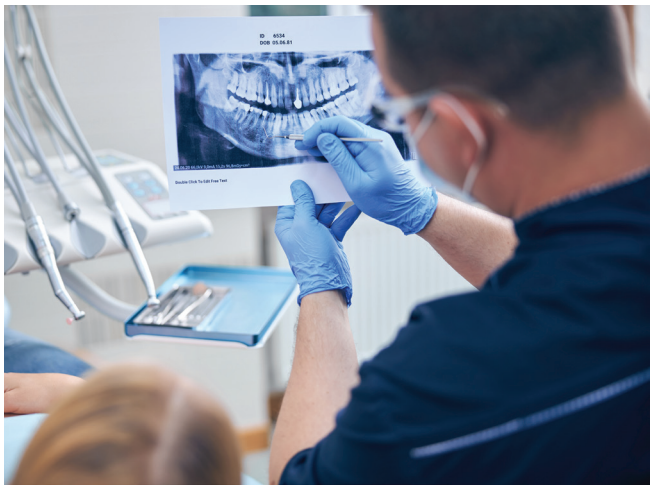
If you have dependent children with another City employee, regardless of if the other employee is your current spouse/domestic partner, or not:

- Medical, Dental and Vision coverage: Only one parent can purchase coverage for your dependent child(ren).
- Life Insurance coverage: Only one parent can purchase child life insurance for your child(ren).

Children Who Are City Employees:

Children who are also benefit-eligible employees of the City cannot be covered as both employees and as dependents under their City employee parents. However, they may be beneficiaries of life insurance.











Domestic Partnership

The Employee Benefits Office administers the registration process for domestic partners enrolled in the Flexible Benefits Plan.

Domestic partners of City employees and domestic partners' children are eligible dependents of the Flexible Benefits Plan, given that proper documentation is provided in a timely manner. A domestic partner can be added to your health plans during your New Hire window or Open Enrollment. The IRS does not recognize a new domestic partner as a Qualifying Life Event, therefore you are prohibited from adding a new domestic partner mid-year.

What is a Domestic Partner

A domestic partner must meet all the following requirements:

1. Shares the same regular and permanent residence.
2. Is jointly responsible for "basic living expenses" as defined below.
3. Is not married to anyone and is eighteen (18) years of age or older.
4. Is not related by blood to the degree that the State of California would bar marriage, and
5. Is the sole domestic partner and both partners are responsible for each other's common welfare.

"Basic living expenses" means the cost of basic food, shelter and any other expenses of a domestic partner which are paid at least in part by a program or benefit for which the partner qualified because of the domestic partnership. The individuals need not contribute equally or jointly to the cost of these expenses as long as they agree that both are responsible for the cost.

Two Types of Domestic Partners

If enrolling a domestic partner, you must indicate whether they qualify as a federal tax dependent under IRS guidelines.

1. Tax-Dependent Domestic Partner: a domestic partner that qualifies as your federal tax dependent for health coverage purposes in the current tax year under IRS guidelines.
    - If your domestic partner is a tax-dependent the entire cost of your health care premium(s) will be deducted from your paycheck on a pre-tax basis.
2. Non-Tax Dependent Domestic Partner: a domestic partner that does not qualify as your federal tax dependent for health coverage purposes in the current tax year under IRS guidelines.
    - If your domestic partner is not a tax-dependent, a portion of your healthcare premium cost will be deducted from your paycheck on an after-tax basis. For a breakdown of the pre/post tax premiums costs, view the **2027 FBP website**.

Dependent Verification for Domestic Partners

One of the following two documents must be submitted:

- If your domestic partnership is not registered with the state of California, submit a completed City of San Diego **Affidavit of Domestic Partnership**.
- If your domestic partnership is registered with the state of California, submit a copy of the Declaration of Domestic Partnership filed with the California Secretary of State.

In addition, you must submit the following:

- The **City of San Diego Health Plan Certification of Federal Tax Dependent Status form** is required for each individual enrolled as your domestic partner, and child(ren) of your domestic partner.

Marrying your Domestic Partner

If you marry the domestic partner, you must report the marriage as soon as possible in order to remove the state income tax liability associated with covering your domestic partner and/or your domestic partner's eligible dependents under your benefits.

Separating from your Domestic Partners

If your domestic partnership ends as a result of separation, you must submit a **Termination of Domestic Partnership form**. As a result, your domestic partner will be removed from your health plan coverage.



For Questions:

- Contact the Employee Benefits Office at **619-236-5924, option 1**.
- Email Employee Benefits at **benefits@sandiego.gov**.



2027 City FBP Credits

Highlights

- The City provides dollars in the form of Flexible Benefit Plan (FBP) credits to help pay for health plan premiums, basic life insurance premiums, and flexible spending accounts. Your FBP credit amount is dependent upon three things: your bargaining unit, your most recent hire date and whether you are covering dependents on your medical plan.
- Review the FBP Credit Table for your union to find out your FBP credit amount. Pay attention to the notes section of the FBP credit table to understand how those credits can be applied *(Pages 17-25).*

The FBP credits help offset the cost of your elected benefit plans. Depending on the benefit options you choose, you may not have enough FBP credits to cover the cost or you may have more than enough FBP credits.

- ***If the total cost of your health plan options exceeds your allocated FBP credits***, the excess cost will count as a pretax deduction on your paycheck *(note: a portion of the excess cost may come out as an after-tax deduction if you have a domestic partner that is enrolled and they are not a qualified tax dependent)*.
- ***If the total cost of your health plan options is less than your allocated FBP credits,*** the excess credits may or may not be forfeited. Depending on your most recent hire date and medical dependent coverage level, employees may have the option to allocate any excess credits to the 401k plan, referred to as 401k Flex contributions or to cash out the remaining amount as taxable income. If these options are not available to you, the excess FBP credit amount will be forfeited. See notes section of your applicable FBP credit table for more information on your options *(pages 19-25).*

Math is fun! But let's save that for the FBP Calculator Tool...

The Online Benefits Enrollment Portal has a helpful "FBP Calculator" that does all the math for you. Once you begin your enrollment and you select your medical plan option, the calculator will automatically populate your semi-monthly FBP credit. As you go through the portal and make your elections, the cost of your selected plans is subtracted from your FBP credit, allowing you to see, in real time, the utilization of your FBP credit.
(See pages 62-69 for screenshots and further online guidance).

Determining Your FBP Credit Allotment

Your FBP Credit amount is dependent upon three things; your bargaining unit, your most recent hire date and whether you are covering dependents on your medical plan.

Your Bargaining Unit

The City of San Diego has six recognized employee organizations *(unions)* that represent employees and negotiate various aspects of your job, including employee benefits. Throughout this guide, it will be noted where benefits may differ depending on your representation. Each bargaining unit negotiates the amount of FBP credits available to its members.

San Diego Municipal Employees Association (MEA)

Represents employees in the administrative and field support, technical, professional, and supervisory positions.

San Diego Police Officers Association (POA)

Represents police safety officers and recruits.

International Association of Firefighters, Local 145 (Local 145)

Represents fire safety personnel and recruits.

American Federation of State, County and Municipal Employees Local 127 (Local 127)

Represents employees in the maintenance, labor, skilled trades, and equipment operator positions.

California Teamsters Local 986 (Local 986)

Represents Lifeguards.

Deputy City Attorneys Association (DCAA)

Represents eligible Deputy City Attorneys.

Unrepresented Employees

The remaining unrepresented employees consist of positions including management employees, confidential employees and elected officials and their staff.

Your Most Recent Hire Date

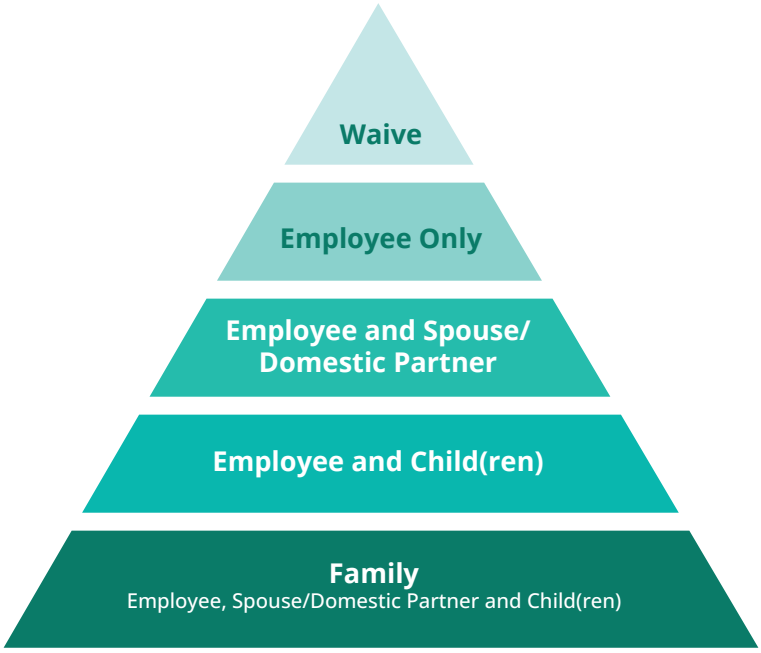
If you have not had any breaks in service, your most recent hire date is your original hire date. If you have had a break in service, your most recent hire date is your rehire date, not your original hire date.

Determining Your FBP Credit Allotment (Continued)

Medical Dependent Coverage Level

You have the option to add eligible dependents to any of your health plans. However, the only health plan election that will determine how much FBP credit allowance is provided is the medical plan option, no matter what is selected for dental or vision. Selecting a medical plan is mandatory, even if you are waiving medical coverage.

Making a medical plan election, even if you are waiving, is mandatory. Dental and vision plans are optional. Your medical plan dependent coverage level is what drives your FBP credit allotment.



Medical Plan	Dental Plan	Vision Plan
Mandatory	Optional	Optional

FBP Credits and Mid-Year Job/Union Changes

If you transfer or promote to a different job within the plan year, you may experience a change in your union. Since FBP credits vary from union to union, you may notice a change to your semi-monthly FBP credit amount as a result. A change in your union does not allow you the option to make new health plan elections, because a job change is not an IRS qualifying life event. You will only be allowed to elect a new health plan if the plan you were previously enrolled in is no longer an eligible plan under you new job/union. In this event, the Employee Benefits Office will contact you to go over your options.

2027 Calendar Year City FBP Credits

MEA (Municipal Employees Association)		
Medical Dependent Coverage Level	**Semi-monthly FBP Credit** *(24 pay periods)*	**Notes**
Most recent hire date prior to July 1, 2020		
Waive	**$487.71**	FBP credits may be used for dental, vision, basic life insurance, flexible spending accounts or 401k flex. Any remaining FBP credits may be cashed out as taxable income.
Employee Only	**$487.71**	FBP credits may be used for medical, dental and vision insurance, basic life insurance, flexible spending accounts or 401k flex. Any remaining FBP credits may be cashed out as taxable income.
Employee and Spouse/Domestic Partner	**$799.88**	FBP credits may be used for medical, dental, vision, basic life insurance, or flexible spending accounts only. Any remaining FBP credits may not be cashed out or allocated to 401k flex. Unused excess FBP credits *(if any)* will be forfeited.
Employee and Children	**$710.54**	
Family	**$1,070.58**	
Most recent hire date on or after July 1, 2020		
Waive	**$41.67**	FBP credits may be used for dental, vision, basic life insurance, flexible spending accounts or 401k flex. Any remaining FBP credits may be cashed out as taxable income. During enrollment, employees must certify they have qualifying medical coverage to receive the cash out option.
Employee Only	**$391.42**	FBP credits may be used for medical, dental, vision, basic life insurance or flexible spending accounts only. Any remaining FBP credits may not be cashed out or allocated to 401k flex. Unused excess FBP credits *(if any)* will be forfeited.
Employee and Spouse/Domestic Partner	**$799.88**	
Employee and Children	**$710.54**	
Family	**$1,070.58**	

2027 Calendar Year City FBP Credits

Local 986		
Medical Dependent Coverage Level	**Semi-monthly FBP Credit** *(24 pay periods)*	**Notes**
Most recent hire date prior to July 1, 2021		
Waive	**$560.88**	FBP credits may be used for dental, vision, basic life insurance, flexible spending accounts or 401k flex. Any remaining FBP credits may be cashed out as taxable income.
Employee Only	**$560.88**	FBP credits may be used for medical, dental and vision insurance, basic life insurance, flexible spending accounts or 401k flex. Any remaining FBP credits may be cashed out as taxable income.
Employee and Spouse/Domestic Partner	**$810.46**	FBP credits may be used for medical, dental, vision, basic life insurance or flexible spending accounts only. Any remaining FBP credits may not be cashed out or allocated to 401k flex. Unused excess FBP credits *(if any)* will be forfeited.
Employee and Children	**$719.71**	
Family	**$1,085.21**	
Most recent hire date on or after July 1, 2021		
Waive	**$41.67**	FBP credits may be used for dental, vision, basic life insurance, flexible spending accounts or 401k flex. Any remaining FBP credits may be cashed out as taxable income. During enrollment, employees must certify they have qualifying medical coverage to receive the cash-out option.
Employee Only	**$396.25**	FBP credits may be used for medical, dental, vision, basic life insurance or flexible spending accounts only. Any remaining FBP credits may not be cashed out or allocated to 401k flex. Unused excess FBP credits *(if any)* will be forfeited.
Employee and Spouse/Domestic Partner	**$810.46**	
Employee and Children	**$719.71**	
Family	**$1,085.21**	

2027 Calendar Year City FBP Credits

Local 127		
Medical Dependent Coverage Level	**Semi-monthly FBP Credit** *(24 pay periods)*	**Notes**
Most recent hire date prior to July 1, 2020		
Waive	**$414.83**	FBP credits may be used for dental, vision, basic life insurance, flexible spending accounts or 401k flex. Any remaining FBP credits may be cashed out as taxable income.
Employee Only	**$456.50**	FBP credits may be used for medical, dental and vision insurance, basic life insurance, flexible spending accounts or 401k flex. Any remaining FBP credits may be cashed out as taxable income.
Employee and Spouse/Domestic Partner	**$789.46**	FBP credits may be used for medical, dental, vision, basic life insurance or flexible spending accounts only. Any remaining FBP credits may not be cashed out or allocated to 401k flex. Unused excess FBP credits *(if any)* will be forfeited.
Employee and Children	**$701.50**	
Family	**$1,056.08**	
Most recent hire date on or after July 1, 2020		
Waive	**$41.67**	FBP credits may be used for dental, vision, basic life insurance, flexible spending accounts or 401k flex. Any remaining FBP credits may be cashed out as taxable income. During enrollment, employees must certify they have qualifying medical coverage to receive the cash-out option.
Employee Only	**$386.67**	FBP credits may be used for medical, dental, vision, basic life insurance or flexible spending accounts only. Any remaining FBP credits may not be cashed out or allocated to 401k flex. Unused excess FBP credits *(if any)* will be forfeited.
Employee and Spouse/Domestic Partner	**$789.46**	
Employee and Children	**$701.50**	
Family	**$1,056.08**	

2027 Calendar Year City FBP Credits

Local 145		
Medical Dependent Coverage Level	**Semi-monthly FBP Credit** *(24 pay periods)*	**Notes**
Most recent hire date prior to July 1, 2020		
Waive	**$72.92**	FBP credits may be used for dental, vision, basic life insurance, flexible spending accounts or 401k flex. Any remaining FBP credits may be cashed out as taxable income.
Employee Only	**$409.58**	FBP credits may be used for medical, dental and vision insurance, basic life insurance, flexible spending accounts or 401k flex. Any remaining FBP credits may be cashed out as taxable income.
Employee and Spouse/Domestic Partner	**$760.42**	FBP credits may be used for medical, dental, vision, basic life insurance or flexible spending accounts only. Any remaining FBP credits may not be cashed out or allocated to 401k flex. Unused excess FBP credits *(if any)* will be forfeited.
Employee and Children	**$645.63**	
Family	**$893.13**	
Most recent hire date on or after July 1, 2020		
Waive	**$41.67**	FBP credits may be used for dental, vision, basic life insurance, flexible spending accounts or 401k flex. Any remaining FBP credits may be cashed out as taxable income. During enrollment, employees must certify they have qualifying medical coverage to receive the cash-out option.
Employee Only	**$327.13**	FBP credits may be used for medical, dental, vision, basic life insurance or flexible spending accounts only. Any remaining FBP credits may not be cashed out or allocated to 401k flex. Unused excess FBP credits *(if any)* will be forfeited.
Employee and Spouse/Domestic Partner	**$760.42**	
Employee and Children	**$645.63**	
Family	**$893.13**	

2027 Calendar Year City FBP Credits

POA *(Police Officers Association)*		
Medical Dependent Coverage Level	**Semi-monthly FBP Credit** *(24 pay periods)*	**Notes**
Most recent hire date prior to July 1, 2021		
Waive	**$316.88**	FBP credits may be used for dental, vision, basic life insurance, flexible spending accounts or 401k flex. Any remaining FBP credits may be cashed out as taxable income.
Employee Only	**$414.25**	FBP credits may be used for medical, dental and vision insurance, basic life insurance, flexible spending accounts or 401k flex. Any remaining FBP credits may be cashed out as taxable income.
Employee and Spouse/Domestic Partner	**$819.75**	FBP credits may be used for medical, dental, vision, basic life insurance or flexible spending accounts only. Any remaining FBP credits may not be cashed out or allocated to 401k flex. Unused excess FBP credits *(if any)* will be forfeited.
Employee and Children	**$719.50**	
Family	**$1,111.38**	
Most recent hire date on or after July 1, 2021		
Waive	**$41.67**	FBP credits may be used for dental, vision, basic life insurance, flexible spending accounts or 401k flex. Any remaining FBP credits may be cashed out as taxable income. During enrollment, employees must certify they have qualifying medical coverage to receive the cash-out option.
Employee Only	**$391.75**	FBP credits may be used for medical, dental, vision, basic life insurance or flexible spending accounts only. Any remaining FBP credits may not be cashed out or allocated to 401k flex. Unused excess FBP credits *(if any)* will be forfeited.
Employee and Spouse/Domestic Partner	**$819.75**	
Employee and Children	**$719.50**	
Family	**$1,111.38**	

2027 Calendar Year City FBP Credits

DCAA *(Deputy City Attorneys Association)*

Medical Dependent Coverage Level	Semi-monthly FBP Credit *(24 pay periods)*	Notes
Most recent hire date prior to July 1, 2020		
Waive	**$207.13**	FBP credits may be used for dental, vision, basic life insurance, flexible spending accounts or 401k flex. Any remaining FBP credits may be cashed out as taxable income.
Employee Only	**$458.33**	FBP credits may be used for medical, dental and vision insurance, basic life insurance, flexible spending accounts or 401k flex. Any remaining FBP credits may be cashed out as taxable income.
Employee and Spouse/Domestic Partner	**$768.50**	FBP credits may be used for medical, dental, vision, basic life insurance or flexible spending accounts only. Any remaining FBP credits may not be cashed out or allocated to 401k flex. Unused excess FBP credits *(if any)* will be forfeited.
Employee and Children	**$683.29**	
Family	**$1,026.96**	
Most recent hire date on or after July 1, 2020		
Waive	**$41.67**	FBP credits may be used for dental, vision, basic life insurance, flexible spending accounts or 401k flex. Any remaining flex credits may be cashed out as taxable income. During enrollment, employees must certify they have qualifying medical coverage to receive the cash-out option.
Employee Only	**$377.08**	FBP credits may be used for medical, dental, vision, basic life insurance or flexible spending accounts only. Any remaining FBP credits may not be cashed out or allocated to 401k flex. Unused excess FBP credits *(if any)* will be forfeited.
Employee and Spouse/Domestic Partner	**$768.50**	
Employee and Children	**$683.29**	
Family	**$1,026.96**	

2027 Calendar Year City FBP Credits

Unrepresented Employees

Medical Dependent Coverage Level	Semi-monthly FBP Credit *(24 pay periods)*			Notes
	1/2 Time *(40)*	3/4 Time *(60)*	Full Time *(80 or 112)*	
Most recent hire date prior to July 1, 2020				
Waive	$207.85	$311.78	$415.71	Credits may be used for dental, vision, basic life insurance, flexible spending accounts, or 401k flex. Any remaining flex credits may be cashed-out as taxable income.
Employee Only	$274.54	$411.81	$549.08	Credits may be used for medical, dental, and vision insurance, basic life insurance, flexible spending accounts, or 401k flex. Any remaining flex credits may be cashed- out as taxable income.
Employee and Spouse/Domestic Partner	$409.88	$614.81	$819.75	Credits may be used for medical, dental, vision, basic life insurance, or flexible spending accounts only. Any remaining flex credits may not be cashed-out or allocated to 401k flex.
Employee and Children	$359.85	$539.78	$719.71	
Family	$555.69	$833.53	$1,111.38	
Most recent hire date on or after July 1, 2020				
Waive	$20.83	$31.25	$41.67	Credits may be used for dental, vision, basic life insurance, flexible spending accounts, or 401k flex. Any remaining flex credits may be cashed-out as taxable income. During enrollment, employees must certify they have qualifying medical coverage in order to receive the cash-out option.
Employee Only	$198.13	$297.19	$396.25	Credits may be used for medical, dental, vision, basic life insurance, or flexible spending accounts only. Any remaining flex credits may not be cashed-out or allocated to 401k flex.
Employee and Spouse/Domestic Partner	$409.88	$614.81	$819.75	
Employee & Children	$359.85	$539.78	$719.71	
Family	$555.69	$833.53	$1,111.38	

Health Plans 101



Highlights

- Understanding health insurance is like a learning a new language. Let's start by learning the common terminology which will help you in understanding the coverage offered under each plan.
- If you plan to enroll in a City health plan some important things to consider are whether the plan is HMO vs. PPO, the location of facilities near your residence, and the associated costs of copays, deductibles and prescriptions.

Insurance is a product that helps to cover your health expenses. Like auto insurance covers your car if you get into an accident, health insurance covers you if you get sick or injured. It also covers preventive care like doctor's visits, yearly eye exams, regular dental care and annual screenings. Simply put, health insurance can help you maintain a healthy lifestyle and protect you when you really need it. But remember, even if you don't use your insurance benefits, you still have to pay your monthly premiums — just like you do to keep your auto insurance current throughout the year.

Understanding HMOs and PPOs

There are many different types of health plans, but an HMO and PPO are amongst the most widely recognized. Here is a brief review of their features to help you determine which type of plan might be right for you.

Important Key Terms

Let's start with some important key terms you'll need to understand when comparing plans:

Provider Networks	Network providers are the doctors, other health care providers and hospitals that a health plan contracts with to provide medical care to its members. These providers are called network providers or in-network providers. A provider that isn't contracted with the plan is called an out-of-network provider. Depending on which type of plan you choose, you may be required to use in-network providers or you may be free to go outside the network for care.
Primary Care Physician *(PCP)*	A PCP is the doctor you see for most of your basic health care needs. A PCP focuses on preventive care and treating routine injuries and illnesses and may recommend that you visit a specialist when needed. Depending on the type of plan you choose, you may be required to choose *(or designate)* a PCP to provide and coordinate your care.
HMO *(Health Maintenance Organizations)*	With an HMO plan, you must choose a PCP. Your PCP will provide checkups and routine care and issue referrals when you need to see a specialist. You'll need to use doctors and hospitals that are in the plan's network.
PPO *(Preferred Provider Organization)*	With a PPO plan, you can visit any doctor or hospital in or out of the network without a referral. You'll pay less when you use in-network doctors and hospitals and pay more when you use out-of-network ones.



HMOs

Health Maintenance Organizations (HMOs) provide health care through a network of doctors, hospitals, and other health care providers. With an HMO plan, you must access covered services through a network of physicians and facilities as directed by your primary care physician (PCP), except for emergencies. HMO plans provide coverage in certain areas. Those that live outside of the HMO service area may not be eligible for that particular HMO plan *(see page 28)*.

Advantages of HMO

HMO plans are generally less expensive than PPO plans. They offer mid-range monthly premiums and, depending on the plan, may have lower out-of-pocket costs.

PPOs

Preferred Provider Organizations (PPOs) are nationwide networks of doctors, hospitals and other health care providers that have agreed to offer quality medical care and services at discounted rates. You can use in-network providers for a higher level of reimbursed benefit coverage or go to a licensed out-of-network provider and receive a lower level of reimbursed benefit coverage.

Advantages of a PPO

PPO plans offer some of the greatest flexibility of all health plan types. PPO members:

- Can see a specialist without a referral.
- Are free to use providers both in and out of the network.
- **Are not required to choose a PCP** - With a PPO plan, you are not required to choose *(or designate)* a PCP. But if you do, they will serve as your personal physician for all routine and preventive health care services. You will save money using an in-network vs. out-of-network PCP.

HMO and PPO Plan Comparisons

HMO/DHMO Health Maintenance Organization	PPO/DPO Preferred Provider Network
Premium is more affordable	High premium cost
Required to use "in-network providers" Referral from Primary Care Physician required to see specialists	Can access any doctor/dentist anywhere
Copayment for office visits, prescriptions, emergency room, etc.	Pay a coinsurance which is a percentage of the total cost of services *(10%, 20%, etc.)*
Home address must fall within the service area for the HMO plan.*	No limitations on the provider's location from your home address
**The City's health plans provide coverage in certain areas based on your zip code. Before enrolling in a plan, be sure to search for providers in your area. See page 37 for medical, see page 47 for dental, and page 49 for vision.*	

Residence/Worksite Proximity to Service Providers

Health coverage with an HMO plan is typically restricted to a specific service area. If you select HMO coverage and you reside outside of the HMO service area, be sure that you and your dependents are able to receive Primary Care Physician services in or near your area of residence or that you are capable and willing to travel into the San Diego area every time you seek care. To review PCP availability in other areas, see the "Find a Provider" and "Accessing Care" charts on pages 35-37.

Medical Plan Costs

When choosing a plan, it's a good idea to think about your total health care costs, not just the premium *(the monthly amount paid to the insurance company for your coverage)*. You may also have to pay out-of-pocket costs — deductibles, copays, and coinsurance — when you seek medical care. While health plan options generally cover the same types of care, the differences in what they pay for covered care have a big impact on out-of-pocket costs and your total spending on health care — sometimes more than the premium itself.

Premium Costs

The majority of health insurance premium costs are paid by the City with the FBP credits you receive. This demonstrates the City's commitment to employees and their families — adding up to a valuable part of your total compensation. However, the City's FBP credits are subject to eligibility and any premium cost that exceeds your allotted FBP credit, is your responsibility.

Medical Plans

Making a medical plan election is mandatory, even if your are waiving coverage, because it's a factor in determining your FBP credit allotment.

Highlights

- Eligibility for medical plans vary by your employee representation and/or job *(Fire Safety, Police Safety, etc.)*. Understand which plans you are eligible for before reviewing coverage differences *(Page 30).*
- Review the 2027 Medical Plan Premium Rates table for the associated semi-monthly costs. Your FBP credit will cover most of the cost. If your premium rate exceeds your allocated FBP credit, the excess will be a pre-tax deduction from wages *(Page 32).*
- Review the Medical Plan Coverage comparisons to understand the coverage differences between each medical plan *(Pages 33-34).*
- Accessing care and finding a doctor in your area will help you determine which plan provides the best network for you and your dependents *(Pages 35-37).*
- The information in this section is intended to provide you with a small snapshot of the medical plan coverage and costs. For more detailed information, review the Benefit Summary and Summary of Benefits & Coverage (SBC) of each medical plan *(Page 38).*
- All medical carriers have a pre-enrollment phone number with representatives available to assist you in understanding the health coverage, costs, and more *(Page 39).*



Medical Plan Eligibility Chart

This City's Benefits Office of Risk Management oversees the enrollment of all medical plans. However, the City has a variety of medical plans, some of which are fully administered by the City's benefits office, where as some medical plans are offered to you by union organizations. The City of San Diego medical plans include **Kaiser** and **Cigna**. The San Diego Public Employee Benefit Association (SDPEBA) oversees the administration of the **Sharp** medical plans which are offered to some of the employee groups. Police Safety employees are eligible for **The Association for Los Angeles Deputy Sheriffs** (ALADS) **Anthem Blue Cross California Care** plans. Fire Safety employees are eligible for the **International Association of Fire Fighters Local 145 Cigna HMO** plan.

Medical Plan	Represented Employees of the following organizations: MEA, Local 127, Local 986 and DCAA and Unrepresented non-safety employees and Lifeguards	Local 145 Fire Safety Employees	Unrepresented Fire Safety Employees	Police Officers Association (POA) and Unrepresented Police Safety Employees
Kaiser Traditional HMO	✓	✓	✓	✓
Kaiser Deductible HMO	✓	✓	✓	✓
Cigna Scripps Select HMO	✓	✓	✓	✓
Cigna HMO	✓		✓	✓
Cigna Open Access Plan (OAP) PPO	✓	✓	✓	✓
Sharp Classic HMO	✓		✓	✓
Sharp Select HMO	✓		✓	✓
Sharp Saver Deductible HMO	✓		✓	✓
POA ALADS Basic HMO				✓
POA ALADS Premier HMO				✓
Local 145 Cigna HMO		✓	✓	

Overview of Your Medical Plan Options

This City's Benefits Office of Risk Management oversees the enrollment of all medical plans. However, the City has a variety of medical plans, some of which are fully administered by the City's benefits office, where as some medical plans are offered to you by union organizations. Medical plans provided to you from the same insurance provider may have similarities and differences between their networks and coverages. Below is a very brief overview of the plans.

Medical Plan	Brief Overview
Kaiser Traditional HMO Available to all employees	The City of San Diego offers two HMO plans through Kaiser Permanente. These plans have the same network of providers, but different coverage.
Kaiser Deductible HMO Available to all employees	
Cigna Scripps Select HMO Available to all employees	The City of San Diego offers two HMO plans and one PPO plan through Cigna. The two Cigna HMO plans have the same coverage but a different network of providers. The Cigna Scripps Select HMO plan has a more narrow network compared to the Cigna HMO plan. The Cigna PPO plan has different coverage compared to the two HMO plans, with a much broader network.
Cigna HMO Available to MEA, DCAA, L127, L986, POA, Unrepresented	
Cigna Open Access Plan (OAP) PPO Available to all employees	
Sharp Classic HMO Available to MEA, DCAA, L127, L986, POA, Unrepresented	The San Diego Public Employee Benefit Association (SDPEBA) offers three HMO plans through Sharp. Each Sharp plan has a different network of providers and offers different coverage.
Sharp Select HMO Available to MEA, L127, DCAA, L986, POA, Unrepresented	
Sharp Saver Deductible HMO Available to MEA, DCAA, L127, L986, POA, Unrepresented	
POA ALADS Basic HMO Available to police safety	Police Safety employees *(POA Classified and Unclassified)* are eligible for the Association for Los Angeles Deputy Sheriffs (ALADS) Anthem Blue Cross California Care plans. There are two HMO plans – Basic and Premier. These plans offer the same medical coverage and network. The basic plan comes with a supplemental Dental PPO through Anthem, whereas the premier plan comes with a full dental PPO through Anthem. Both plans include a vision plan through VSP as well as other supplemental benefits.
POA ALADS Premier HMO Available to police safety	
Local 145 Cigna HMO Available to fire safety	Fire Safety employees *(Classified and Unclassified)* are eligible for the International Association of Fire Fighters Local 145 Cigna HMO plan.

2027 Medical Plan Premium Rates

Semi-monthly Premium Rates (24 pay periods in a plan year)				
Medical Plan	Employee Only	Employee and Spouse/ Domestic Partner*	Employee and Child(ren)	Family*
Kaiser Traditional HMO Available to all employees	**$428.42**	**$938.24**	**$814.00**	**$1,302.40**
Kaiser Deductible HMO Available to all employees	**$329.30**	**$721.17**	**$625.67**	**$1,001.07**
Cigna Scripps Select HMO Available to all employees	**$409.53**	**$896.77**	**$778.12**	**$1,244.99**
Cigna HMO Available to MEA, DCAA, L127, L986, POA, Unrepresented	**$826.09**	**$1,809.19**	**$1,569.53**	**$2,511.26**
Cigna OAP Available to all employees	**$909.49**	**$1,991.85**	**$1,727.99**	**$2,764.80**
Sharp Classic HMO Available to MEA, DCAA, L127, L986, POA, Unrepresented	**$472.83**	**$1,034.30**	**$897.47**	**$1,435.35**
Sharp Select HMO Available to MEA, L127, DCAA, L986, POA, Unrepresented	**$303.50**	**$663.48**	**$575.75**	**$920.60**
Sharp Saver HMO Available to MEA, DCAA, L127, L986, POA, Unrepresented	**$269.00**	**$587.91**	**$510.19**	**$815.71**
POA ALADS Basic HMO Available to police safety	**$535.42**	**$1,087.27**	1 Child: **$1,087.27** 2 or More: **$1,298.20**	**$1,298.20**
POA ALADS Premier HMO Available to police safety	**$548.22**	**$1,108.72**	1 Child: **$1,108.72** 2 or More: **$1,330.43**	**$1,330.43**
Local 145 Cigna HMO Available to fire safety	**$469.14**	**$1,094.98**	**$898.89**	**$1,535.51**

If enrolling a domestic partner, you must indicate whether they qualify as a tax dependent under IRS guidelines. If your domestic partner qualifies as a tax dependent and you indicate such on your **Tax Dependent Certification form, your entire premium will come out of your paycheck on a pre-tax basis. If your domestic partner does not qualify as a tax dependent, then a portion of your premium payment will come out on an after-tax basis. For a breakdown of the pre/post tax premiums costs, view the **2027 FBP website**. See pages 14-15 for more information on Domestic Partners.*

Medical Plans Coverage Comparisons

The tables on the following pages display only a few highlights of your benefit options. For more information about your coverage, see page 38 to review Benefit Summaries and Summaries of Benefits & Coverage (SBC).

Medical Plan	Calendar Year Out-of-Pocket Maximum *(In-Network)*	Calendar Year Plan Deductible *(In-Network)*	Office Visits, Including Pediatrics *(In-Network)*	Urgent Care *(In-Network)*	Emergency Room *(In-Network)*
Kaiser Traditional HMO Available to all employees	**$1,500** Individual **$3,000** Family	**None**	**$20** copay	**$20** copay	**$75 copay**
Kaiser Deductible HMO Available to all employees	**$6,250** Individual **$12,500** Family	**$1,000** Individual **$2,000** Family	**$40** copay	**$40** copay	**30%** co-insurance after deductible
Cigna Scripps Select HMO Available to all employees	**$1,500** Individual **$3,000** Family	**None**	**$20** copay	**$20** copay	**$75** copay
Cigna HMO Available to MEA, DCAA, L127, L986, POA, Unrepresented					
Cigna OAP Available to all employees	**$3,000** Individual **$9,000** Family	**$500** Individual **$1,500** Family	**$25** copay	**$25** copay; plan pays 80%	**$100** copay
Sharp Classic HMO Available to MEA, DCAA, L127, L986, POA, Unrepresented	**$1,500** Individual **$3,000** Family	**None**	**$20** copay	**$20** copay	**$75** copay
Sharp Select HMO Available to MEA, L127, DCAA, L986, POA, Unrepresented	**$3,000** Individual **$6,000** Family	**None**	**$20** copay	**$30** copay	**$100** copay
Sharp Saver HMO Available to MEA, DCAA, L127, L986, POA, Unrepresented	**$3,500** Individual **$7,000** Family	**$1,000** Individual **$2,000** Family	**$30** copay	**$40** copay	**$150** copay
POA ALADS Basic HMO Available to police safety	**$1,000** Individual **$3,000** Family	**None**	**$0**	**$0**	**$25** copay
POA ALADS Premier HMO Available to police safety					
Local 145 Cigna HMO Available to fire safety	**$1,500** Individual **$3,000** Family	**None**	**$20** copay	**$25** copay	**$100** copay

Prescription Drug Coverage

Medical Plan	Copays Prescriptions Preferred Generic *(In-Network)*	Copays Prescriptions Preferred Brand *(In-Network)*	Copays Prescriptions Non-Preferred *(In-Network)*
Kaiser Traditional HMO Available to all employees	30 day: **$15** 100 day: **$30**	30 day: **$30** 100 day: **$60**	30 day: **$30** 100 day: **$60**
Kaiser Deductible HMO Available to all employees	30 day: **$25** 100 day: **$50**	30 day: **$50** 100 day: **$100**	30 day: **$50** 100 day: **$100** **20%** coinsurance for specialty drugs *(Tier 4)* up to $150
Cigna Scripps Select HMO Available to all employees	30 day: **$15** 90 day: **$30**	30 day: **$30** 90 day: **$60**	30 day: **$30** 90 day: **$60**
Cigna HMO Available to MEA, DCAA, L127, L986, POA, Unrepresented			
Cigna Open Access Plan (OAP) PPO Available to all employees			
Sharp Classic HMO Available to MEA, DCAA, L127, L986, POA, Unrepresented	30 day: **$15** 90 day: **$30**	30 day: **$30** 90 day: **$60**	30 day: **$50** 90 day: **$100**
Sharp Select HMO Available to MEA, L127, DCAA, L986, POA, Unrepresented	30 day: **$20** 90 day: **$32**	30 day: **$35** *($150 brand deductible)* 90 day: **$70** *($150 brand deductible)*	30 day: **$70** *($150 brand deductible)* 90 day: **$140** *($150 brand deductible)*
Sharp Saver Deductible HMO Available to MEA, DCAA, L127, L986, POA, Unrepresented	30 day: **$20** 90 day: **$32**	30 day: **$35** *($150 brand deductible)* 90 day: **$70** *($150 brand deductible)*	30 day: **$70** *($150 brand deductible)* 90 day: **$140** *($150 brand deductible)*
POA ALADS Basic HMO Available to police safety	30 day: **$10**	30 day: **$20**	30 day: **$20**
POA ALADS Premier HMO Available to police safety			
Local 145 Cigna HMO Available to fire safety	30 day: **$10** 90 day: **$30**	30 day: **$30** 90 day: **$90**	30 day: **$50** 90 day: **$150** Specialty 30 day: **$100**

Accessing Care

Medical Plan	Primary Care Physician (PCP) Designation
Kaiser Traditional HMO Available to all employees	Members will not be automatically assigned a PCP but may choose and switch PCPs at any time. Members can receive urgent or emergency care services without selecting a PCP.
Kaiser Deductible HMO Available to all employees	
Cigna Scripps Select HMO Available to all employees	PCP will be automatically assigned; however, PCP selection can be changed anytime by contacting Cigna.
Cigna HMO Available to MEA, DCAA, L127, L986, POA, Unrepresented	PCP will be automatically assigned; however, PCP selection can be changed anytime by contacting Cigna. PCP selection is required from one of the physician group systems in the So Cal Full Network.
Cigna Open Access Plan (OAP) PPO Available to all employees	PCP selection is recommended but not required. Each time you receive care, you can select the physician or facility of your choice.
Sharp Classic HMO Available to MEA, DCAA, L127, L986, POA, Unrepresented	PCP will be automatically assigned; however, PCP selection can be changed any time after the plan start date by contacting Sharp.
Sharp Select HMO Available to MEA, L127, DCAA, L986, POA, Unrepresented	
Sharp Saver Deductible HMO Available to MEA, DCAA, L127, L986, POA, Unrepresented	
POA ALADS Basic HMO Available to police safety	Once enrolled, members can change their PCP/medical group by contacting Anthem.
POA ALADS Premier HMO Available to police safety	
Local 145 Cigna HMO Available to fire safety	PCP will be automatically assigned; however, PCP selection can be changed anytime by contacting Cigna. PCP selection is required from one of the physician group systems in the So Cal Full Network.

Accessing Care (Cont.)

Medical Plan	Choice of Physicians and Facilities/In-Network Providers
Kaiser Traditional HMO Available to all employees	Access covered services through Kaiser network of physicians and facilities, except for emergencies.
Kaiser Deductible HMO Available to all employees	
Cigna Scripps Select HMO Available to all employees	**Select a PCP with any of the physician group systems in the So Cal Select Network:** Scripps Health, Heritage Provider Network, Hoag, Memorial Care, Providence. PCP selection determines the physician group system with which each member is aligned.
Cigna HMO Available to MEA, DCAA, L127, L986, POA, Unrepresented	Access to hundreds of providers at dozens of locations throughout Imperial, Kern, Los Angeles, Orange, Riverside, San Bernardino, San Diego, San Luis Obispo, Santa Barbara and Ventura counties.
Cigna Open Access Plan (OAP) PPO Available to all employees	Access to a large national network of providers
Sharp Classic HMO Available to MEA, DCAA, L127, L986, POA, Unrepresented	**Value Network:** Sharp Rees-Stealy Medical Group, Sharp Community Medical Group, SCMG Palomar Health Medical Group, SCMG Graybill North Coastal, SCMG Palomar Health Medical Group Temecula, SCMG Inland North Medical Group, Greater Tri-Cities IPA, Rady Children's Health Network/Children's Physicians Medical Group (CPMG), Optum Care Network–North County SD
Sharp Select HMO Available to MEA, L127, DCAA, L986, POA, Unrepresented	**Performance Network:** Sharp Rees-Stealy Medical Group, Sharp Community Medical Group, SCMG Palomar Health Medical Group, SCMG Graybill North Coastal, SCMG Palomar Health Medical Group Temecula, SCMG Inland North Medical Group, Rady Children's Health Network / Children's Physicians Medical Group (CPMG). *Not all SCMG providers are included in the Performance Network.*
Sharp Saver Deductible HMO Available to MEA, DCAA, L127, L986, POA, Unrepresented	Premier Network: Sharp Community Medical Group, Sharp Rees-Stealy Medical Group. *Not all SCMG providers are included in the Premier Network.*
POA ALADS Basic HMO Available to police safety	ALADS HMO plan includes medical groups throughout the state of CA.
POA ALADS Premier HMO Available to police safety	
Local 145 Cigna HMO Available to fire safety	Access to hundreds of providers at dozens of locations throughout Imperial, Kern, Los Angeles, Orange, Riverside, San Bernardino, San Diego, San Luis Obispo, Santa Barbara and Ventura counties.

Find a Provider

Before making your enrollment election, be sure to use the tools available to you to search for doctors in your area. The table below includes links to the carriers' find a doctor search pages.

Medical Plan	Find a Doctor *(PCP or Network Provider)*
Kaiser Traditional HMO Available to all employees	Kaiser - Search by ZIP code, select PCP accepting new patients
Kaiser Deductible HMO Available to all employees	
Cigna Scripps Select HMO Available to all employees	Cigna Scripps Select HMO Find a Provider Search Page
Cigna HMO Available to MEA, DCAA, L127, L986, POA, Unrepresented	Cigna HMO Find a Provider Search Page
Cigna Open Access Plan (OAP) PPO Available to all employees	Cigna OAP Find a Provider Search Page
Sharp Classic HMO Available to MEA, DCAA, L127, L986, POA, Unrepresented	Visit sharphealthplan.com/findadoctor and select the Value Network
Sharp Select HMO Available to MEA, L127, DCAA, L986, POA, Unrepresented	Visit sharphealthplan.com/findadoctor and select the Performance Network
Sharp Saver Deductible HMO Available to MEA, DCAA, L127, L986, POA, Unrepresented	Visit sharphealthplan.com/findadoctor and select the Premier Network
POA ALADS Basic HMO Available to police safety	Visit anthem.com/ca/find-care and select "Basic Search as guest." Select the plan or network titled "California Care HMO."
POA ALADS Premier HMO Available to police safety	
Local 145 Cigna HMO Available to fire safety	Cigna HMO Find a Provider Search Page

Benefit Summaries

Every medical plan has a detailed Benefits Summary and Summary of Benefits and Coverage (SBC). Select the links below to learn more.

Medical Plan	Benefit Summaries and Summary of Benefits and Coverage (SBC)
Kaiser Traditional HMO Available to all employees	Kaiser Traditional HMO Benefits Summary Kaiser Traditional HMO SBC Kaiser Traditional HMO Chiro Benefits
Kaiser Deductible HMO Available to all employees	Kaiser Deductible HMO Benefits Summary Kaiser Deductible HMO SBC
Cigna Scripps Select HMO Available to all employees	Cigna Scripps Select HMO Benefits Summary Cigna Scripps Select HMO SBC
Cigna HMO Available to MEA, DCAA, L127, L986, POA, Unrepresented	Cigna HMO Benefits Summary Cigna HMO SBC
Cigna Open Access Plan (OAP) PPO Available to all employees	Cigna Open Access Plan (OAP) Benefits Summary Cigna Open Access Plan (OAP) SBC
Sharp Classic HMO Available to MEA, DCAA, L127, L986, POA, and Unrepresented	Sharp Classic HMO Benefits Summary Sharp Classic HMO SBC
Sharp Select HMO Available to MEA, DCAA, L127, L986, POA, and Unrepresented	Sharp Select HMO Benefits Summary Sharp Select HMO SBC
Sharp Saver Deductible HMO Available to MEA, DCAA, L127, L986, POA, and Unrepresented	Sharp Saver Deductible HMO Benefits Summary Sharp Saver Deductible HMO SBC
POA ALADS Basic HMO Available to police safety	ALADS HMO Benefits Summary ALADS HMO SBC ALADS Basic Dental PPO Benefits Summary ALADS Basic Dental PPO SBC
POA ALADS Premier HMO Available to police safety	ALADS HMO Benefits Summary ALADS HMO SBC ALADS Premier Dental PPO Benefits Summary ALADS Premier Dental PPO SBC
Local 145 Cigna HMO Available to fire safety	L145 Cigna HMO Benefits Summary L145 Cigna HMO SBC

Additional Resources and Contacts

Select the links below for helpful resources. All medical carriers have a pre-enrollment phone number with representatives available to assist you in understanding the health coverage, costs and more.

Medical Plan	Additional Resources	Phone Number
Kaiser Traditional HMO Available to all employees	Kaiser Partner Site Away from Home Kaiser Pre-enrollment Help Kaiser Mental Health Wellness Self Care While Away at College Convenient Ways to Get Care Optum One Pass (Fitness Membership) Kaiser Maternity Care	800-324-9208 *(pre-enrollment)*, 800-464-4000 *(members)* Group #: HMO: 104303-04 Deductible HMO: 104303-12
Kaiser Deductible HMO Available to all employees		
Cigna Scripps Select HMO Available to all employees	Cigna One Guide Cigna Find A Provider Cigna Transition of Care Virtual Behavioral Health Virtual Medical Care Cigna Active & Fit Direct Cigna Digital ID Cards Cigna Healthy Pregnancies, Healthy Babies Your Health First for Chronic Conditions	888-806-5042 *(pre-enrollment)*, 800-244-6224 *(members)* Group #: 3341853
Cigna HMO Available to MEA, DCAA, L127, L986, POA, Unrepresented		
Cigna Open Access Plan (OAP) PPO Available to all employees		
Sharp Classic HMO Available to MEA, DCAA, L127, L986, POA, and Unrepresented	2027 Sharp Plan Comparison Sharp Classic Value Network Sharp Select Performance Network Sharp Saver Deductible Premier Network	888-315-8027 *(pre-enrollment)*, 888-840-4747 *(members)* Group #: 79136
Sharp Select HMO Available to MEA, DCAA, L127, L986, POA, and Unrepresented		
Sharp Saver Deductible HMO Available to MEA, DCAA, L127, L986, POA, and Unrepresented		
POA ALADS Basic HMO Available to police safety	ALADS Anthem HMO Chiropractic Treatment Rider ALADS Vision VSP Benefits Summary ALADS Body Scan Program Mental Health and Substance Abuse Summary of Benefits	844-84-ALADS Group #: 57AJSA
POA ALADS Premier HMO Available to police safety		
Local 145 Cigna HMO Available to fire safety	L145 Cigna Benefits Education Website Cigna 90 Now Pharmacy Benefits Cigna OneGuide Cigna Network Guide Cigna Virtual Care	888-806-5042 (pre-enrollment), 800-244-6224 (members) Group #: 3347092

Managing your Medical Account Online

Once enrolled and coverage begins, you may access your medical plan online.

Medical Plan	Online Account Registration
Kaiser Traditional HMO Available to all employees	Register or login at kp.org
Kaiser Deductible HMO Available to all employees	
Cigna Scripps Select HMO Available to all employees	Register or login at mycigna.com
Cigna HMO Available to MEA, DCAA, L127, L986, POA, Unrepresented	
Cigna Open Access Plan (OAP) PPO Available to all employees	
Sharp Classic HMO Available to MEA, DCAA, L127, L986, POA, and Unrepresented	Register or login at sharphealthplan.com
Sharp Select HMO Available to MEA, DCAA, L127, L986, POA, and Unrepresented	
Sharp Saver Deductible HMO Available to MEA, DCAA, L127, L986, POA, and Unrepresented	
POA ALADS Basic HMO Available to police safety	Register or login at anthem.com/ca
POA ALADS Premier HMO Available to police safety	
Local 145 Cigna HMO Available to fire safety	Register or login at mycigna.com

Dental Plans



Enrollment in a dental plan is optional. Employees who wish to enroll may select from one of the eligible plans. Employees who do not wish to enroll in dental, can elect to waive dental during their enrollment window. By default, an employee who does not elect anything during their first enrollment window, will be defaulted to the waive option.

Highlights

- Eligibility for dental plans vary by your bargaining unit. Understand which plans you are eligible for before reviewing coverage differences *(Page 42)*.
- Before selecting a plan, it's important to search for doctors in your area. Find out how *(Page 47)*.
- Review the 2027 Dental Plan Premium Rates table for the associated semi-monthly costs. Review the benefit highlights to understand the coverage differences between each dental plan *(Pages 43-46)*.
- Once enrolled, you can manage your account online. Find out how to access your account *(Page 47)*.

Dental HMO vs. PPO

Understanding the difference between an HMO and PPO is important. Review page 27 for more information on HMOs and PPOs. Below is a quick summary to get you caught up.

	HMO Dental Plans	PPO Dental Plans
Features a network of providers	**Yes**	**Yes**
Offers flexibility to use non-network providers	**No**	**Yes** - paid at the out-of-network level
Has a calendar year deductible	**No**	**Yes**
Has an annual maximum benefit	**No**	**Yes**
Includes set copays for most services	**Yes**	**No**
Requires you to choose a primary care dentist	**Yes**	**No**

Dental Plan Eligibility Chart

Eligibility for dental plans is dependent on your bargaining unit *(union)*. The City of San Diego offers two Delta dental plans to eligible employee groups *(see chart below)*. The San Diego Public Employee Benefit Association (SDPEBA) oversees the administration of the MetLife MEA Dental plans which are offered to MEA represented employees only. Employees represented by Local 127 have two dental plan options, also through MetLife.

Dental Plan	Local 986, Local 145, POA and DCAA, and Unrepresented Employees	MEA	L127
Delta Dental HMO	✓		
Delta Dental PPO	✓		
MEA Dental MetLife HMO		✓	
MEA Dental MetLife PPO		✓	
L127 Dental MetLife HMO			✓
L127 Dental MetLife PPO			✓

Special Dental Plan for Police Safety through the ALADS Medical Plan

Police Safety employees *(POA Classified and Unclassified)* are eligible for the Association for Los Angeles Deputy Sheriffs (ALADS) Anthem Blue Cross California Care HMO medical plans. The basic plan comes with a supplemental dental PPO through Anthem, whereas the premier plan comes with a full dental PPO through Anthem. Police Safety employees who elect one of these medical plans can either waive dental, since they already have dental benefits through the ALADS medical plan or can enroll in one of the Delta Dental plans.

POA ALADS Basic HMO Available to Police Safety	Medical HMO plan that includes a supplemental dental plan through Anthem
POA ALADS Premier HMO Available to Police Safety	Medical HMO plan that includes a full dental plan through Anthem

2027 Delta Dental Plan Rates

Semi-monthly Premium Rates *(24 pay periods in a plan year)*				
Dental Plan	***Employee Only***	***Employee and Spouse/Domestic Partner****	***Employee and Child(ren)***	***Family****
Delta Dental HMO Available to DCAA, L145, L986, POA, Unrepresented	**$6.34**	**$12.65**	**$11.07**	**$19.62**
Delta Dental PPO Available to DCAA, L145, L986, POA, Unrepresented	**$22.12**	**$44.19**	**$43.10**	**$68.29**

If enrolling a domestic partner, you must indicate whether they qualify as a tax dependent under IRS guidelines. If your domestic partner qualifies as a tax dependent and you indicate such on your **Tax Dependent Certification form, your entire premium will come out of your paycheck on a pre-tax basis. If your domestic partner does not qualify as a tax dependent, then a portion of your premium payment will come out on an after-tax basis. For a breakdown of the pre/post tax premium costs, view the **2027 FBP website**. See Pages 14-15 for more information on Domestic Partners.*

Delta Dental Benefit Highlights

The following table shows a brief summary of how the two dental options pay for certain services. For a full list of covered services and limitations, review the **Delta Dental HMO Benefits Summary** and the **Delta Dental PPO Benefits Summary**.

How Benefits are Paid	Delta Dental HMO	Delta Dental PPO	
		In-Network	Out-of-Network****
Calendar Year Deductible	None	$50 per person/$150 per family each plan year	
Annual Maximum	None	$1,500 per person each plan year***	
Cleaning (two exams per year)	Plan pays 100%	Plan pays 100%	
Basic Services			
Amalgam Fillings	Plan pays 100%	Plan pays 80%	Plan pays 60% of R&C*
Root canal	Your copay is $45 – $220 per procedure	Plan pays 80%	Plan pays 60% of R&C*
Major Services			
Crowns	Your copay is $35 – $195 per procedure**	Plan pays 50%	Plan pays 50% of R&C*
Dentures	Your copay is $80 – $170 per procedure	Plan pays 50%	Plan pays 50% of R&C*
Implants	Not covered	Plan pays 50%	Plan pays 50% of R&C*
Orthodontia			
Children ages 18 years and under	Separate maximum of $2,000 per lifetime.	Plan pays 50%	Plan pays 50% of R&C*
Adults	Separate maximum of $2,000 per lifetime.	Plan pays 50%	Plan pays 50% of R&C*

** R&C is the reasonable and customary charge – the usual charge for specific services in the geographic area where you are treated.*
*** When there are more than six crowns in the same treatment plan, an enrollee may be charged an additional $100 per crown beyond the sixth unit.*
**** If you use both in-network and out-of-network dentists, your total annual maximum benefit will never be more than $1,500 per person.*
***** Employees accessing out-of-network services may be required to pay for services in full and submit claims directly to Delta Dental for reimbursement. The employee is also required to ensure their payments for services are accurate.*

2027 MEA MetLife Dental Plan Rates

Semi-monthly Premium Rates *(24 pay periods in a plan year)*				
Dental Plan	***Employee Only***	***Employee and Spouse/Domestic Partner****	***Employee and Child(ren)***	***Family****
MEA MetLife Dental HMO Available to MEA employees only	**$12.13**	**$23.66**	**$23.66**	**$33.75**
MEA MetLife Dental PPO Available to MEA employees only	**$36.08**	**$70.24**	**$70.24**	**$113.51**

If enrolling a domestic partner, you must indicate whether they qualify as a tax dependent under IRS guidelines. If your domestic partner qualifies as a tax dependent and you indicate such on your **Tax Dependent Certification form, your entire premium will come out of your paycheck on a pre-tax basis. If your domestic partner does not qualify as a tax dependent, then a portion of your premium payment will come out on an after-tax basis. For a breakdown of the pre/post tax premium costs, view the **2027 FBP website**. See pages 14-15 for more information on Domestic Partners.*

MEA MetLife Dental Benefit Highlights

The following table shows a brief summary of how the two dental options pay for certain services. For a full list of covered services and limitations, review the **MEA MetLife Dental HMO Benefits Summary** and the **MEA MetLife Dental PPO Benefits Summary**.

How Benefits are Paid	MEA MetLife Dental HMO	MEA MetLife Dental PPO	
		In-Network	Out-of-Network****
Calendar Year Deductible	None	$50 per person	
Annual Maximum	None	$2,500 per person each plan year***	
Cleaning *(two exams per year)*	$0 co-pay per visit	Plan pays 100%	Plan pays 100% of R&C*
Basic Services			
Amalgam Fillings	Plan pays 100%	Plan pays 90%	Plan pays 80% of R&C*
Root canal	Your copay is $55 – $160 per procedure	Plan pays 90%	Plan pays 80% of R&C*
Major Services			
Crowns	Your copay is $100 per procedure**	Plan pays 60%	Plan pays 50% of R&C*
Dentures	Your copay is $63 - $365 per procedure	Plan pays 60%	Plan pays 50% of R&C*
Implants	Your co-pay is $1,005 – 1,860 per procedure	Plan pays 60%	Plan pays 50% of R&C*
Orthodontia			
Orthodontia Care for both Children and Adults	Your co-pay is $725 - $1,450 per procedure	Plan pays 50% with max lifetime up to $2,000 per person	Plan pays 50% of R&C* with max lifetime up to $2,000 per person

** R&C is the reasonable and customary charge – the usual charge for specific services in the geographic area where you are treated.*
*** An additional charge, not to exceed $150 per unit, will be applied for any procedure using noble, high noble or titanium metal. There is a $75 Co-Payment per molar, for the use of porcelain. Cases involving seven (7) or more Crowns, Implants and/or fixed Bridge units in the same treatment plan require an additional $125 Co-Payment per unit in addition to the specified Co-Payment for each Crown, Implant or Bridge unit.*
**** If you use both in-network and out-of-network dentists, your total annual maximum benefit will never be more than $2,500 per person.*
***** Employees accessing out-of-network services may be required to pay for services in full and submit claims directly to MetLife Dental for reimbursement. The employee is also required to ensure their payments for services are accurate.*

2027 Local 127 MetLife Dental Plan Rates

Semi-monthly Premium Rates *(24 pay periods in a plan year)*					
Dental Plan	***Employee Only***	***Employee and Spouse/Domestic Partner****	***Employee and 1 Child***	***Employee and Children***	***Family****
Local 127 MetLife Dental HMO Available to L127 employees only	**$8.44**	**$15.78**	**$15.78**	**$22.00**	**$22.00**
Local 127 MetLife Dental PPO Available to L127 employees only	**$21.48**	**$41.67**	**$41.67**	**$77.99**	**$77.99**

If enrolling a domestic partner, you must indicate whether they qualify as a tax dependent under IRS guidelines. If your domestic partner qualifies as a tax dependent and you indicate such on your **Tax Dependent Certification form, your entire premium will come out of your paycheck on a pre-tax basis. If your domestic partner does not qualify as a tax dependent, then a portion of your premium payment will come out on an after-tax basis. For a breakdown of the pre/post tax premium costs, view the **2027 FBP website**. See Pages 14-15 for more information on Domestic Partners.*

Local 127 MetLife Dental Benefit Highlights

The following table shows a brief summary of how the two dental options pay for certain services. For a full list of covered services and limitations, review the **L127 MetLife Dental HMO Benefit Summary** and the **L127 MetLife Dental PPO Benefit Summary**.

How Benefits are Paid	L127 MetLife Dental HMO	L127 MetLife Dental PPO	
		In-Network	Out-of-Network****
Calendar Year Deductible	None	$50 per person/$150 per family	
Annual Maximum	None	$2,000 per person each plan year***	
Cleaning *(two exams per year)*	$0 co-pay per visit	Plan pays 100%	Plan pays 100% of R&C*
Basic Services			
Amalgam Fillings	Plan pays 100%	Plan pays 80%	Plan pays 80% of R&C*
Root canal	Your copay is $55 – $555 per procedure	Plan pays 80%	Plan pays 80% of R&C*
Major Services			
Crowns	Your copay is $100-$225 per procedure**	Plan pays 50%	Plan pays 50% of R&C*
Dentures	Your copay is $63 - $365 per procedure	Plan pays 50%	Plan pays 50% of R&C*
Implants	Your co-pay is $1,005 – 1,860 per procedure	Plan pays 50%	Plan pays 50% of R&C*
Orthodontia			
Orthodontia Care for both Children and Adults	Your co-pay is $1,450	Plan pays 50% with max lifetime up to $1,500 per person	Plan pays 50% of R&C* with max lifetime up to $1,500 per person

** R&C is the reasonable and customary charge – the usual charge for specific services in the geographic area where you are treated.*
*** An additional charge, not to exceed $150 per unit, will be applied for any procedure using noble, high noble or titanium metal. There is a $75 Co-Payment per molar, for the use of porcelain. Cases involving seven (7) or more Crowns, Implants and/or fixed Bridge units in the same treatment plan require an additional $125 Co-Payment per unit in addition to the specified Co-Payment for each Crown, Implant or Bridge unit.*
**** If you use both in-network and out-of-network dentists, your total annual maximum benefit will never be more than $2,000 per person.*
***** Employees accessing out-of-network services may be required to pay for services in full and submit claims directly to MetLife Dental for reimbursement. The employee is also required to ensure their payments for services are accurate.*

Dental Plan for Police Safety through the ALADS Medical Plan

Police Safety employees *(POA Classified and Unclassified)* are eligible for the Association for Los Angeles Deputy Sheriffs (ALADS) Anthem Blue Cross California Care HMO Medical plans. The basic plan comes with a supplemental Dental PPO through Anthem, whereas the premier plan comes with a full dental PPO through Anthem.

There is no additional cost or additional enrollment process to select the POA ALADS Anthem Blue Cross PPO Dental Plan. These Dental Plans are automatically included if you enroll in one of the POA ALADS Medical HMO Plans.

The following table provides a brief overview of the plan coverage. For a full list of covered services and limitations, review the **ALADS Anthem Basic Plan Dental PPO Benefit Summary** and the **ALADS Anthem Premier Plan Dental PPO Benefit Summary** *(see page 38 for ALADS Benefit Summaries and SBCs)*.



Benefit	BASIC		PREMIER	
	If you enroll in the POA ALADS Basic Medical plan, it automatically comes with the following Anthem PPO Dental Plan (Basic)		*If you enroll in the POA ALADS Premier Medical plan, it automatically comes with the following Anthem PPO Dental Plan (Premier)*	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible	$50 Individual/$150 Family		$50 Individual/$150 Family	
Annual Maximum	$1,250 per individual		$3,000 per individual	
Cleaning *(deductible waived)*	100%, 2 per year		100% 2 per year	
Basic Care *(fillings, sealants, oral surgery)*	90%	85% of R&C	90%	85% of R&C
Major Care *(dentures, crowns, bridges)*	60%	50% of R&C	60%	50% of R&C
Orthodontia Care *(children and adults)*	50% up to $1,800 *(per individual)* lifetime maximum		50% up to $3,000 *(per individual)* lifetime maximum	

Find a Dental Plan Provider

Before selecting a plan, it's important to search for doctors in your area. The table below provides the steps to search online.

Delta Dental Available to DCAA, L145, L986, POA, Unrepresented	1. Go to **deltadentalins.com/find-a-dentist**. 2. Select your network: • For HMO: DeltaCare USA. • For PPO: Delta Dental PPO & Delta Dental Premier 3. Select "Find dentists." 4. Browse the results. Click Refine search to filter by categories such as specialty.
MEA MetLife Dental Available to MEA only	1. Go to **metlife.com**. 2. Select "Find a Dentist" next to "How can we help you?" 3. Next "Choose your network": • For HMO, Select "Dental HMO/ Managed Care" • For PPO, select "PDP Plus" 4. Enter your ZIP code and select the "Find a Dentist" button. • For HMO – You MUST refine the search by clicking on drop-down menu in the Specialty bubble, select "General Dentist"
Local 127 MetLife Dental Available to L127 only	1. Go to **metlife.com**. 2. Select "Find a Dentist" next to "How can we help you?" 3. next to "Choose your network": • For HMO, Select "Dental HMO/ Managed Care." • For PPO, select "PDP Plus." 4. Enter your ZIP code and select the "Find a Dentist" button. 5. If searching for an HMO dentist, You will receive an additional prompt then to select your plan from the list. Select "MET100" for the HMO plan.
POA ALADS **Anthem PPO Dental** Available to Police Safety members who enroll in the POA ALADS Anthem Medical Plans	1. Go to **Find a PPO Dentist** *(Dental Complete Network)* 2. Update your location *(ZIP code)* and search by doctor name or search by provider type.

Managing your Dental Account Online

Once enrolled, you can go online to verify your assigned dentist and other information, such as eligibility, your enrolled family members, claim status and benefit specifics. Some plans may offer other tools to check out-of-pocket expenses and find the average submitted costs for dental procedures.

Delta Dental Available to DCAA, L145, L986, POA, Unrepresented	1. Go to **deltadentalins.com**. 2. Select "Log in" at the top right side of the page. 3. Select "Create an account." 4. Select "Enrollee/Adult Dependent" from the drop-down menu. Then select "Next." 5. Enter your personal information.
MEA MetLife Dental Available to MEA only	1. Go to **mybenefits.metlife.com** 2. In the "Access MyBenefits" box enter "SDPEBA" as the "Employer or Association" and select "Next" 3. For first time users, select "Create a new account" and follow the steps to create username/password. For returning users, select "Log In" and enter your username and password.
Local 127 MetLife Dental Available to L127 only	1. Go to **mybenefits.metlife.com** 2. In the "Access MyBenefits" box enter "AFSCME Local 127" as the "Employer or Association" and select "Next" 3. For first time users, select "Create a new account" and follow the steps to create username/password. For returning users, select "Log In" and enter your username and password.
POA ALADS **Anthem PPO Dental** Available to Police Safety members who enroll in the POA ALADS Anthem Medical Plans	1. Visit **anthem.com/ca/login** 2. Enter login information *(returning users)* or select the "Register Now" link if you are a first time user.

Vision Plans

Enrollment in a vision plan is optional. Employees who wish to enroll may select from one the eligible plans. Employees who do not wish to enroll in vision, can elect to waive vision during their enrollment window. By default, an employee who does not elect anything during their first enrollment window, will be defaulted to the waive option.



Highlights

- Every employee has one or two vision plan options offered through the City of San Diego or SDPEBA. Understand which plan you are eligible for before reviewing cost and benefit highlights *(Page 48).*
- Review the 2027 Vision Plan Premium Rates table for the associated semi-monthly costs *(Page 49).*
- Review the benefit highlights to understand the coverage and how the plan works *(Page 50).*

Vision Plan Eligibility Chart

Vision plan eligibility depends on your bargaining unit. MEA employees are eligible for a VSP plan offered through the San Diego Public Employee Benefit Association (SDPEBA). All other employees are eligible to enroll in one of the EyeMed vision plans offered by the City.

Plan	All employee groups except MEA	MEA Only
EyeMed Silver	✓	
EyeMed Gold	✓	
MEA VSP Plan		✓

MEA VSP Vision Plan

Semi-monthly Premium Rates *(24 pay periods in a plan year)*				
Vision Plan	***Employee Only***	***Employee and Spouse/Domestic Partner****	***Employee and Child(ren)***	***Family****
MEA VSP	**$10.44**	**$18.49**	**$18.49**	**$30.50**

If enrolling a domestic partner, you must indicate whether they qualify as a tax dependent under IRS guidelines. If your domestic partner qualifies as a tax dependent and you indicate such on your **Tax Dependent Certification form, your entire premium will come out of your paycheck on a pre-tax basis. If your domestic partner does not qualify as a tax dependent, then a portion of your premium payment will come out on an after-tax basis. For a breakdown of the pre/post tax premium costs, view the **2027 FBP website**. See pages 14-15 for more information on Domestic Partners.*

Vision Benefit Highlights

The following table shows a brief summary of the in-network vision plan benefits. For a full list of covered services and limitations, as well as the out-of-network reimbursement amounts, review the **MEA VSP Benefits Summary**.

Benefit	**MEA VSP** *In-Network Coverage with a VSP Provider*
	In-Network
Wellness Eye Exam	**$0** *(once a calendar year)*
Standard Lens	**$0 copay** *(once a calendar year), includes a pair of additional lenses each calendar year*
Frames	**Every calendar year with $0 co-pay:** • $220 featured frame brands allowance. • $200 frame allowance. • 20% savings on the amount over your allowance. • $200 Walmart®/Sam's Club®/Costco® frame allowance.
Additional Frames	**Additional frames every calendar year with $0 co-pay:** • $190 featured frame brands allowance. • $170 frame allowance. • 20% savings on the amount over your allowance. • $170 Walmart®/Sam's Club®/Costco® frame allowance.
Contacts	**Every calendar year:** • $200 allowance for contacts; copay does not apply. • Contact lens exam *(fitting and evaluation)*; co-pay up to $60.
Additional Contacts	**Additional contacts every calendar year (up to $60 co-pay):** • $170 allowance for additional contacts; Contact lens exam *(fitting and evaluation)*.

Find a Provider

To find a VSP provider, visit **www.VSP.com** and select "Find a Doctor." Follow steps to find a provider in the "Choice" network.

EyeMed *(Available to all employees, except MEA)*

Semi-monthly Premium Rates *(24 pay periods in a plan year)*				
Vision Plan	***Employee Only***	***Employee and Spouse/Domestic Partner****	***Employee and Child(ren)***	***Family****
EyeMed Silver	**$2.12**	**$4.23**	**$4.52**	**$7.24**
EyeMed Gold	**$4.16**	**$8.32**	**$8.90**	**$14.24**

If enrolling a domestic partner, you must indicate whether they qualify as a tax dependent under IRS guidelines. If your domestic partner qualifies as a tax dependent and you indicate such on your **Tax Dependent Certification form, your entire premium will come out of your paycheck on a pre-tax basis. If your domestic partner does not qualify as a tax dependent, then a portion of your premium payment will come out on an after-tax basis. For a breakdown of the pre/post tax premium costs, view the **2027 FBP website**. See pages 14-15 for more information on Domestic Partners.*

Vision Benefit Highlights

The following table shows a brief summary of the in-network vision plan benefits. For a full list of covered services and limitations, as well as the out-of-network reimbursement amounts, review the **EyeMed Silver** and **EyeMed Gold** Benefits Summary.

Benefit	**EyeMed** *In-Network Coverage*	
	EyeMed Silver	**EyeMed Gold**
Wellness Eye Exam	**$0** *(once a calendar year)*	**$0** *(once a calendar year)*
Frames	Once ***every other*** calendar year: **$150 allowance** At PLUS Provider: **$200 allowance**	Once **every** calendar year: **$200 allowance** At Plus Provider: **$250 allowance**
Lens Coverage	Once a calendar year: **$0 copay**	Once a calendar year: **$0 copay**
Lens Options	Standard progressive: **$0 copay** Premium progressive: **$85-$225 copay**	Standard progressive: **$0 copay** Premium progressive: **$85-$225 copay**
Contacts	Once every calendar year: **$130 allowance** Standard fit and follow-up: **$40**	Once every calendar year: **$200 allowance** At PLUS Provider: **$250 allowance** Standard fit & follow-up: **$0**
Additional Glasses*	**No additional glasses allowance**	**$50 allowance** At PLUS Provider: **$100 allowance** Allowance applied after 40% discount Once a calendar year

**Complete pair (frame and lens with or without lens options) purchase required to receive 40% discount. 20% discount applied if complete pair not purchased.*

Find a Provider

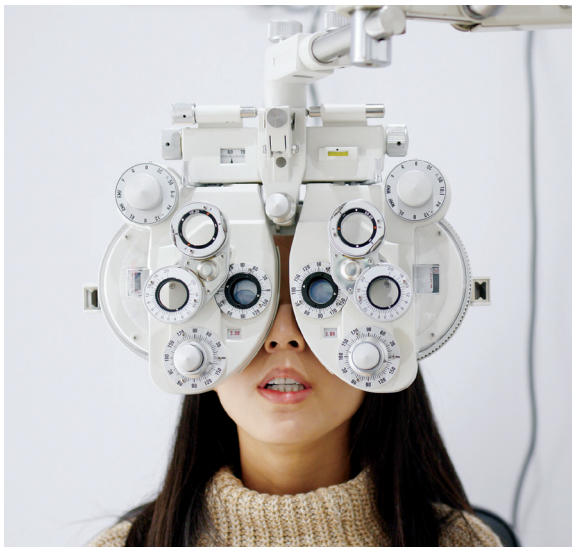
To find an EyeMed provider, visit the **EyeMed California Provider Network Search** to search for providers by location, name of doctor, and services. The EyeMed network is the "Insight Network".

Vision Benefits for Police Safety through the ALADS Medical Plan

Police Safety employees *(POA Classified and Unclassified)* are eligible for the Association for Los Angeles Deputy Sheriffs (ALADS) Anthem Blue Cross California Care HMO Medical plans *(basic and premier).* ALADS offers a unique medical plan that includes vision benefits through VSP. There is no additional enrollment process required to receive the VSP plan benefit because it is automatically included with the medical plan.

The following table provides a brief summary of vision benefits offered through VSP under the ALADS plan. Review the **ALADS VSP Benefits Summary** for more details.





Benefit	VSP Vision Benefits Included in the ALADS Medical Plan *Available to Police Safety employees who enroll in the ALADS medical plan*	
	In-Network	Out-of-Network
Annual Deductible	**$0**	**$0**
Annual Eye Exam *(Includes retinal Imaging)* • Every 12 months	**$0 copay**	**$50 allowance**
Standard lenses • Every 12 months	**$0 copay**	**$50 allowance**
Frames • Every 12 months	**$185 allowance then 20% off**	**$70 allowance**
Contacts *(instead of glasses)* • Every 12 months	**$185 allowance**	**$105 allowance**
Non-Prescription Sunglasses *(instead of glasses or contacts)*	**$185 allowance**	**$70 allowance**

Flexible Spending Accounts



Highlights

- Flexible Spending Accounts (FSA) allows you to set aside pre-tax dollars and/or excess FBP credits from your paycheck *(semi-monthly)* to help pay for qualified expenses that are incurred during the plan year.
- The City of San Diego offers two types of FSA accounts for tax savings on eligible expenses: Dental/Medical/Vision (DMV) FSA and Dependent Child Care (DCC) FSA.
- If you want to participate in the flexible spending accounts, you must actively re-enroll each year during open enrollment.
- Flexible Spending Accounts must follow strict IRS rules. An FSA is a "use it or lose it" benefit. It's important to estimate your annual expenses carefully and know the important deadlines.

Flexible Spending Accounts

Flexible Spending Accounts (FSA) allow you to set aside pre-tax dollars and/or excess FBP credits from every paycheck to help pay for qualified expenses that are incurred during the plan year, as long as receipts are submitted by the claims deadline.

The City of San Diego offers two types of FSA accounts for tax savings on eligible expenses:

DMV FSA Dental, Medical and Vision Flexible Spending Account	DCC FSA Dependent/Child Care Flexible Spending Account
Used to pay for qualifying health expenses that are incurred during the plan year.	Used to pay for qualifying dependent care expenses that are incurred during the plan year.

If you want to participate in the flexible spending accounts, you must actively re-enroll each year during open enrollment.

FSA Enrollment and Annual Limits

You can enroll in one or both of the Flexible Spending Accounts during your first 30 days as a newly benefitted eligible employee and during the annual Open Enrollment period. During enrollment, you choose an annual contribution amount and the City will automatically deduct that amount pre-tax in equal parts from your paycheck *(semi-monthly)* during the FSA plan year. You can only make a change to your account or enroll mid-year if you have a qualifying life event. If you want to continue to participate, you must re-enroll each year during Open Enrollment.

The IRS sets limits on how much money can be set aside annually in the flexible spending accounts.

2027 FSA Annual Limits	
DMV FSA	**$3,400**
DCC FSA	**$7,500***

**If married, the DCC FSA annual limit is a per household limit.*

Important Deadlines and Restrictions

FSA accounts are not savings accounts. You can use the money you set aside only for eligible expenses you have incurred during the plan year while you are contributing to the account and during the additional two-and-a-half *(2½)* month grace period *(spending period)*. Claims for reimbursement can be submitted anytime during the plan year, but no later than the claims deadline.

FSA Plan Year	Spending Period Dates to incur qualified expenses	Claims Deadline Deadline to submit reimbursement claims
2027	**Jan. 1, 2027 - March 15, 2028**	**March 31, 2028**

Unused FSA funds will be forfeited: If you do not spend the contributions in your account during the FSA plan year spending period and you fail to submit claims for those expenses by the claims deadline, you forfeit any money left in your account. Unused FSA funds do not rollover to the next plan year account. This is an IRS rule and the City of San Diego cannot make exceptions.

Qualified Expenses

The IRS determines which expenses can be reimbursed by an FSA. Review the lists of eligible expenses here:

- **Examples of eligible healthcare expenses for DMV FSA.**
- **Examples of eligible dependent care expenses for DCC FSA.**

Note: medical insurance premiums are not eligible to be reimbursed through the DMV FSA option.

Estimate Expenses Carefully*: It is important to estimate FSA expenses carefully and set aside only the amount you think you will need while you are contributing to the account during each plan year. The elections you make are valid for the plan year. Changes are not permitted outside of a qualifying life event as approved by the City of San Diego and in accordance with the IRS rules.*



Account Funding and Access

HealthEquity|WageWorks is the administrator of the City's Flexible Spending Accounts. Once you have enrolled in the FSA account during your enrollment period, the City will work with HealthEquity|WageWorks to setup your account by the start of the plan year.

DMV FSA	Funded immediately. You'll have access to the entire amount on the first day of the plan year.
DCC FSA	Account funds are available only as you make contributions. You'll have access to amounts as they are contributed to the plan via your paycheck deductions throughout the plan year.

Using your FSA Account and Filing Claims

When you enroll in the FSA for the first time you will receive information on how to establish a log-in with HealthEquity|WageWorks and process claims.

There are two ways to submit a receipt for reimbursement:

- Through the **WageWorks EZ Receipts® mobile app.** Use your mobile device to snap a photo of your receipts and submit them for reimbursement.
- Through your **WageWorks account**. **Log into your account**, select "Reimburse me", and follow the steps to upload an image of your receipt and submit your claim.

To make sure your claims are processed quickly, please make sure that your receipts and documentation include the following five pieces of information:

- **Patient's Name:** The name of the person who received the service or for whom the item was purchased for. For retail store purchases, this information may be excluded.
- **Provider's Name:** The provider that delivered the service or where the item was purchased.
- **Date of Service:** The date on which services were provided or the item was purchased.
- **Type of Service:** A detailed description of the service provided or item purchased. A bag tag is sufficient for prescriptions.
- **Cost:** The amount you paid for the service or product and/or the portion that is not reimbursed through your insurance carrier.

Please note that not every claim is approved.

Debit Card:

- **DMV FSA:** You will automatically receive a debit card to use for eligible DMV FSA expenses at any provider or retailer that accepts debit cards *(note: if your debit card from the prior plan year has not expired, you will continue to use that same debit card for the following plan year)*. The debit card is an additional convenience option and is not intended to replace the traditional claim process. Some eligible healthcare expenses may not be available through the debit card and will only be eligible through filing a traditional claim.
- **DCC FSA:** There is no debit card option for the Dependent Care Reimbursement Account.

DMV FSA Eligible Health Plan Tax Dependent

Use the DMV FSA to pay for eligible healthcare expenses that are not covered by any medical, dental, or vision coverage. Generally, eligible healthcare expenses may be claimed only for expenses incurred during the period when you are enrolled in a City-sponsored medical plan. You may use a DMV FSA for healthcare expenses of:

- Your spouse and any child you claim as a dependent on your tax return.
- Anyone who is your "health plan tax dependent" as defined by the IRS.

Internal Revenue Service (IRS) rules determine who is an eligible dependent. Under federal tax law, "health plan tax dependent" includes your children *(biological, adopted, step and foster)* through the end of the year in which they turn age 26. It also includes other covered individuals for whom you can claim an exemption on your federal taxes. In addition, it includes family members – or an unrelated person who lives with you for the entire year – if they receive more than half of their support from you; are a U.S. citizen, resident or national or a citizen of Mexico or Canada; and are not claimed as a "qualifying child" dependent on anyone else's tax return. These rules are complex and may require the assistance of your tax advisor.

DCC FSA Eligible Dependents

You can use your account to pay for the eligible dependent expenses of a qualifying child or relative, as defined in Internal Revenue Code Section 152.

Generally speaking, a qualifying child or relative is:

- Children under the age of 13 years.
- Your spouse, adult relative or adult child who is physically or mentally incapable of self-care.

For more information on eligible dependents, visit the **DCC FSA Help Page**.



Life Insurance



Highlights

- City employees are automatically enrolled in Basic Life Insurance. Coverage options and cost vary depending on your bargaining unit *(see page 58)*.
- You have the option to purchase supplemental life insurance for yourself and/or dependent life insurance for your spouse/domestic partner and/or your children *(see pages 58-59)*.

  Special Option During Open Enrollment: During the Open Enrollment window, you can increase your supplemental life insurance coverage up one tier *(up to $350,000 for yourself and up to $50,000 for your spouse)* without providing evidence of insurability *(proof of good health)*.
- Basic and Supplemental life automatically include Accidental Death and Dismemberment (AD&D) coverage at no additional cost. Child Life Insurance does not include AD&D *(see page 60)*.
- When your employment ends, you will have the option to continue your life insurance coverage through portability and conversion options *(see page 61)*.

Special Enrollment Options

The Hartford offers a special open enrollment feature during the open enrollment window for Employee & Spouse/Domestic Partner Supplemental Life Insurance:

During the Open Enrollment window you can enroll or increase your Supplemental Life Insurance coverage up one tier *(up to $350,000 for yourself and up to $50,000 for your spouse/domestic partner)* without providing EOI *(proof of good health)*.

What's so special about this feature?

Outside of the Open Enrollment window, you are required to provide evidence of insurability (EOI) for any and all enrollments or increases to supplemental employee & spouse life insurance.



Life Insurance Terms

Basic Life Insurance	Employer sponsored life insurance which provides a death benefit to a beneficiary *(or beneficiaries)* if the employee passes away.
Supplemental Employee Life Insurance	An optional life insurance plan that employees may enroll in, which provides a death benefit to a beneficiary *(or beneficiaries)* if the employee passes away.
Supplemental Spouse/ Domestic Partner Life Insurance	An optional life insurance plan that employees may enroll in, which provides a death benefit to the employee if the spouse/domestic partner passes away.
Supplemental Child Life Insurance	An optional life insurance plan that employees may enroll in, which provides a death benefit to the employee if the child(ren) passes away.
Evidence of Insurability (EOI)	A process that involves providing information about your health or the health of your dependents to be considered for certain types of insurance coverage.
Guaranteed Issue Amount (GIA)	The amount of Life Insurance for which The Hartford does not require Evidence of Insurability.
Accidental Death and Dismemberment (AD&D) Insurance	AD&D insurance includes coverage for fatal accidents and nonfatal accidents involving specific injuries *(dismemberment or loss of movement in certain body parts)*.
Portability and Conversion	Options to continue supplemental life insurance coverage after employment ends.

Basic Life Insurance (Mandatory Enrollment)

City employees are required to enroll in Basic Life Insurance. If you are represented by MEA, Local 127 or Teamsters - Local 986 you must select the level of your Basic Term Life Insurance between $10,000, $25,000 or $50,000 for a minimal annual cost. The associated cost will be paid pre-tax, through your FBP credits. If you are not a member of one of these groups, you will be enrolled in a $50,000 Basic Term Life Insurance policy paid by the City. For more information, review the **MEA**, **L127**, and **L986** benefit highlights or the **DCAA**, **L145**, **POA,** and **Unrepresented** benefit highlights

Life Insurance Coverage	Semi-Monthly Cost *(24 Pay Periods)*
BASIC LIFE *(Available to MEA, Local 127 and Local 986)*	
$10,000	**$0.15**
$25,000	**$0.38**
$50,000	**$0.75**
BASIC LIFE *(Available to DCAA, Local 145, POA and Unrepresented Employees)*	
$50,000	**$0**

Supplemental Life Insurance (Optional Enrollment)

You may sign up for **Supplemental Life Insurance** for yourself, your spouse/domestic partner and your child(ren) at any time, however special options apply during Open Enrollment and your first 30 days as a new hire/newly eligible employee. Premiums are paid on a post-tax basis. FBP credits cannot be used to pay for Supplemental Life Insurance. Some important rules to keep in mind:

- A child is only eligible to enroll if the employee and/or spouse/domestic partner is also enrolled in Supplemental Life Insurance.
- If you and your spouse/domestic partner are both employed by the City, each employee can only be covered by one supplemental life insurance plan *(no double coverage)*, and a child may only be covered by one employee.
- Supplemental coverage for your spouse/domestic partner cannot exceed the combined employee coverage for Basic and Supplemental Life. For example, if an employee has $50,000 in Basic Life Insurance and $100,000 in Supplemental Life Insurance, the total coverage for a spouse/domestic partner cannot exceed $150,000.

Supplemental Life Plan	Coverage Limit	Guaranteed Issue Amount (GIA)*
Employee	**May be insured up to $1,000,000**	**$350,000**
Spouse/Domestic Partner	**May be insured up to $500,000**	**$50,000**
Child(ren) Biological, Adopted, Stepchildren, and/or children of Domestic Partner up to age 26	**May be insured for $5,000, $10,000, or $20,000**	**Not Applicable**

**If coverage election exceeds the GIA, you will be provided with the GIA amount until the coverage is approved by The Hartford. Premiums will not be charged for pending coverage due to EOI.*

2027 Supplemental Life Insurance Cost Tables

The cost of employee and spouse/domestic partner supplemental life insurance is based on the coverage amount and age of the covered individual. Child(ren) life insurance is just based on the coverage amount.

Employee Supplemental Life Insurance ($25,000 - $500,000)

Age Group	BI-WEEKLY PREMIUM COST PER COVERAGE LEVEL AND AGE (26 pay periods)											
	$25,000	$50,000	$75,000	$100,000	$150,000	$200,000	$250,000	$300,000	$350,000	$400,000	$450,000	$500,000
<30	$0.38	$0.76	$1.14	$1.52	$2.28	$3.05	$3.81	$4.57	$5.33	$6.09	$6.85	$7.62
30-34	$0.55	$1.11	$1.66	$2.22	$3.32	$4.43	$5.54	$6.65	$7.75	$8.86	$9.97	$11.08
35-39	$0.63	$1.27	$1.90	$2.54	$3.81	$5.08	$6.35	$7.62	$8.88	$10.15	$11.42	$12.69
40-44	$0.81	$1.62	$2.42	$3.23	$4.85	$6.46	$8.08	$9.69	$11.31	$12.92	$14.54	$16.15
45-49	$1.14	$2.28	$3.43	$4.57	$6.85	$9.14	$11.42	$13.71	$15.99	$18.28	$20.56	$22.85
50-54	$1.88	$3.76	$5.64	$7.52	$11.28	$15.05	$18.81	$22.57	$26.33	$30.09	$33.85	$37.62
55-59	$3.38	$6.76	$10.14	$13.52	$20.28	$27.05	$33.81	$40.57	$47.33	$54.09	$60.85	$67.62
60-64	$5.22	$10.43	$15.65	$20.86	$31.29	$41.72	$52.15	$62.58	$73.02	$83.45	$93.88	$104.31
65-69	$10.14	$20.28	$30.43	$40.57	$60.85	$81.14	$101.42	$121.71	$141.99	$162.28	$182.56	$202.85
70 and up	$17.15	$34.29	$51.44	$68.58	$102.88	$137.17	$171.46	$205.75	$240.05	$274.34	$308.63	$342.92

Employee Supplemental Life Insurance ($550,000 to $1,000,000)

Age Group	BI-WEEKLY PREMIUM COST PER COVERAGE LEVEL AND AGE (26 pay periods)									
	$550,000	$600,000	$650,000	$700,000	$750,000	$800,000	$850,000	$900,000	$950,000	$1,000,000
<30	$8.38	$9.14	$9.90	$10.66	$11.42	$12.18	$12.95	$13.71	$14.47	$15.23
30-34	$12.18	$13.29	$14.40	$15.51	$16.62	$17.72	$18.83	$19.94	$21.05	$22.15
35-39	$13.96	$15.23	$16.50	$17.77	$19.04	$20.31	$21.58	$22.85	$24.12	$25.38
40-44	$17.77	$19.38	$21.00	$22.62	$24.23	$25.85	$27.46	$29.08	$30.69	$32.31
45-49	$25.13	$27.42	$29.70	$31.98	$34.27	$36.55	$38.84	$41.12	$43.41	$45.69
50-54	$41.38	$45.14	$48.90	$52.66	$56.42	$60.18	$63.95	$67.71	$71.47	$75.23
55-59	$74.38	$81.14	$87.90	$94.66	$101.42	$108.18	$114.95	$121.71	$128.47	$135.23
60-64	$114.74	$125.17	$135.60	$146.03	$156.46	$166.89	$177.32	$187.75	$198.18	$208.62
65-69	$223.13	$243.42	$263.70	$283.98	$304.27	$324.55	$344.84	$365.12	$385.41	$405.69
70 and up	$377.22	$411.51	$445.80	$480.09	$514.38	$548.68	$582.97	$617.26	$651.55	$685.85

Spouse/Domestic Partner Supplemental Life Insurance

Age Group	BI-WEEKLY PREMIUM COST PER COVERAGE LEVEL AND AGE (26 pay periods)											
	$25,000	$50,000	$75,000	$100,000	$150,000	$200,000	$250,000	$300,000	$350,000	$400,000	$450,000	$500,000
<30	$0.43	$0.85	$1.28	$1.71	$2.56	$3.42	$4.27	$5.12	$5.98	$6.83	$7.68	$8.54
30-34	$0.59	$1.18	$1.77	$2.35	$3.53	$4.71	$5.88	$7.06	$8.24	$9.42	$10.59	$11.77
35-39	$0.67	$1.34	$2.01	$2.68	$4.02	$5.35	$6.69	$8.03	$9.37	$10.71	$12.05	$13.38
40-44	$0.83	$1.66	$2.49	$3.32	$4.98	$6.65	$8.31	$9.97	$11.63	$13.29	$14.95	$16.62
45-49	$1.17	$2.33	$3.50	$4.66	$6.99	$9.32	$11.65	$13.98	$16.32	$18.65	$20.98	$23.31
50-54	$1.93	$3.85	$5.78	$7.71	$11.56	$15.42	$19.27	$23.12	$26.98	$30.83	$34.68	$38.54
55-59	$3.43	$6.85	$10.28	$13.71	$20.56	$27.42	$34.27	$41.12	$47.98	$54.83	$61.68	$68.54
60-64	$5.26	$10.52	$15.78	$21.05	$31.57	$42.09	$52.62	$63.14	$73.66	$84.18	$94.71	$105.23
65-69	$10.17	$20.33	$30.50	$40.66	$60.99	$81.32	$101.65	$121.98	$142.32	$162.65	$182.98	$203.31
70 and up	$17.17	$34.34	$51.51	$68.68	$103.02	$137.35	$171.69	$206.03	$240.37	$274.71	$309.05	$343.38

Child(ren) Life Insurance

Coverage	$5,000	$10,000	$20,000
Cost bi-weekly *(26 pay periods)*	$0.34	$0.41	$0.81

Evidence of Insurability (EOI) Requirements

If you make a supplemental life insurance election above the GIA, or if you enroll/make changes outside of open enrollment, EOI will be required. If you elect coverage above the GIA or you increase your coverage more than one tier during open enrollment, you will receive a letter in the mail from The Hartford at the beginning of the 2027 plan year with instructions for completing the EOI steps online. If you make an election outside of open enrollment, you will receive an EOI letter within 30 days of making your election. There is no EOI requirement for enrolling in Child(ren) Life Insurance.

Dependent Eligibility Requirements

The spouse/domestic partner and/or child(ren) you purchase coverage for must be a named qualified dependent of your City health insurance coverage. If you assign an individual who is not your confirmed dependent, you must provide supporting documentation to prove that this individual meets dependent eligibility. See page 11 for information on eligible dependents.

Designating a Beneficiary

Basic and Employee Supplemental Life Insurance

It's important to name a beneficiary so that benefits can be paid to the person of your choice when you die. Beneficiary designations are completed in the benefits enrollment portal and can be updated at any time throughout the year.

You can name anyone as a beneficiary to your basic and supplemental employee life insurance, however special rules apply to married employees and those in a domestic partnership. Your spouse/registered domestic partner must be designated at least 50% primary beneficiary, unless your spouse/registered domestic partner signs the spousal consent waiver. If you want to designate less than 50% to your spouse/registered domestic partner, you will be restricted in doing so in the benefits enrollment application, and will have to follow these steps to make your beneficiary election:

1. Have spouse/registered domestic partner complete the **spousal consent waiver form**.
2. Email your desired beneficiary designations and a copy of the completed spousal consent waiver to **benefits@sandiego.gov**.

Spouse/Domestic Partner and Child(ren) Supplemental Life Insurance

For spouse/domestic partner and child supplemental life insurance, the employee must be the designated primary beneficiary.

Accidental Death & Dismemberment (AD&D) Insurance

Basic Life Insurance and Supplemental Life Insurance for employee and spouse/domestic partner, includes AD&D coverage at no additional cost. AD&D insurance includes coverage for fatal and nonfatal accidents involving loss of life, dismemberment *(loss of limb),* specific injuries causing paralysis or loss of eyesight, hearing, or speech. AD&D claims must be filed within 365 days of the accident and pay a percentage of your life coverage amount up to certain limits. Child Supplemental Life does not include AD&D insurance. See the **Supplemental Life Insurance plan highlights** for detailed information. For AD&D information for basic life insurance, review the **MEA**, **L127**, and **L986** basic life benefit highlights or the **DCAA**, **L145**, **POA**, and **Unrepresented** basic life benefit highlights.

Additional Services through The Hartford

The City's Life Insurance carrier, The Hartford, provides **additional services** for funeral planning, estate administration, grief counseling, identity theft protection and more. To access the services, register online at **join.empathy.com/hartford**. Once you register, access these services by calling 270-681-1364.

Accelerated Benefit

The Accelerated Benefit option can provide financial assistance if you or a dependent become terminally ill and have a life expectancy of 12 months or less. In this case, you may have the right to receive during your lifetime a portion of your insurance as an Accelerated Benefit. You must have at least $10,000 of insurance in effect to be eligible. You may elect up to 80% of your basic and supplemental insurance, to a maximum of $500,000. The minimum Accelerated Benefit is $3,000. The amount of life Insurance payable upon the terminally ill person's death will be reduced by any Accelerated Benefit Amount paid under this benefit. This option may be exercised only once for you and only once for each of your dependents.

How to File a Claim

If you or a beneficiary need to file a claim to receive a Life or AD&D insurance benefit, including an accelerated benefit, contact the benefits office at **benefits@sandiego.gov** or 619-236-5924, option 1.

Make sure your beneficiary is informed of their designation as your beneficiary and provide them with the benefits office contact information, so they know how to initiate a claim in the event of your death.

Continuing Coverage After Your City Employment Ends

If your City employment ends, your life insurance coverage will end on your separation date. However, there are two ways you can take your life insurance with you — portability and conversion. Portability allows you to continue group coverage at group rates if your coverage ends because employment is being voluntarily or involuntarily terminated, whereas conversion allows you to continue your coverage as an individual policy. Conversion and portability are not available for AD&D coverage. Following your separation date, you will receive a Notice of Continuation of Coverage to complete and return directly to the life insurance carrier within 31 days from the date your coverage ends.

Open Enrollment Instructions



Highlights

- The Benefits Enrollment Portal tool is a multiple step, online process that allows you to restart or modify your 2027 choices at any time during the Open Enrollment period *(Oct. 22 - Nov. 18, 2026)*. Follow these instructions to complete your 2027 enrollment online.

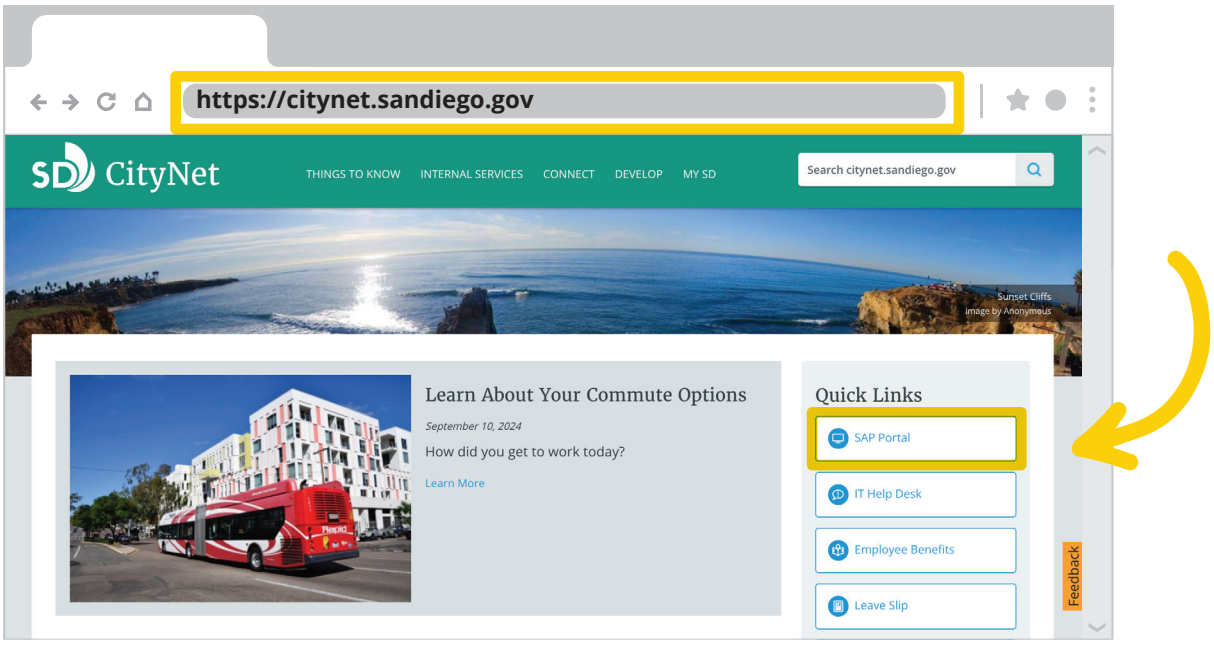
Know Before You Go

- **Elections must be made by you.** Only the eligible City of San Diego employee is allowed to make benefit elections for themselves and their dependents. Dependents are not allowed to make elections for themselves.
- **Social Security numbers (SSN) or Taxpayer Identification numbers (TIN) are required for your medical dependents.** Employers are required by law to collect the Social Security number (SSN) or Taxpayer Identification number (TIN) of each medical plan dependent enrolled and provide that number on reports that will be provided to the IRS each year.
- **Provide accurate information.** You agree that your information and the information you provided for your eligible dependents is true and accurate to the best of your knowledge.
- **Elections may require further action to be considered final.** Your enrollment, and the enrollment of any of your dependents, is conditional and may require further action. Any required documentation to complete your or your dependents' enrollment, such as birth certificates, marriage certificates, or an Affidavit of Domestic Partnership must be submitted to the Employee Benefits Division within 30 days from the date your enrollment window closes. Failure to comply with these required actions will result in the cancellation of your conditional coverage and any expenses incurred after coverage is canceled, including expenses incurred before your cancellation notice, will be your responsibility.
- **Make sure your benefits address is up-to-date.** Having an accurate benefits address will ensure that you do not miss any important mailings and it allows the carriers to validate that you live in a zip code that offers coverage for services in your area. You will not be able to update your address in the benefits enrollment portal. If you need to update your address go to the SAP portal, select your "Personal Profile" tile, and scroll down to the "Addresses" section. Review your "Benefits Address" and select "Manage my Addresses" if you need to make a change. On the following screen you will see three separate tabs to update each address type. Select the "Benefits address *(Required for Health Plans)*" tab and select the "edit" link. Enter your changes, then press the "save" button.

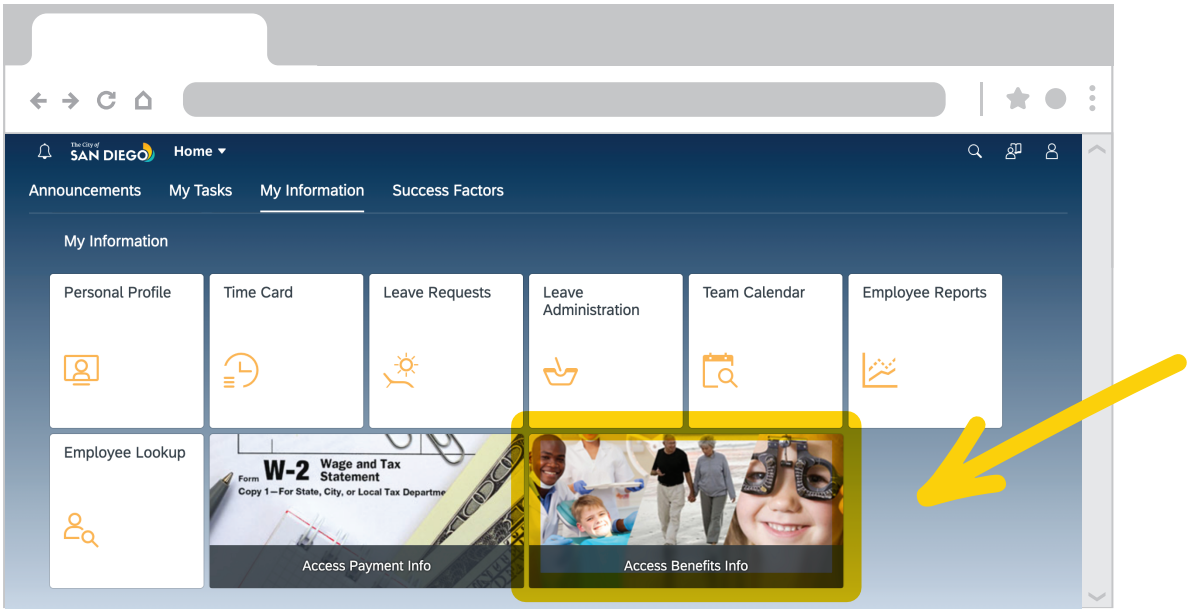
Steps to Enroll Online

City of San Diego employees are automatically *(passively)* enrolled in benefits for the next year, if you want to keep your same elections, you do not need to enroll; your current elections will automatically continue at the new 2027 premium costs, except for Flexible Spending Accounts (FSA). Note: The Healthcare *(dental/medical/vision)* and Dependent/Child Care FSA do not automatically continue. They require an annual election.

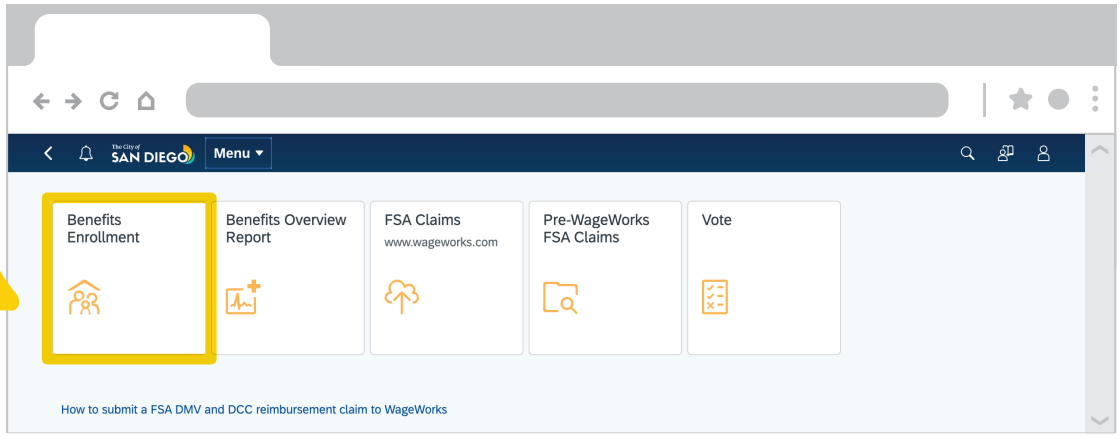
1 **From Citynet, select the SAP Portal located under "Quick Links" on the right.**



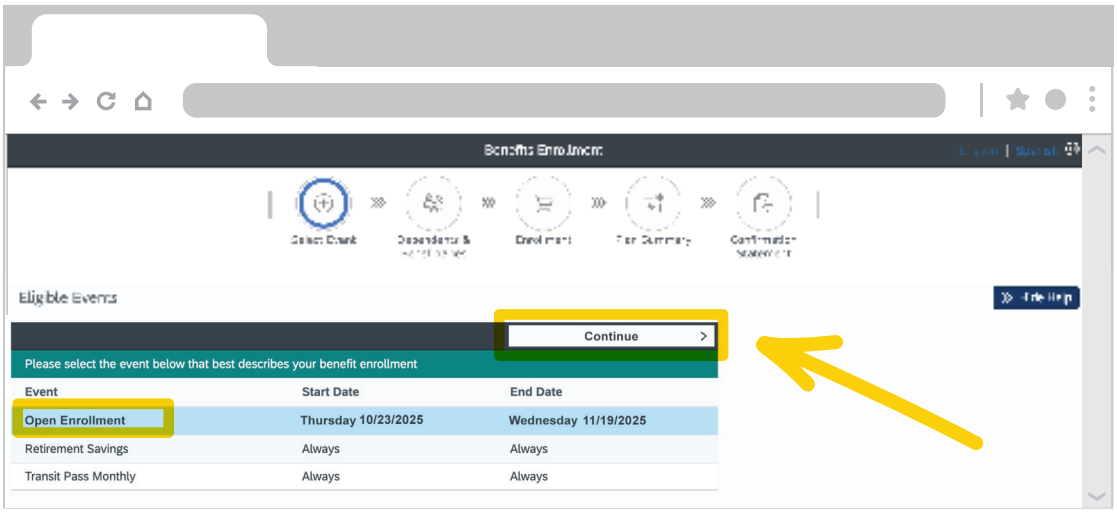
2 **Select "Access Benefits Info" tile from the SAP self-service portal.**



3 Select “Benefits Enrollment” tile.



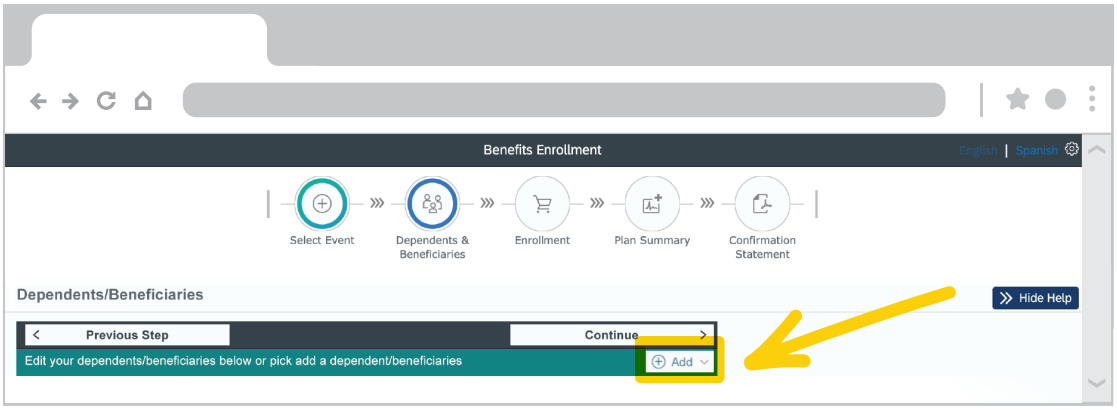
4 Select the “Open Enrollment” event and then select “Continue”



5 Review, Add, and/or Remove Dependents/Beneficiaries

The following step of the benefits enrollment portal allows you to list all of your dependents and beneficiaries of whom you would like to later enroll in your health plans or as a beneficiary for life insurance.

To **add a dependent/beneficiary**, select the "Add" button and select the type of dependent/beneficiary you would like to add from the drop-down menu. Enter your dependent/beneficiary info on the following screen and press "Continue."



To **edit an existing dependent/beneficiary** select the pencil icon next to the name of the individual you wish to update. The following screen will allow you to update their address. Note: If your dependent is currently enrolled in one of your plans, you will be unable to edit their other personal info *(name, DOB, SSN)*. Please email benefits@sandiego.gov if you need to edit the personal info of your dependent.

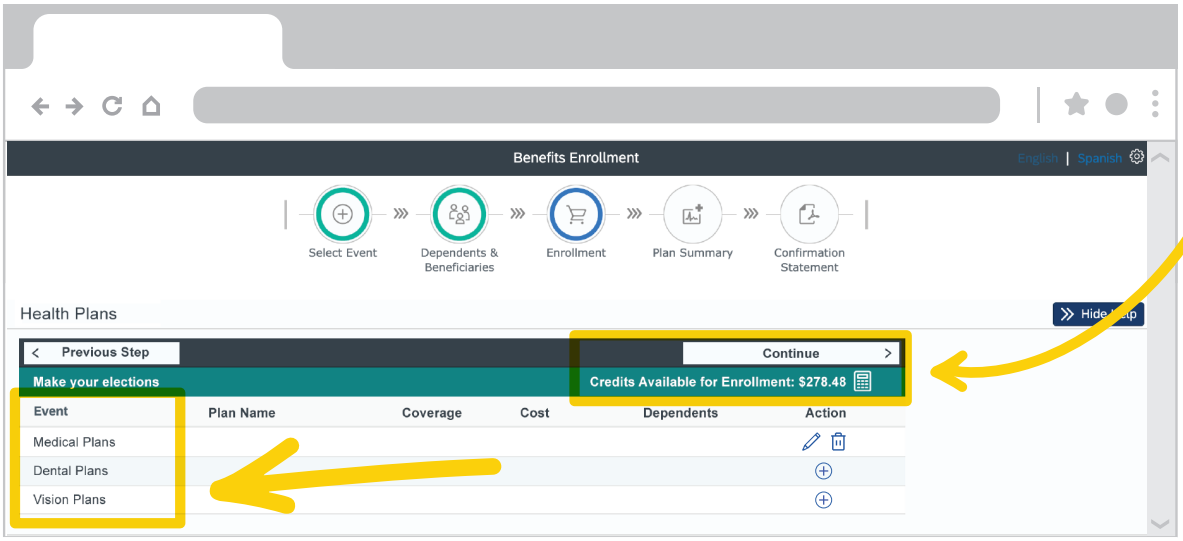
To **delete a dependent/beneficiary** select the trashcan icon . Note: If your dependent is currently enrolled in one of your plans, the trashcan option will not appear and you will be unable to delete them. Please email **benefits@sandiego.gov** if you need further asistance.

6 Make Your Medical, Dental and Visions Elections and Then Select "Continue."

Note: The calculator will show a running tally of your FBP credits. If the number is negative, then you have used all your FBP credits, and the negative amount shown would be deducted from your wages on a semi-monthly basis to cover the cost of your premiums.

Select:

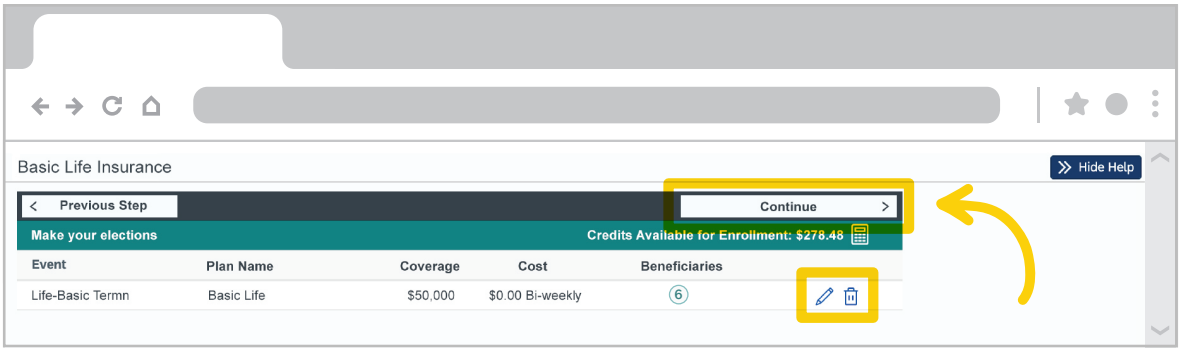
- The add (+) icon to elect a Medical, Dental and/or Vision plan.
- The pencil icon to change an existing Medical, Dental and/or Vision plan.
- The trash can icon to delete your existing Medical, Dental and/or Vision election.
- Select "Continue" when you are ready to move to the next step.



7 Edit Your Basic Life Insurance Election *(if Applicable)* and Review/Designate Your Beneficiaries

Employees represented by the Municipal Employee's Association (MEA), AFSCME *(Local 127)* or the Teamsters *(Lifeguards, Local 986),* have the option of signing up for $10,000, $25,000 or $50,000 of Basic Life Insurance coverage at a minimal cost. If you would like to change the current election, you can select the pencil icon and make a change.

By selecting the pencil icon, you can also update your beneficiaries. Select "Continue" to move to the next step.



8 Edit or Enroll in Supplemental Life Insurance *(optional)* and Review/Designate Your Beneficiaries

You may sign up for Supplemental Life Insurance for yourself, your spouse/domestic partner, and/or your child. Premiums are paid on a post-tax basis and FBP credits cannot be used to pay for Supplemental Life Insurance.

Plan Type Definitions:

- Life-EE Term = Supplemental Life Insurance for yourself.
- Life-SP Term = Supplemental Life Insurance for your spouse.
- Life-DP Term = Supplemental Life Insurance for your domestic partner.
- Life-CH Term = Supplemental Life Insurance for your child(ren).

Special 2027 Open Enrollment Feature:

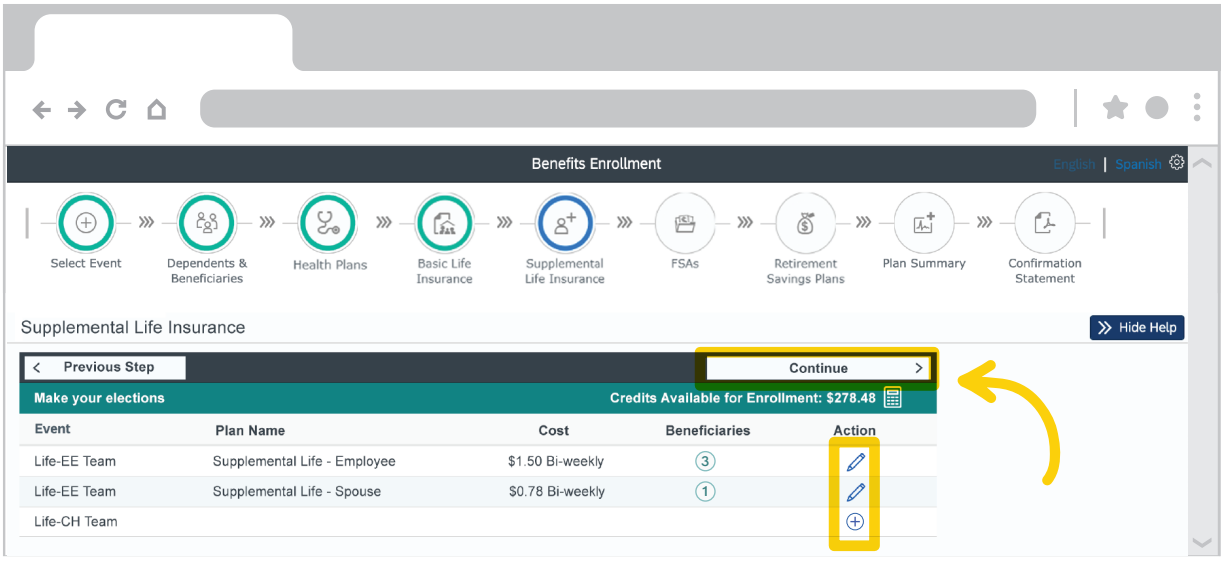
- During the Open Enrollment window you can increase your Supplemental Life Insurance coverage up one tier up to the GIA *(up to $350,000 for yourself and up to $50,000 for your spouse/domestic partner)* without providing evidence of insurability *(proof of good health)* *(see page 56 for more information).*

Any coverage for you or your spouse over the amounts stated above require EOI. If you and your spouse/domestic partner both work for the City, please note the following:

- Only one Supplemental Life Insurance plan can be purchased per employee.
- A child may only be covered by one employee.

Select:

- The add (+) icon to elect a Supplemental Life Insurance plan.
- The pencil icon to change an existing Supplemental Life Insurance plan and to change existing beneficiaries.
- The trash can icon to delete your existing Supplemental life Insurance plan election.
- Select “continue” when you are ready to move to the next step.



9 Enroll in the FSA Plan(s) *(optional)*

Flexible Spending Accounts (FSA) allows you to use pre-tax dollars to pay for approved dependent/childcare and healthcare expenses for you and your dependents.

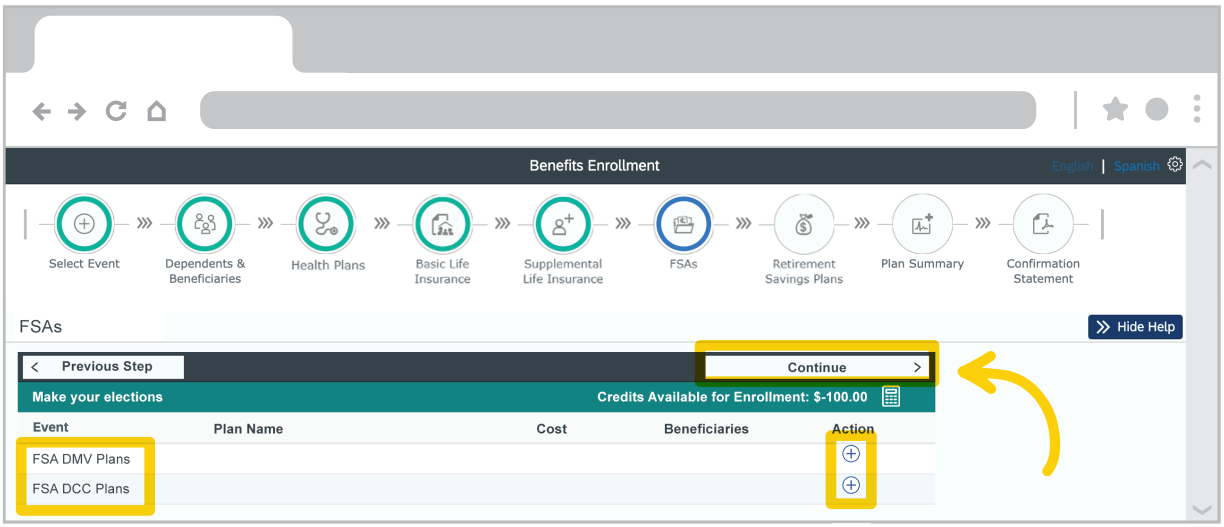
- FSA DMV - Flexible Spending Account Dental/Medical/Vision: used for **qualifying healthcare expenses**.
- FSA DCC - Flexible Spending Account Department/Childcare: used for **qualifying dependent/childcare expenses**.

Important:

- FSA elections are not carried over into the next plan year. You are required to sign up for each year you wish to participate.
- Excess FBP credits can be allocated to the flexible spending account(s).

Select:

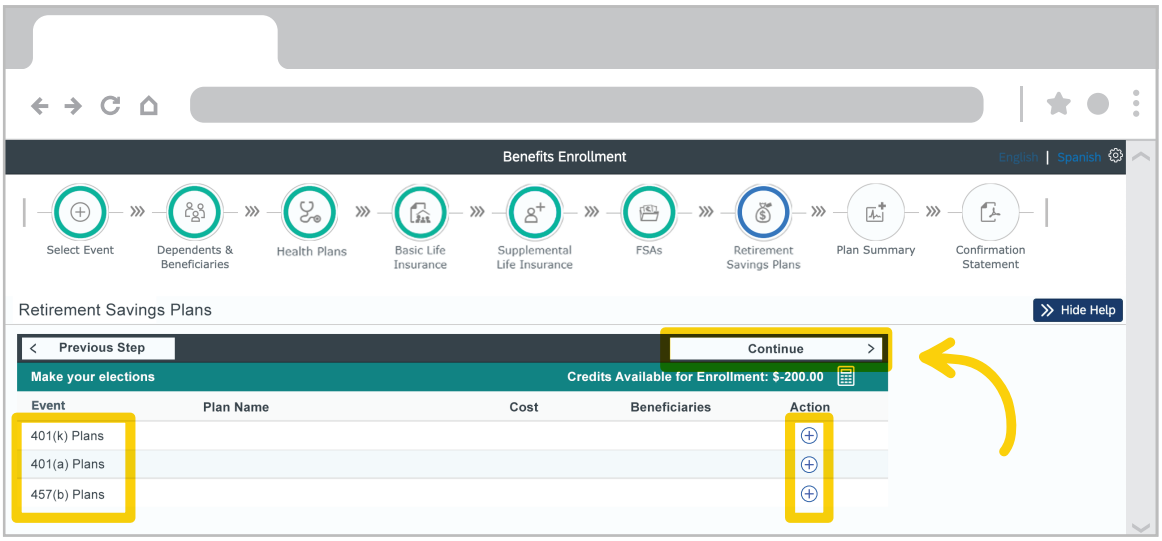
- the add icon (+) next to the FSA plan that you wish to enroll in.
- On the following screen, enter the annual amount you wish to contribute during the plan year. This amount will be divided by 24 pay periods and will be deducted from your paycheck on a semi-monthly basis.
- Select "continue" when you are ready to move to the next step.



10 Enroll or Edit Your Voluntary Retirement Plan Contributions *(Optional)*

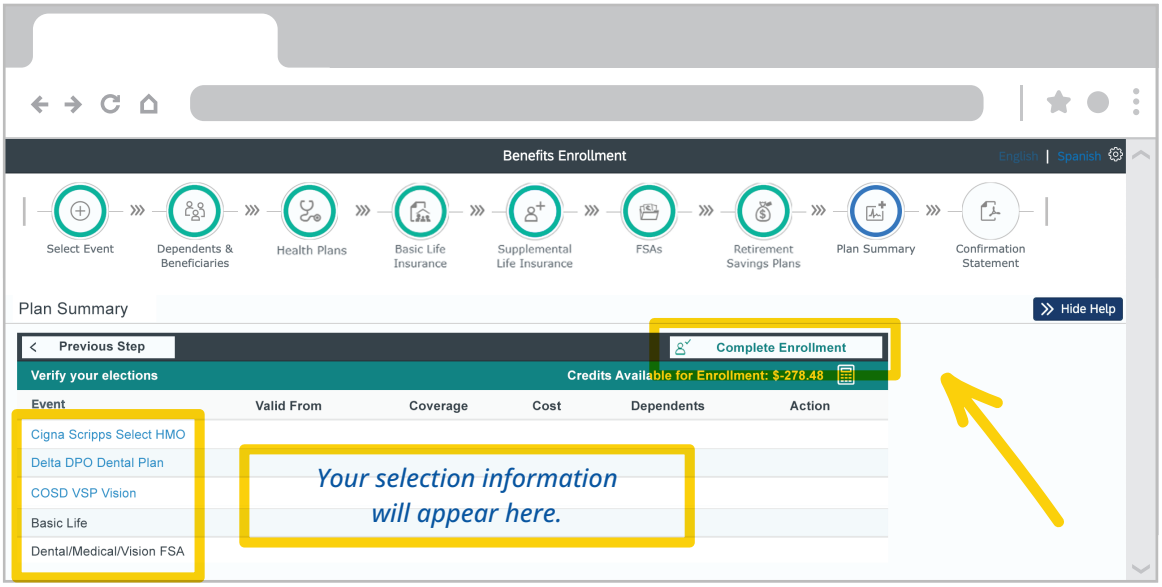
You can enroll and change your voluntary retirement plan contributions at any time. However, this option is also included as a step in the enrollment process, at your convenience. Select:

- The add (+) icon to create a new contribution to a voluntary retirement savings plan.
- The pencil icon to change contributions for your voluntary plans.
- The trash can icon to delete your voluntary retirement savings plan election.



11 Review and Complete your Enrollment

When you are satisfied with your elections, review and accept the Terms and Conditions, then click Complete Enrollment to finish your enrollment and receive confirmation. Review your summary carefully. You can make changes any time prior to the Open Enrollment window deadline by Nov. 18, 2026, 11:59 p.m. PT.



Dependent Verification Deadlines

Documentation is required to verify newly added dependents. If you do not provide the required documentation as verification of dependent status, your dependent will be ineligible for coverage and subsequently removed from the coverage. Contact Employee Benefits at 619-236-5924, option 1 in the phone tree, with any questions.

Deadlines for the City of San Diego Employee Benefits Office to Receive Required Documents

If You Added Your Dependent During...	Deadline	Important Considerations
New Hire/ Newly Eligible Enrollment	If you enroll your dependent during your new hire/newly eligible enrollment election window, documents must be received within 30 days from when your election window ends.	Proper documentation must be submitted by the required deadline *(within 30 days of enrollment)* to maintain coverage for your dependents. If proper documentation is not received timely, your dependents coverage will not take effect. You will not be able to re-enroll your dependent until the next Open Enrollment period or within 30 days of a qualifying life event.
Open Enrollment (OE) Period ***(Oct. 22 - Nov. 18, 2026)***	If you enroll any new dependents during an Open Enrollment period, required documents must be received within 30-days from the date OE ends *(Dec. 18, 2026)*.	Proper documentation must be submitted by the required deadline *(within 30 days of enrollment)* to maintain coverage for your dependents. If proper documentation is not received timely, your dependents coverage will not take effect on January 1, 2027. You will not be able to re-enroll your dropped dependent until the next Open Enrollment period or within 30 days of a qualifying life event.
A Qualifying Life Event ***(within 30 days of the Qualifying Life Event date)***	If you enroll your dependent as a result of a qualifying life event, documents must be received within 30 days from the Qualifying Life Event date.	Proper documentation must be submitted by the required deadline *(within 30 days of enrollment)* to maintain coverage for your dependents. If proper documentation is not received timely, your dependents coverage will not take effect. You will not be able to re-enroll your dependent until the next Open Enrollment period or within 30 days of a qualifying life event.

Where to Send Required Documents

There are several ways to submit copies of your required documents:

1. ***Email or Fax:*** Include your name and employee ID number.

   Email: benefits@sandiego.gov
   Fax: 858-581-5312

2. ***Interoffice Mail:*** Include your name and employee ID number.

   Risk Management, Employee Benefits, MS 51B

3. ***In Person:*** Write your name and Employee ID number on each document and deliver to drop box outside the Risk Management Department office at:

   Civic Center Plaza
   1200 Third Ave., San Diego, CA 92101, Floor 10



Questions:

For questions about your eligibility, contact Risk Management's Employee Benefits Office at **619-236-5924**, option 1 or email at **benefits@sandiego.gov**.

Employee Separation, Leaves of Absence and COBRA

Highlights

- Going on a leave of absence, depending on the type of leave, may impact your eligibility for benefits and/or FBP credits *(see page 73).*
- If you lose eligibility for the City FBP credits through a reduction of hours, or a paid or non-paid leave of absence, you may be able to self-pay your premiums to continue coverage *(see page 74).*
- If you lose eligibility for City benefits through a leave of absence, termination, or retirement, you may be able to continue certain benefits through COBRA *(see pages 75-76).*



Leave of Absence Types

The table below shows various types of leaves of absence and how benefits and the City FBP credits may continue for each type.

Leave Type	Eligible for Flexible Benefits	Supplemental Life Insurance Benefits can convert to an individual policy and can be continued, if paid by the employee, directly through the Hartford	Eligible for FBP Credits if the FBP credit eligibility is met	Benefit status is "Ineligible" and a COBRA package will be provided	Special Notes
Special Leave Without Pay (SLWOP)		✓		✓	
Military Leave-Active	✓		✓		
Military Leave-Inactive		✓		✓	
Civil Service Leave (CSL)		✓		✓	
Family Medical Leave Act (FMLA) California Family Rights Act (CFRA) Pregnancy Disability Leave (PDL)	✓		✓		
Industrial Leave (IL)	✓		✓		
Worker's Compensation (WC) also known as Total Temporary Disability (TTD)	✓				Benefit eligibility does not cease, however, the City's FBP credits are not provided. To continue your coverage, you must self-pay the full premium(s). See page 74 for more info.
Long-Term Disability (LTD)	✓		✓		
Compensated Leave, including but not limited to Annual Leave (AL), Discretionary Leave (DL), Floating Holiday, Parental Leave (PL)	✓		✓		
Unpaid Suspension	✓				Benefit eligibility does not cease, however, the City's FBP credits are not provided. To continue your coverage, you must self-pay the full premium(s). See page 74 for more info.
Unpaid leave (ALWOP)	✓				Benefit eligibility does not cease, however, the City's FBP credits are not provided. To continue your coverage, you must self-pay the full premium(s). See page 74 for more info.
Voluntary Furlough-Paid	✓		✓		
Voluntary Furlough-Unpaid	✓		✓		

Self-Paying Your Premiums

Employees who are eligible for City benefits but lose eligibility for the City FBP credits may continue their benefits by self-paying the full premium. Additionally, employees who do not receive enough compensation through City payroll to pay their share of benefit premiums may also continue their benefits.
The following benefits may be continued:

- Medical Insurance
- Dental Insurance
- Vision Insurance
- Basic and Supplemental Life Insurance

Direct bills will be sent to you by mail by the Risk Management Department, Employee Benefits Office. Please ensure your mailing address is up to date by reviewing your address in the SAP portal. Your payment must be received within three weeks of the date of the billing letter or benefits may be terminated back to the last date for which premiums were paid. If any services were rendered during the period in which benefits later become canceled, the health care provider may bill you for services and any bills for services are the employee's responsibility.

Additional Notes:

- Self-paying premiums allows an employee to continue coverage currently in force under certain conditions. Self-paying is not a qualifying life event, and employees are not allowed to add coverage or modify covered dependents based on this payment status.
- City benefits are not on a per-use basis. City employees must pay the benefit premiums, regardless of if they use their benefits or not.
- Employees who are in a leave of absence status that does not allow for continued benefit eligibility, will not be eligible to continue benefits by self-paying premiums.

Leave of Absence and Open Enrollment

Leave of Absence That Crosses Over The Open Enrollment Period

If you lose benefit eligibility due to a leave of absence and your leave period overlapped the Open Enrollment window, you will have the opportunity to make your enrollment elections when you return to work as an eligible employee. This enrollment window will take place during your first 30 days back at work. If you do not re-enroll in City benefits by the 30-day deadline, you will be defaulted into the lowest cost medical plan *(employee only coverage level)* and Basic Life Insurance plan. Coverage will be effective the first of the month following your return-to-work date as an eligible employee.

Leave of Absence That Does Not Cross Over The Open Enrollment Period

If you lose benefit eligibility due to a leave of absence and your leave period did not overlap the Open Enrollment window, your previous benefit elections will be reinstated. Coverage will be effective the first of the month following your return-to-work date as an eligible employee.

Employees will receive a confirmation statement via City email.



Questions:

For more questions about the rules in this section:

- Call the Employee Benefits Division at 619-236-5924, option 1.
- **Email benefits@sandiego.gov**.

COBRA

If you lose eligibility for City benefits through leave of absence, termination, or retirement, you only have the option to continue your medical, dental and/or vision benefits through COBRA. COBRA enrollment requires you to pay the full cost of your benefit, plus a 2% COBRA administrative fee. When you end your employment with the City, your health coverage will continue through the end of the month.

Important Information About Your COBRA Continuation Coverage Rights

Federal law requires that most group health plans *(including this plan)* give employees and their families the opportunity to continue their health care coverage at their own cost when there is a "qualifying event" that would result in a loss of coverage. Continuation coverage is the same coverage that the Plan gives to other participants or beneficiaries under the Plan who are not receiving continuation coverage. Each "qualified beneficiary" who elects COBRA continuation coverage will have the same rights under the Plan as other participants or beneficiaries covered under the Plan, including open enrollment and special enrollment rights.

Who is eligible for COBRA

(Qualified Beneficiaries)

A qualified beneficiary is an individual who was covered by a group health plan on the day before a qualifying event occurred that caused him or her to lose coverage. Depending on the type of qualifying event, qualified beneficiaries can include an employee or former employee, the covered employee's spouse or former spouse, and the covered employee's dependent child(ren).

COBRA Coverage Period

If elected, COBRA continuation coverage will begin retroactively to the date of loss of coverage. In the case of a loss of coverage due to end of employment or reduction in hours of employment, coverage generally may be continued for 18 months. In the case of loss of coverage due to an employee's death, divorce or legal separation, the employee's becoming entitled to Medicare benefits or a dependent child ceasing to be a dependent under the terms of the Plan, coverage may be continued for 36 months. When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. This notice shows the maximum period of continuation coverage available to the qualified beneficiaries.

Continuation coverage will be terminated before the end of the maximum period if:

- Any required premium is not paid in full on time,
- A qualified beneficiary first becomes covered, after electing continuation coverage, under another group health plan,
- A qualified beneficiary first becomes entitled to Medicare benefits *(under part A, part B or both)* after electing continuation coverage, or
- The employer ceases to provide any group health plan for its employees.

COBRA Election Process

If you, or a qualified beneficiary become eligible for COBRA, a COBRA Coverage Election Notice will be mailed to your last known address of record with the City of San Diego. You can expect to receive the election notice within 4-6 weeks from the date you, or your qualified beneficiary, experienced a loss of coverage. The notice will include a COBRA Election Form which must be returned to the COBRA administrator within 60 days *(pay special attention to the deadline date included on the form)*. The election form can be mailed to the COBRA administrator, or it can be completed online *(online option only available to employees)*. If you do not elect COBRA by the deadline, you will lose your right to elect COBRA coverage.

Paying for COBRA Coverage

Once coverage has been elected, full premiums must be paid on a timely basis for coverage to remain in effect. If you choose to elect COBRA coverage by completing and returning the COBRA election within the 60-day deadline, you must make your initial COBRA coverage premium payment within 45 days of the date of your election *("election date")*. Your election date is the date on which your completed COBRA Election Form is postmarked *(if mailed)* or the date on which your COBRA election is successfully submitted electronically *(e.g., online)*.

Cal-COBRA Coverage for Medical Benefits Only

In certain circumstances, a COBRA qualified beneficiary may continue coverage under Cal-COBRA after federal COBRA coverage is exhausted. You are not eligible for Cal-COBRA if you have Medicare, you have or get coverage under another group health plan, or you are eligible for or covered under federal COBRA. If you are entitled to elect Cal-COBRA coverage, you will be notified by the insurance company. You can add eligible family members to your Cal-COBRA. You may have to pay the whole cost of the Cal-COBRA coverage you elect, plus an additional administrative fee. For more information on Cal-COBRA, contact your medical insurance company.

Keep Your Plan Informed of Address Changes

In order to protect your and your family's rights, you should keep your department, the Personnel Department, Employee Benefits Office and your insurance carrier(s) informed of any changes to your address and the addresses of family members. You should also keep a copy, for your records, of any notices you send to your insurance carrier(s).

To update your address with the City, please log into the SAP portal and make your requested changes or contact the Personnel department for assistance with a Personal Data Change Request Form. Contact your insurance company to update your address with them as well.

Qualifying Events That Result in Loss of Coverage	Maximum Continuation Period *(months)*		
	Employee	Spouse	Child
Employee's work hours are reduced and results in loss of coverage.	18	18	18
Employee terminates employment for any reason *(other than gross misconduct).*	18	18	18
Employee becomes entitled to Medicare as a retiree.	N/A	36	36
Employee or dependent is disabled *(as determined by the Social Security Administration)* at the time of the qualifying event or becomes disabled within the first 60 days of COBRA continuation that begins as a result of termination or reduction in work hours.	29	29	29
Employee dies.	N/A	36	36
Employee and spouse legally separate or divorce.	N/A	36	36
Employee becomes entitled to Medicare within 18 months prior to termination of employment or reduction in work hours.	N/A	36*	36*
Child no longer qualifies as a "dependent child."	N/A	N/A	36
For medical coverage only, after the initial 18-month federal COBRA coverage *(caused by termination of employment or reduction in work hours)* has been exhausted, an employee and covered dependents are entitled to Cal-COBRA extended coverage.	18	18	18

** 36-month period is counted from the date you become entitled to Medicare*

Qualifying Life Events

Highlights

- What is a Qualifying Life Event? A major life event that allows you to make changes to your benefits enrollment outside of open enrollment. Common qualifying events include getting married or having a child. Without a qualifying life event, employees can only make changes during Open Enrollment or as a newly hired or newly benefited City employee.
- What should you do if you experience a qualifying life event? If you have experienced a qualifying event and would like to make enrollment changes, please complete and submit the **Qualifying Event Form in SAP** within 30 days from the date of the event. In order to process your qualifying life event enrollment changes, proper proof documentation must be provided. You can either attach the proof documentation to the SAP form OR you can email them to **qualifying_events@sandiego.gov**.









Qualifying Life Event Process and Requirements

An IRS Qualifying Life Event allows you to make changes to your coverage outside of the open enrollment period, as long as you report the event within the 30-day deadline.

Health plan and/or dependent coverage changes will go into effect the first of the month following the date you report the change unless your life event is due to the birth of a baby. In this case, the changes will go into effect the first of the month following the date of birth, if your event meets all requirements AND you complete all the requirements detailed below within the specified deadline. Allowable changes will depend on the type of qualifying life event you experience and must follow consistency rules. In compliance with IRS guidelines, the Employee Benefits Office will determine if your change request is permitted.

If you experience a Qualifying Life Event:

1. **Report the Life Event Within 30 days from the date of the event.**

All changes must be reported within 30 days of the life event date in order to be considered for eligibility. If you miss the 30-day deadline, you will need to wait until the next open enrollment period to make changes. To report the event, complete the **Qualifying Life Event form in SAP**.

2. **Submit Required Documentation.**

Supporting documentation will be required within 30 days of the date of your Qualifying Life Event. You can attach your documentation to the Qualifying Life Event form in SAP OR you can submit the proof to **qualifying_events@sandiego.gov**. If you do not submit required documents by the deadline, the change you made will not take effect. See page 71 for more information on how to submit required documentation.

Not All Events Are Qualifying Life Events *The following are examples of situations that are not considered qualifying life events and do not permit you to make midyear changes: promoting or changing jobs/departments; changes to network physicians or facilities; a diagnosis or changes to your or your dependent's health.*

Qualifying Life Event Chart

Some common life events and their requirements are shown in the table below. This is not an exhaustive list and is subject to change.

QUALIFYING EVENT	Report the Qualifying Life Event within 30-days of the...	ALLOWABLE MID-YEAR CHANGE		WHAT YOU NEED TO DO MAKE A CHANGE Within 30 days of the qualifying event, submit the **Qualifying Event Form** in SAP and any required documentation noted below. If you do not have the supporting documentation yet, you may submit the form without proof and Risk Management will work with you as you obtain your documentation.
		HEALTH COVERAGE *(Dental/Medical/Vision)*	**FLEXIBLE SPENDING ACCOUNT (FSA)** · Dental/Medical/ Vision (DMV) ·Dependent/ Child Care (DCC)	
GAIN OF DEPENDENT				
Adding a dependent due to: · Birth · Adoption · Court Order	Date of Birth or date of Adoption/ Legal Custody	Employee can change/add medical, dental and vision for themselves, the new dependent, and any other dependents not previously enrolled. All changes must be consistent with the event *(i.e., can only add additional dependents or change coverage if the new dependent is added to the plan).*	DMV: Employee may enroll or increase annual election amount. DCC: Employee may enroll or increase annual election amount. May be decreased if there is a reduction in dependent care provider services.	**Submit the Qualifying Event form in SAP** within 30 days of the birthdate or adoption/court order effective date, even if you do not have proof yet. Supporting Documentation: • Birth Certificate or Hospital Verification Letter; or • Legal Guardianship/Adoption Papers or placement of the child *(adoption or fostering)* court order. Once your form is approved, you will be able to make your benefit enrollment elections in SAP. If adding other dependents not previously enrolled, you must also provide verification documents *(marriage certificate, birth certificate, etc.)* for those newly added dependents. Coverage will be effective the first of the month following the date of the event.
Adding a dependent due to: · Marriage	Date of Marriage	Employee can add medical, dental and vision for themselves, the spouse and any other dependents not previously enrolled. All changes must be consistent with the event *(i.e. can only add additional dependents or change coverage to the plans in which the spouse was added to).*	DMV: Employee may enroll or increase annual election amount. DCC: Employee may enroll or increase to accommodate any newly eligible dependents who were not previously covered.	**Submit the Qualifying Event form in SAP** within 30 days of the marriage date, even if you do not have proof yet. Supporting Documentation: • Marriage certificate Once your form is approved, you will be able to make your benefit enrollment elections in SAP. If adding other dependents not previously enrolled, you must also provide verification documents *(birth certificate, legal guardianship, adoption papers, etc.)* for those newly added dependents. Coverage will be effective the first of the month following the submission of the completed qualifying event form.
GAIN OF COVERAGE				
End coverage for employee, spouse, dependent or tax dependent domestic partner due to gaining coverage	Effective date of new coverage	Employee may end benefits that correspond to enrollments through another qualified health plan *(e.g. spouse's employer-sponsored health plan) for themselves, qualified dependents and/or tax dependent domestic partner.*	DMV: Employee may revoke or decrease election for employee's, spouse's or dependent's coverage if employee, spouse or dependent is added to spouse's or dependent's plan. DCC: The employee may revoke election for dependent who is added to the spouse's DCC FSA.	**Submit the Qualifying Event form in SAP** within 30 days of the new insurance coverage effective date: And, if applicable, please complete the following: · Waiver of Medical Insurance Form - If you are waiving coverage for yourself, you may also be required to submit a Waiver of Medical Insurance Form if you fall into one of the following groups: 1. MEA, Local 145, Local 127, DCAA and Unrepresented/ Unclassified hired on or after July 1, 2020; or 2. POA and Local 986 hired on or after July 1, 2021.

Qualifying Life Event Chart

Some common life events and their requirements are shown in the table below. This is not an exhaustive list and is subject to change.

QUALIFYING EVENT	Report the Qualifying Life Event within 30-days of the...	ALLOWABLE MID-YEAR CHANGE		WHAT YOU NEED TO DO MAKE A CHANGE
		HEALTH COVERAGE *(Dental/Medical/Vision)*	**FLEXIBLE SPENDING ACCOUNT (FSA)** · Dental/Medical/ Vision (DMV) ·Dependent/ Child Care (DCC)	Within 30 days of the qualifying event, submit the **Qualifying Event Form** in SAP and any required documentation noted below. If you do not have the supporting documentation yet, you may submit the form without proof and Risk Management will work with you as you obtain your documentation.
LOSS OF DEPENDENT ELIGIBILITY				
Drop a dependent due to: · Divorce or Annulment · Domestic partnership termination · Death of dependent	Date the Divorce or Annulment is finalized, the effective date that the Domestic Partnership dissolved or the date of the dependent's death	Employee must remove dependent(s) that are no longer eligible; coverage ceases at the end of the month of the date of qualifying event.	**DMV/DCC:** Costs incurred after qualifying event date for the spouse or dependent who lost coverage will no longer be eligible for reimbursement; employee may decrease or cease annual election amount.	**Submit the Qualifying Event form in SAP** within 30 days of the event, even if you do not have proof yet. Supporting Documentation: • Divorce decree. • Death certificate. • Statement of Termination of Domestic Partnership form.
Loss of Coverage				
Adding coverage for an employee, spouse, qualified dependent and/ or tax dependent domestic partner because they no longer have health coverage.	First date that coverage was cancelled	Employee, spouse, qualified dependent and/or tax dependent domestic partner who were impacted by the loss of coverage may enroll in the type of coverage that was lost. *Note: Domestic partners who are not also an employee's tax dependent are not eligible to be added to benefits mid-year.*	DMV: Employee may elect to enroll or increase annual election amount. DCC: Employee may enroll or increase election if spouse or dependent loses eligibility for DCC FSA.	**Submit the Qualifying Event form in SAP** within 30 days of the date that coverage was lost, even if you do not have proof yet Supporting Documentation: • Loss of Coverage Letter or COBRA notification letter – must include the loss of coverage effective date, types of coverage lost, and the names of applicable individuals who lost coverage. If adding other dependents not previously enrolled, you must also provide verification documents for those dependents *(marriage certificate, birth certificate, etc. For tax dependent domestic partner, you must provide an Affidavit of Domestic Partnership or domestic partnership registration, and Certification of Federal Tax Dependent status).* Coverage will be effective first of the month following submission of the completed Qualifying Event form.
CHANGE IN DEPENDENT/CHILD CARE PROVIDER				
Change in Dependent/ Childcare Provider	Date the Dependent/ Childcare Provider changed	No change is permissible for health coverage.	DMV: No change is permissible. DCC: Employee may make a prospective election change *(increase/ decrease/cancel)*. Change must be consistent with the change in dependent care expenses.	**Submit the Qualifying Event form in SAP** within 30 days of the new care provider rendering services, even if you do not have proof yet. Supporting Documentation: • Proof of provider change – must include the name of the dependent being cared for, effective date and the provider's name.

Qualifying Life Event Chart

Some common life events and their requirements are shown in the table below. This is not an exhaustive list and is subject to change.

QUALIFYING EVENT	Report the Qualifying Life Event within 30-days of the...	ALLOWABLE MID-YEAR CHANGE		WHAT YOU NEED TO DO MAKE A CHANGE Within 30 days of the qualifying event, submit the **Qualifying Event Form** in SAP and any required documentation noted below. If you do not have the supporting documentation yet, you may submit the form without proof and Risk Management will work with you as you obtain your documentation.
		HEALTH COVERAGE *(Dental/Medical/Vision)*	**FLEXIBLE SPENDING ACCOUNT (FSA)** · Dental/Medical/ Vision (DMV) ·Dependent/ Child Care (DCC)	
RESIDENCE CHANGE				
Residence Change – moving out-of-network. Employee is currently enrolled in a City plan but moves to an address that is out-of-network.	Date of move	If employee is currently enrolled in a City medical, dental, and/or vision plan and has moved outside of the coverage area, the employee may change coverage to an in-network plan or drop coverage entirely for themselves and dependents.	DMV: No change is permissible. DCC: No change is permissible unless there is a change in dependent care providers.	**Submit the Qualifying Event form in SAP** within 30 days of the move, even if you do not have proof yet. Supporting Documentation: • Proof of residence change – Lease/rental agreement or mortgage documents showing the new address.
Residence change – Moving in-network. Employee not enrolled in a City plan moves to an area in which they are now eligible for coverage	Date of Move	If employee is not currently enrolled in a City medical, dental and/or vision plan because they lived outside of the coverage area and they just moved to a residence that within the coverage area *(in-network)*, they will then become eligible to enroll themselves and dependents.	DMV: No change is permissible. DCC: No change is permissible unless there is a change in dependent care providers.	**Submit the Qualifying Event form in SAP** within 30 days of the move, even if you do not have proof yet. Supporting Documentation: • Proof of residence change – Lease/rental agreement or mortgage documents showing the new address. If adding other dependents not previously enrolled, you must also provide verification documents for those newly added dependents *(marriage certificate, birth certificate, etc.)* Coverage will be effective first of the month following the submission of the completed Qualifying Event form.
RETURN FROM UNPAID NON-FMLA LEAVE				
Employee returns from unpaid non-protected leave of absence and coverage was terminated	Return-to-work date	Election options depend on time of year that the employee returns to work. · If the employee returns to work in the same plan year, the only option available is to reinstate the elections that were in effect prior to the leave of absence. · If the employee returns to work in the next plan year *(they missed open enrollment)*, then the employee may choose to keep the same elections or make new elections.	DMV/DCC: Employee may make a new FSA election.	Benefits from before the leave of absence will not be reinstated automatically. To re-enroll, the employee must submit the Qualifying Event form in SAP within 30 days of their return-to-work date. No additional proof documents required. Coverage will be effective first of the month following the submission of the completed Qualifying Event form.

Retirement Benefits



Highlights

- Defined Benefit Plan *(Pension)*: The San Diego City Employees' Retirement System (SDCERS) administers the City's Defined Benefit Pension Plan. Eligible benefitted employees will automatically join the SDCERS pension, making bi-weekly pre-tax contributions to the plan.
- Mandatory Defined Contribution Plans: Non-safety employees are automatically enrolled in one of the City's mandatory Defined Contribution plans, in addition to participating in SDCERS. These plans have mandatory employee pre-tax contributions with matching City contributions.
- Voluntary Defined Contribution Plans: All employees are eligible to enroll in one of the City's voluntary retirement savings plans: The 401(k) and/or 457(b) Deferred Compensation plan. These plans have options for employee pre-tax and Roth contributions. The City does not make any matching contributions to these plans.
- Retiree Medical: Certain employee groups are enrolled in one of the City's retiree medical plans, which helps pay for medical expenses upon retirement.

Retirement Plans 101

What is a Defined Benefit Plan?

A Defined Benefit Plan is a pension plan that you contribute to while you are an active member and that entitles you to receive a lifetime monthly benefit at retirement, assuming you are age and service eligible. The amount of your future pension benefit is based on a specific plan formula.

What is a Defined Contribution Plan?

A Defined Contribution plan is a retirement savings plan that allows employees to contribute a portion of their salary into an individual investment account. The City makes matching contributions to mandatory defined contribution plans. Employees have control over how their account is invested and may choose from a variety of mutual funds.

For questions: retirement@sandiego.gov | 619-236-6600

Retirement Plan Automatic Enrollment

City employees working in a standard hour position will be automatically enrolled in the following retirement plan(s) unless a special exception exists for non-safety employees *(see section below)*. These plans are mandatory, meaning employees may not "opt out" of enrollment.

	Defined Benefit Plan *(Pension)*	Mandatory Defined Contribution Plans	
Employee Groups	**SDCERS**	**401(a) Defined Contribution Plan**	**SPSP Defined Contribution Plan**
Safety Employees *(Fire, Police, Lifeguards)*	✓		
Non-Safety Employees originally hired on or after July 1, 2009*	✓	✓	
Non-Safety Employees originally hired prior to July 1, 2009*	✓		✓

**see special situations sections below*

Special Situations for Non-Safety Employees

Non-Safety Employees originally hired between July 20, 2012, through July 9, 2021, that opted to remain in the SPSP-H plan during the Proposition B Retirement Choice window:

MEA, Local 127 and Unrepresented employees originally hired between July 20, 2012 and July 9, 2021, that opted to continue to participate in the SPSP-H during the Proposition B Retirement Choice window are not eligible to participate in SDCERS and the 401(a) plan. These employees participate in the SPSP-H plan which has a mandatory employee pre-tax contribution rate equal to the SDCERS member rate for General Members hired after July 1, 2009. City contributions are equal to 9.2% of eligible pay. Employees in the SPSP-H plan are 100% vested. The SPSP-H plan does not allow any in-service withdrawals, hardship withdrawals or loans. For assistance or questions regarding your SPSP-H account, you may call the Principal at 800-547-7754. You may access your account at **principal.com/welcome**.

Non-Safety Employees originally hired prior to July 1, 2009, that withdrew their SDCERS account during a break in service:

If you are a non-safety employee originally hired prior to July 1, 2009, and you took a refund of your SDCERS contributions during a prior break in service, this may impact your eligibility to participate in the SPSP plan. Upon rehire, you will join the SDCERS plan and the 401(a) plan. You may repay the SDCERS contributions in a lump sum, plus interest at the actuarial interest rate. If you complete this process with SDCERS, then you will be enrolled back into the SPSP plan.

SDCERS Defined Benefit Pension Plan

All standard hour City employees are automatically enrolled in the City's pension plan, the San Diego City Employees Retirement System (SDCERS). Employees will contribute a portion of their pensionable salary to their SDCERS member contribution account. Pre-tax contribution rates vary depending on the plan tier and age of entry into SDCERS. Employees that meet the 10-year SDCERS service credit vesting requirement will be eligible to receive a lifetime monthly pension payment at retirement, once they are age eligible. The pension benefit is based on a specific plan formula that is based on final compensation, years of service credit and age at retirement.

SDCERS has reciprocity with CalPERS and San Diego County, as well as most other public retirement systems in California *(with some major exceptions)*. Members that meet specific eligibility requirements may be eligible to establish reciprocity, which allows members to change jobs between "reciprocal" retirement systems in California and combine service credit in each system to meet vesting and eligibility requirements.

For more information, please visit the SDCERS website or contact SDCERS directly at 619-525-3600, Monday – Friday from 9 a.m. – noon and 1 – 4 p.m.

Mandatory Defined Contribution Plans

Eligible non-safety employees will be automatically enrolled in one of the following defined contribution plans.

401(a) Plan

Eligible non-safety employees are automatically enrolled in the 401(a) Plan which is a Defined Contribution plan. Employees will be automatically enrolled into the mandatory portion of the 401(a) Plan at a contribution rate of 1% pre-tax, which is matched 100% by the City. 401(a) Plan participants may also make voluntary contributions to their 401(a) account, which are made on a post-tax basis.* Voluntary after-tax contributions are not matched by the City. The 401(a) plan does not allow any in-service withdrawals, hardship withdrawals, or loans. For assistance or questions regarding your 401(a) account, you may call the Principal Contact Center at 800-547-7754. You may access your account at **principal.com/welcome**.

SPSP Plan *(Supplemental Pension Savings Plan)*

Eligible non-safety employees are automatically enrolled in the SPSP Plan which is a Defined Contribution plan. The SPSP Plan has a mandatory pre-tax employee contribution rate of 3%. Eligible employees may voluntarily contribute up to 3.05% post-tax* *(or 4.5% post-tax for eligible employees originally hired prior to April 1, 1986).* The City of San Diego matches all employee SPSP contributions 100% *(City contributions are made on a pre-tax basis).* The SPSP has a graded vesting schedule that increases by 20% per year, and reaches 100% at the completion of year five. Employees may make one withdrawal of their SPSP contributions per calendar year after two years of participation *(note, the City match portion is not available for withdrawal)*. Employees may take one loan at a time, equal to 50% of the account balance up to a maximum of $50,000. Hardship withdrawals are also permitted. For assistance or questions regarding your SPSP account, you may call the Principal Contact Center at 800-547-7754. You may access your account at **principal.com/welcome**.

**Post-tax (after-tax) contributions are not the same as Roth contributions. See page 85 for clarification.*

Voluntary Defined Contribution Plans

The 401(k) and 457(b) plans allow employees the option to save additional money for retirement *(pre-tax or Roth)*, with no City matching contributions. Both retirement plans have maximum annual contribution limits that are set by the IRS. However, the 457b has special rules allowing participants that meet certain age requirements to make additional catch-up contributions that exceed the limits for the 401k plan.

401(k) Plan

The City's 401(k) Plan is an IRS-qualified defined contribution plan that allows employees to contribute monies on a pre-tax or after-tax basis *(Roth contributions)* for additional savings upon retirement. There is no City match. Employees choose how their contributions are invested. Hardship withdrawals and loans are available for this plan. Employees may make pre-tax or after-tax *(Roth)* contributions from their pay within IRS limits. For assistance or questions regarding your 401(k) account, you may call the Principal Contact Center at 800-547-7754. You may access your account at **principal.com/welcome**.

457(b) Deferred Compensation Plan

The City of San Diego participates in the CalPERS Supplemental Income 457 Plan *(CalPERS 457 Plan)*. The CalPERS 457 Plan affords you an opportunity to help accumulate money for a secure retirement. Employees may contribute money on a pre-tax or after-tax *(Roth)* basis through automatic payroll deductions. There is no City match. Employees may make pre-tax and/or Roth contributions from their pay within IRS limits. Hardship withdrawals and loans from the CalPERS 457 Plan are available. Please note that contributions to the 457(b) plan will lower the wage base used to calculate your 401(a) or SPSP-H contributions, thus reducing the contribution amounts to those plans.

Visit the **CalPERS 457 Plan webpage for the City of San Diego** *for more information. You can schedule a personal phone appointment to review and discuss your retirement saving strategy with your dedicated Account Manager for the CalPERS 457 Plan, Selam Berayes, by visiting* ***cityofsandiego457.timetap.com*** *or calling 888-713-8244 ext. 1. If you have questions about your account, call 800-260-0659 and press 2 for a Customer Service Associate. You may access your account at* ***calpers.voya.com****.*

Defined Contribution Plan Contributions and Tax Implications

Employee contributions come in three forms. Understanding the different types of contributions will help you in understanding their tax implications.

1. Pre-tax employee contributions - A pre-tax contribution is a payment made to your plan, in which the money contributed to the plan is deducted before taxes are withheld, thus reducing your taxable income. Pre-tax funds in your account will grow tax deferred. To summarize,

a. You don't pay income taxes on the money when you contribute.
b. You do pay income tax when you withdraw it.

Note: City matching contributions are considered pre-tax funds.

2. Roth employee contributions – Roth employee contributions are deducted from your paycheck after taxes have already been withheld. Roth contributions are different than pre-tax contributions because of the timing that you pay income taxes. For Roth contributions,

a. You do pay income tax on the money right when you contribute.
b. You don't pay income tax when you withdraw it, as long as you're at least age 59½, and the money has been in your account for at least five years. In this case, earnings *(if any)* are tax-free as long as this qualifying condition is met at the time of distribution.

3. After-tax employee contributions – After-tax employee contributions are similar to Roth contributions because they are deducted from your paycheck after taxes have already been withheld. However, unlike with Roth contributions, your withdrawals during retirement

aren't completely tax-free. Instead, investment gains arising from your after-tax contributions are generally taxed as ordinary income when you begin taking qualified distributions. To summarize, for after-tax contributions,

a. You do pay income tax on the money right when you contribute.
b. At time of withdraw, you pay income tax on earnings only.

Once you separate from employment with the City you may begin to take distributions from the plan. You can take a total distribution from the account or take periodical partial distributions at any time or frequency. When electing to take a distribution, you will have to option to receive it as a direct payment to yourself or as a rollover to another retirement plan. Please keep in mind that the IRS requires annual direct distributions to be made from the account once you reach a certain age. This is referred to as a required minimum distribution (RMD). The tax implications vary depending on the distribution option you choose and whether that distribution contains pre-tax, Roth or after-tax funds. Any distribution from the account that is subject to taxes will be considered income in the year in which the distribution is made. Mandatory federal tax withholding plus any mandatory state tax withholding *(if applicable)*, will be withheld from the payment and subject to early withdrawal penalties *(if applicable).* Be sure to consult with a financial advisor or tax professional to learn more about the tax implications.

Retirement Plan Online Enrollment and Contribution Elections

To enroll or change your contributions to the SPSP *(voluntary after-tax)*, 401(a) *(voluntary after-tax)*, 401(k) and/or 457(b), access the Benefits Enrollment application in SAP:

1. Log into SAP from CityNet.
2. Select the "Access Benefits Info" tile, then select the "Benefits Enrollment" tile.
3. Select the "Retirement Savings" event and proceed through the steps to make changes to your contribution elections.

Please allow two weeks for your contribution election to take effect. Your first paycheck following the two-week waiting period will reflect your contribution changes.

Pre-tax contribution elections cannot be changed for plans that have mandatory contribution requirements *(401a or SPSP pre-tax)*.

One-time 401(k) or 457(b) Contribution Request

Contributions to your 401(k) and/or 457(b) will be made according to your elections in the benefits enrollment portal. However, if you want to make a higher contribution than what you have elected and you only want that higher contribution to be made on one specific paycheck, you may do so under certain conditions *(subject to IRS max contribution limits)*:

For Paychecks Other Than Your Final Paycheck:

You may designate a special one-time contribution to the 401(k) and/or 457(b) for wages related to uniform allowance pay, comp time pay, or cash-out of annual leave *(pay-in-lieu)*.

For Your Final Paycheck:

401(k): Salary/hourly wages and Overtime.

457(b): Any remaining annual leave that will be automatically paid out to you on the final paycheck.

To make a one-time savings contribution, please follow the instructions included in the request form: **One-time Savings Contribution Request Form** and email the completed form to **retirement@sandiego.gov**.

Beneficiary Designations

Be sure to designate a beneficiary and review those designations regularly, at least once a year, to make sure that they reflect your current circumstances. Beneficiary designations are completed online with the financial institution.

- For SDCERS, log in to your **SDCERS Member Portal** and submit changes directly online. You can contact SDCERS directly if you need further assistance: 619-525-3600.
- For the SPSP, SPSP-H, 401(a) and 40(k) plan, beneficiary elections can be made online at **principal.com/welcome**.
- For the 457(b) plan, you may access your account at **calpers.voya.com**.

When making your designations for the Defined Contribution Plans, please note the following:

- If you are married or have a domestic partner and you live in a community property state, such as California, your spouse or registered partner must be assigned at least 50% primary beneficiary, unless they sign a waiver. This process is administered by the financial institution.
- For the SPSP, SPSP-H, 401(a), 401(k) and 457(b) plans, If you will be listing a trust as a beneficiary, IRS regulations allow you to name a trust as your beneficiary under certain circumstances ***(please refer to Q-5 and A-5)***. If the trust does not meet these requirements, beneficiaries will be designated as outlined in the plan document.

Retiree Medical Trust (RMT) Plan

The Retiree Medical Trust Plan is a retiree health reimbursement account (HRA), designed to help you pay for certain eligible expenses, such as medical, dental and long-term care premiums, on a tax-free basis. All funds contributed to the Trust are maintained in individual accounts managed by the trust administrator. Employees can access their HRA upon separation of employment.

The following table provides the eligible employees and their associated contribution amounts:

	Bi-weekly Pre-tax Employee Contribution	City Contribution
Local 145 Employees	**$50**	**$75**
Local 986 Employees	**$25**	**No City Contribution**

Non-safety employees hired between July 1, 2009 and June 30, 2026 previously participated in an RMT plan. Contributions to the plan stopped on the July 31, 2026 paycheck. Employees will still have their existing RMT account maintained by the administrator and funds will be available for eligible reimbursements after separating from City employment. Review the **contacts section** for information on the RMT plan administrator, which varies by employee group.

Additional Retiree Health Benefits for Employees hired prior to July 1, 2005

Employees hired prior to July 1, 2005, previously elected their post-employment health benefit during an election period in 2012. The City of San Diego maintains records of those prior elections. Prior elections are irrevocable. More information on Option A, B and C can be found in **Chapter 2, Article 7 of the San Diego Municipal Code**.

Option A and B

Option A and B are defined benefit-style health plans for eligible employees hired prior to July 1, 2005. Employees make mandatory pre-tax fixed contributions to the plan. Upon retirement, employees are provided an annual allowance that can be used to reimburse the cost of health insurance premiums *(which may include Medicare premiums)*.

Option C

Eligible employees who elected Option C will receive an allocation to their Retiree Health Reimbursement Account (HRA) when they meet the applicable age and years of service requirements.

- Non-Safety Employees: The City will fund your HRA when you turn age 55 with 20 years of service, or at age 62 if you have less than 20 years of service.
- Safety Employees: The City will fund your HRA when you turn age 50 with 20 years of service or age 55 years with 10 years of service.

Employees will receive an enrollment packet from the trust account administrator within 60 days following funding. Please contact the Risk Management Department Savings Section at 619-236-6600 if you have not received your packet within 60 days.

Retiree Health Plans for SDCERS Retirees and Beneficiaries

SDCERS Retirees and Beneficiaries are eligible to enroll in one of the City's Retiree Health Plans at time of their retirement. Every year, retirees have an Open Enrollment window where they can enroll or make changes to their health plan.

Post-Employment Health Reimbursement Account (PEHRA)

PEHRA is a City-funded retiree health benefit designed to help eligible employees pay for healthcare expenses after leaving City employment. If you meet the program's age and service requirements, the City will establish and fund a PEHRA account in your name. Once you separate from City service, you can use these funds to reimburse eligible medical expenses under plan rules.

Eligibility & Timeline: PEHRA is intended for eligible employees in participating bargaining units who were hired on or after July 1, 2005, and are on active City payroll as of July 1, 2026 (or hired thereafter). Plan funding begins July 1, 2028.

To learn more about eligible bargaining units, funding levels, and vesting rules, visit the **Employee Benefits FAQ page**.

Other Benefits

There's much more in store for City of San Diego employees. Learn everything the City has to offer to ensure you are making the most of your benefits.



Highlights

- **Disability Benefits:** Disability coverage provides replacement income to you in the event of a qualified disability *(sickness, injury, or pregnancy)* that prevents you from working. See page 90 for information on Workers' Compensation and Long-Term Disability (LTD).
- **Wellness and Employee Assistance Program (EAP):** As a City of San Diego Employee, you have access to free services provided to you through the Wellness Program and the Employee Assistance Program (EAP).
    - **The Wellness Program** is here to provide employees with the resources and tools to assist them in the prevention of chronic diseases by creating a supportive environment of health and wellness in the workplace. Learn about all the resources available to you on page 91.
    - **The Employee Assistance Program (EAP)** is a voluntary, confidential program that provides free services to employees and their families to help them manage personal and work-related issues. Services include counseling, referrals, online tools and much more *(see pages 92-93).*
- **The Transportation Alternatives Program (TAP)** is a benefits program that incentivizes and encourages City employees and volunteers to utilize mass transit and vanpools as their primary mode of transportation.
    - **Free Metropolitan Transit System (MTS) U-Pass:** The City of San Diego Employee U-Pass program provides employees with unlimited access to MTS bus and trolley services at no cost. *(Note: sworn police are not eligible for the U-pass because they already receive free transit when traveling with their badge) (see page 94).*
    - **North County Transit District (NCTD):** Employees also have the option to enroll in NCTD transit at a lower subsidized cost *(see page 94).*
    - **Vanpool:** A vanpool is a method of commuting to and from work, where a group of coworkers ride together daily in a van/SUV provided by Enterprise, and the vanpool participants split the expenses. City employees can arrange for a vanpool directly through Commute with Enterprise. The City subsidizes the cost of the vanpool for eligible participants *(see page 95)*.

Disability Benefits

Disability coverage provides replacement income to you in the event of a qualified disability *(sickness, injury or pregnancy)* that prevents you from working.

What to do if you experience a work-related injury/illness:

If you have a work-related injury/illness, you must report the injury/illness to your supervisor and complete **City Form RM-1634** within 24 hours. Refer to the **Workers' Compensation website** for further details and subsequent instructions. Contact Workers' Compensation at 619-236-6395 or by emailing **riskmanagement@sandiego.gov**. Workers' Compensation will work with you and determine your eligibility for Industrial Leave or Temporary Disability. These Workers' Compensation benefits provide an income replacement. Depending on your situation, you may also be eligible for an Industrial disability benefit through the Long-Term Disability (LTD) program. For questions related to this process contact LTD at 619-236-6100, or by emailing **LTD@sandiego.gov**.

Will I be eligible for California State Disability Insurance (SDI)?

No, City employees do not pay into SDI so you will not be eligible for benefits through that program. Instead, the City of San Diego has its own Long-Term Disability (LTD) Income plan which provides benefits to you at no cost *(paid by the City)* through regular payroll, as long as you meet the eligibility requirements, and you apply within 60 days of your disability date.

What benefits are provided through the City's Long-Term Disability (LTD) program?

LTD is an income replacement plan which provides you with an income of 70% of your biweekly earnings. In order to qualify for LTD benefits, you must be medically certified as disabled from performing the duties of your regular occupation, and in some instances disabled from any and all gainful employment. In addition, you must submit your application for LTD within 60 days of the date of your disability. There are three types of LTD claims:

1. Pregnancy Disability – disability pertaining to pregnancy and birth of a child.
2. Industrial Disability – disability following a work-related injury or illness.
3. Non-Industrial Disability – disability following a non-work-related injury or illness.

For more information on LTD, including instructions on how to apply, visit the **LTD website** or contact the LTD office at **LTD@sandiego.gov** or 619-236-6100.

Workers' Compensation
Workers' Compensation website
Phone: 619-236- 6395
Email: **riskmanagement@sandiego.gov**

Long-Term Disability
Long-Term Disability Website
Phone: 619-236-6100
Email: **LTD@sandiego.gov**







Wellness Program

The goal of the City's Employee Wellness Program is to create a culture of wellness and provide employees with the resources and tools to assist them in the prevention of chronic diseases by creating a supportive environment of health and wellness in the workplace.

Free Virtual Fitness Classes	Weekly live fitness classes are hosted twice a week. Check out the **monthly wellness calendar** and select the links to join the class at the scheduled date/time.
Monthly Webinars	Every month there is at least one webinar that covers topics in the following areas: • Physical wellbeing • Financial wellbeing • Social wellbeing • Emotional wellbeing • Environmental wellbeing
Wellness Challenges	Time for some friendly competition! Every year the City hosts several fitness or healthy eating challenges. These challenges are a fun way of getting you on track to a healthier lifestyle. Challenges will include many opportunities to win incentives *(gift cards and other prizes)*.
Free Flu-Shot Clinics	Every year at the start of flu season *(September/October)*, a flu shot clinic will come on site to various City work locations. You will have the opportunity to schedule an appointment and get your flu shot out of the way while on your break/lunch. What's more convenient than that?
Resources	Additional resources, can be found on CityNet: **citynet.sandiego.gov/develop/wellness**

Please note: Participation in City of San Diego Employee Wellness Program activities is strictly voluntary and is not a requirement of your employment with the City of San Diego. Your participation in these activities is on your own time and the activities are not work related. Recreational and fitness activities may result in injuries to participants, and you should consult with a physician before undertaking any exercise program. By participating in a virtual class, you are acknowledging that you will not, nor will anyone acting on your behalf, hold the City of San Diego responsible for any injury that might occur from your participation in a wellness activity

Wellness SD
Live Your Best

Contact Us

The City's Wellness Program is administered by Cigna. For additional information and questions, please contact the Wellness Program Coordinator:

Jodi Vinson
Wellness Coordinator, Cigna
858-204-3659
wellnessadmin@sandiego.gov

Employee Assistance Program (EAP)

As a City of San Diego employee you have access to the valuable **Cigna Employee Assistance Program (EAP)** at no cost to you. EAP personal advocates will work with you and your household family members to help you resolve issues you may be facing, connect you with the right mental health professionals, direct you to a variety of helpful resources in your community and more. EAP provides articles, online tools, seminars and counseling services to address common work-life concerns, including:

- Substance and alcohol abuse.
- Depression, stress and anxiety.
- Family and relationship issues.
- Child, elder and pet care.
- Retirement, wills and estate planning.

These services are all confidential and available at no additional cost to you.

With the **Cigna Employee Assistance and Work/Life Support Program**, you can get support for everyday issues and life challenges. The Employee Assistance and Work/Life Support Program is here to connect you with real people who can help you find real solutions to life's challenges.

The wide range of services offered at no cost to you and household members include:

- **Eight face-to-face counseling sessions** with a counselor in your area, as well as video-based sessions.
- **Legal assistance:** 30-minute consultation with an attorney, face-to-face or by phone.
- **Financial:** 30-minute telephone consultation with a qualified specialist on topics such as debt counseling or planning for retirement.
- **Parenting:** Resources and referrals for childcare providers, before and after school programs, camps, adoption organizations, child development, prenatal care and more.
- **Eldercare:** Resources and referrals for home health agencies, assisted living facilities, social and recreational programs and long-distance caregiving.
- **Pet care:** Resources and referrals for pet sitting, obedience training, veterinarians and pet stores.
- **Identity theft:** 60-minute consultation with a fraud resolution specialist.

Cigna

Employee Assistance and Work/Life Support Program 24/7

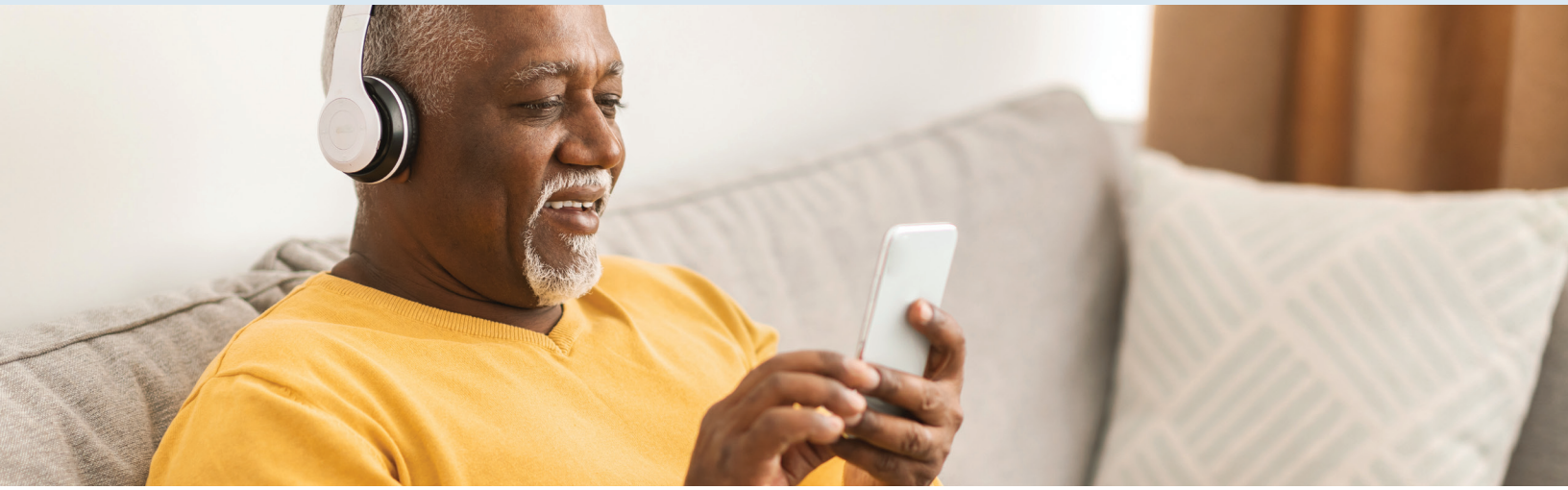
CONNECT ANYTIME

Call 877-622-4327

TTY/TDD users, call 711

Identify as a City of San Diego employee or household member of an employee
Connect through **mycigna.com**. Employer ID: **cosd** *(for initial registration)*

NOTE: *The Employee Assistance Program (EAP) is administered by Cigna, however all City employees have access to the EAP services regardless of whether they are enrolled in a Cigna medical plan, or not.*



EAP Virtual Behavioral Health Support

Talkspace

With Talkspace, you can choose your therapist from a list of recommended, licensed providers and receive support day and night for private and convenient mental health support from your device *(iOS, Android and Web).*

To utilize your eight free counseling sessions *(per year)* through Talkspace, you'll need an EAP Code from Cigna EAP. Simply call Cigna at 877-622-4327 or go to your EAP Coverage Page on **mycigna.com** for live chat or self-service.

- **talkspace.com/EAPCigna**
- Employer ID: cosd
- **Talkspace for EAP FAQ**

EAP Wellness Webcasts

EAP National Wellness Seminars: Take part in monthly seminars year-round on topics that apply to real-life concerns. Watch live or on demand from a computer, smartphone or tablet.

Access the Webcast portal: **cigna.com/eapwebcasts**

Behavioral Awareness Series

Cigna offers free monthly behavioral health awareness seminars on autism, eating disorders, substance use and children's behavioral health issues. For more information, visit: **cigna.com/individuals-families/health-wellness**

EAP For Managers

Managers can contact EAP for additional resources. If you think an employee's personal problems are affecting work performance or causing safety issues, it's time to contact EAP – They can help you figure out next steps.

Along with 24/7 access to the call center, EAP offers:

- Unlimited consultation in response to workplace issues.
- Help developing workplace policies.
- Wellness workshops and health resources to share with employees.
- Support for critical workplace incidents, such as death, violence or natural disaster.

Cigna

CONNECT ANYTIME
Call 877-622-4327
TTY/TDD users, call 711

Identify as a City of San Diego employee or household member of an employee
Connect through **mycigna.com**. Employer ID: **cosd** *(for initial registration)*

Transportation Alternatives Program

MTS U-Pass

The City of San Diego has partnered with the San Diego Metropolitan Transit System (MTS) to provide all City employees free transit passes.

The City of San Diego Employee U-Pass program provides employees with unlimited access to MTS bus and trolley services at no cost. The City of San Diego Employee U-Pass program is open to all active City of San Diego employees, including volunteers and interns.

MTS U-Pass Services

The U-Pass is valid for all fixed-route MTS bus and Trolley services, including Rapid Express 280/290 service on Interstate 15. The U-pass is not valid for door-to-door paratransit trips or on North County Transit District (NCTD) BREEZE, SPRINTER or COASTER services.

How to Access the MTS U-Pass

The MTS transit pass is referred to as "PRONTO." Existing employees can access the MTS U-Pass through the PRONTO app by registering using their City email address. If you are a new City employee, you may need to allow about one to two weeks before registering.

Please follow the steps below to access your U-Pass:

1. Download the PRONTO app for your Apple or Android device.
2. Set up an account using your City of San Diego email address. Do not use your personal email.
3. Follow the steps in this, **step-by-step guide** or **video tutorial**.

For technical assistance *(i.e., difficulty logging into PRONTO, unable to access U-Pass, etc.)* or if your U-Pass is not working, call PRONTO Support at 629-595-5636 or email **support@ridePRONTO.com**. If you do not have a smartphone to download the U-Pass, and for all questions, contact TAP at **TAPAdmin@sandiego.gov**.

North County Transit District (NCTD) Services

The City of San Diego has partnered with the San Diego Metropolitan Transit System (MTS) to provide all City employees the option to enroll in subsidized transit passes through the North County Transit District (NCTD). NCTD provides public transportation for North San Diego County.

COASTER Commuter Rail

In addition to the MTS U-Pass, employees can also enroll in the COASTER. The City subsidizes the cost of the COASTER and employees make monthly payroll deductions on a pre-tax basis.

COASTER Enrollment Steps

Step 1: Be sure to activate your MTS U-Pass *(see MTS U-Pass "How to Access" steps, above)*. Your PRONTO card used for the U-Pass will also be used for the COASTER.

Step 2: Enroll by the 12th of the month.

Complete the enrollment steps outlined in the **COASTER Purchase and Cancellation Instructions**.

Enrollment for monthly COASTER passes is completed online through the SAP Portal.

- If you are a new employee and you don't have SAP access yet, please email **TAPadmin@sandiego.gov** for further assistance.

Be sure to follow the **COASTER Monthly Enrollment schedule** to ensure you have a pass for the desired month.

SPRINTER Hybrid Rail and BREEZE Bus System

Access to SPRINTER/BREEZE services is available through request and approval from the City. Please contact the Transportation Alternatives Program at **TAPadmin@sandiego.gov** if you live in an area serviced by SPRINTER/BREEZE and would like access to get to/from work.

Vanpool

A vanpool is a method of commuting to and from work, where a group of coworkers ride together daily in a van/SUV provided by Enterprise, and the vanpool participants split the expenses. Sharing a commute helps you save money and it's good for the environment. City employees can arrange for a vanpool directly though Commute with Enterprise. The City subsidizes the cost of the vanpool for eligible participants

What is the City's Vanpool Subsidy Program?

The City will provide reimbursement through payroll for the following monthly expenses associated with using a vanpool:

- MEA and DCAA employees: subsidized at 90%, subject to the $100 monthly reimbursement cap.
- All other employees: subsidized at 75%, subject to the $100 monthly reimbursement cap.

Who is eligible for the Vanpool Subsidy Program?

City employees are eligible for the vanpool subsidy program if they join a City-approved vanpool and commute to work at least three days each week in a vanpool.

Vanpool reimbursement is not available to employees who have payroll deduction for monthly parking *(except for driver of vanpool)*.

Where can I find more information about Commute with Enterprise?

To learn more, visit the **Commute with Enterprise webpage** where you will find an **informational video** and answers to **frequently asked questions**.

You can also contact the City's Enterprise Vanpool Coordinator, Mark Helmer at **mark.helmer@em.com** or 315-378-7675.

How can I start a Vanpool?

To join or start a vanpool with your coworkers, access the **Commute with Enterprise webpage** and select the "join a commute" button. Follow the application steps and Enterprise with assist you with the rest.

How to Submit a Monthly Vanpool Reimbursement Request:

Every vanpool group will have a designated vanpool coordinator that is responsible for organizing the roster and tracking the rides. All other riders will be considered the vanpool participants.

The vanpool coordinator and participants must submit the following forms by the 15th of the month in order to receive a reimbursement for the month prior *(i.e., submit by Feb. 15 for January).*

- The vanpool coordinator must submit the following three forms for reimbursement each month:
    1. **Vanpool Monthly Reimbursement form.**
    2. **Vanpool Monthly Payment Roster.**
    3. **Vanpool Monthly Participation Log.**

- Each vanpool participant must submit the following form for reimbursement each month:
    1. **Vanpool Monthly Reimbursement form.**

Once the vanpool coordinator and all participants submit the required forms, your reimbursement will be processed for the next available pay period *(please allow approximately two weeks, depending on the timing that all participants submit the required forms)*.

Leaves and Other Programs

Visit the **Human Resources Webpage** for guides, FAQs and applications related to Parental Leave, Family Medical Leave Act (FMLA), The California Family Rights Act (CFRA), Pregnancy Disability Leave (PDL), Leave-Sharing Plans *(Catastrophic Leave, Child Care Leave, Medical Leave)*. For further assistance on these leaves and programs, contact your Human Resources Department Liaison or call the Human Resources Department at 619-236-6313.

2026-2027 Fiscal/Annual Calendar

	S	M	T	W	TH	F	S	PD
2026								
July				1	2	[3]	4	15
	5	6	7	8	9	10	11	
	12	13	14	15	16	[17]	18	16
	19	20	21	22	23	24	25	
	26	27	28	29	30	[31]	1	17
Aug	2	3	4	5	6	7	8	
	9	10	11	12	13	[14]	15	18
	16	17	18	19	20	21	22	
	23	24	25	26	27	[28]	29	19
	30	31	1	2	3	4	5	
Sept	6	(7)	8	9	10	[11]	12	20
	13	14	15	16	17	18	19	
	20	21	22	23	24	[25]	26	21
	27	28	29	30	1	2	3	
Oct	4	5	6	7	8	[9]	10	22
	11	12	13	14	15	16	17	
	18	19	20	21	22	[23]	24	23
	25	26	27	28	29	30	31	
Nov	1	2	3	4	5	[6]	7	24
	8	9	10	(11)	12	13	14	
	15	16	17	18	19	[20]	21	25
	22	23	24	25	(26)	27	28	
	29	30	1	2	3	[4]	5	26
Dec	6	7	8	9	10	11	12	
	13	14	15	16	17	[18]	19	27
	20	21	22	23	24	(25)	26	
	27	28	29	30	31			

	S	M	T	W	TH	F	S	PD
2027								
Jan						[1]	2	1
	3	4	5	6	7	8	9	
	10	11	12	13	14	[15]	16	2
	17	(18)	19	20	21	22	23	
	24	25	26	27	28	[29]	30	3
Feb	31	1	2	3	4	5	6	
	7	8	9	10	11	[12]	13	4
	14	(15)	16	17	18	19	20	
	21	22	23	24	25	[26]	27	5
	28	1	2	3	4	5	6	
Mar	7	8	9	10	11	[12]	13	6
	14	15	16	17	18	19	20	
	21	22	23	24	25	[26]	27	7
	28	29	30	(31)	1	2	3	
Apr	4	5	6	7	8	[9]	10	8
	11	12	13	14	15	16	17	
	18	19	20	21	22	[23]	24	9
	25	26	27	28	29	30	1	
May	2	3	4	5	6	[7]	8	10
	9	10	11	12	13	14	15	
	16	17	18	19	20	[21]	22	11
	23	24	25	26	27	28	29	
	30	(31)	1	2	3	[4]	5	12
June	6	7	8	9	10	11	12	
	13	14	15	16	17	[18]	19	13
	20	21	22	23	24	25	26	
	27	28	29	30				

	S	M	T	W	TH	F	S	PD
2027								
July					1	[2]	3	14
	4	(5)	6	7	8	9	10	
	11	12	13	14	15	[16]	17	15
	18	19	20	21	22	23	24	
	25	26	27	28	29	[30]	31	16
Aug	1	2	3	4	5	6	7	
	8	9	10	11	12	[13]	14	17
	15	16	17	18	19	20	21	
	22	23	24	25	26	[27]	28	18
	29	30	31	1	2	3	4	
Sept	5	(6)	7	8	9	[10]	11	19
	12	13	14	15	16	17	18	
	19	20	21	22	23	[24]	25	20
	26	27	28	29	30	1	2	
Oct	3	4	5	6	7	[8]	9	21
	10	11	12	13	14	15	16	
	17	18	19	20	21	[22]	23	22
	24	25	26	27	28	29	30	
Nov	31	1	2	3	4	[5]	6	23
	7	8	9	10	(11)	12	13	
	14	15	16	17	18	[19]	20	24
	21	22	23	24	(25)	26	27	
	28	29	30	1	2	[3]	4	25
Dec	5	6	7	8	9	10	11	
	12	13	14	15	16	[17]	18	26
	19	20	21	22	23	(24)	25	
	26	27	28	29	30	[31]		1

[#] Pay Days/End of Pay Period (#) Holidays Payroll Periods PD

Contact Information

CITY OF SAN DIEGO EMPLOYEE BENEFITS ADMINISTRATION

Flexible Benefits: For questions on enrollment for health, life insurance and flexible spending accounts. **benefits@sandiego.gov**
619-236-5924, eFax: 858-581-5312

Retirement Savings: For questions on retirement savings plan enrollment. Plans include 401(a), 401(k), SPSP-H, SPSP and 457b.
retirement@sandiego.gov
619-236-6600, eFax: 619-533-3254

Qualifying Life Events:
For questions on IRS qualifying life events *(birth of a child, marriage, etc.)*.
qualifying_events@sandiego.gov
619-236-5924, eFax: 858-581-5312

Long-Term Disability:
LTD@sandiego.gov
619-236-6100, eFax: 619-533-3256

MEDICAL INSURANCE

Cigna:
cigna.com
888-806-5042 *(pre-enrollment)*
800-244-6224 *(members)*
GRP#: HMO and OAP (PPO) **3341853**

Sharp:
sdpeba.org/sharphealthplan.com
888-315-8027 *(enrollment)*
888-840-4747 *(members)*
GRP#: **79136**

Local 145 Cigna HMO:
cigna.com
888-806-5042 *(pre-enrollment)*
800-244-6224 *(members)*
GRP#: **3347092**

POA ALADS:
mybenefitchoices.com/SDPOA
800-842-6635
GRP#: **57AJSA**

Kaiser:
kaiserpermanente.org
800-324-9208 *(pre-enrollment)*
800-464-4000 *(members)*
GRP#: HMO **104303-04**
Deductible HMO **104303-12**

DENTAL INSURANCE

Delta Dental:
deltadentalins.com
888-335-8227
GRP#: HMO **79643**
PPO **21003**

Local 127 MetLife Dental:
metlife.com/mybenefits
800-438-6388
GRP#: HMO **5024H**
PPO **5024P**

MEA MetLife Dental:
sdpeba.org
888-315-8027
GRP#: **5343641**

Vision Insurance

EyeMed:
eyemed.com
866-804-0982 *(pre-enrollment)*
866-939-3633 *(members)*

MEA VSP Vision:
sdpeba.org
888-315-8027

FLEXIBLE SPENDING ACCOUNTS (FSA)

HealthEquity/WageWorks:
For questions on Dental/Medical/ Vision (DMV) FSA and Dependent/Child Care (DCC) FSA.
wageworks.com | 877-924-3967

Contact Information

LIFE INSURANCE

The Hartford:
thehartford.com | 888-563-1124 | GRP#: GL402711

TRANSPORTATION ALTERNATIVES PROGRAM (TAP)

Flexible Benefits:
For questions on the MTS U-Pass and/or subsidized Coaster Pass.
TAPAdmin@sandiego.gov | 619-236-5924

WELLNESS PROGRAM AND EAP

Cigna Wellness Coordinator:
For questions on the Wellness program.
citynet.sandiego.gov/develop/wellness | 858-204-3659

EAP 24/7 Assistance
877-622-4327
mycigna.com Employer ID: cosd

RETIREMENT PLANS

SDCERS:
For questions about the SDCERS defined benefit pension plan.
SDCERS.gov
619-525-3600

Principal Financial:
For questions on 401(a), 401(k), SPSP-H and SPSP.
principal.com/welcome
800-547-7754

CalPERS:
For questions on the 457(b) plan.
calpers.voya.com
800-260-0659

RETIREE MEDICAL TRUST (RMT)

Voya Financial Health Account Solutions (BPAS):
(eligible non-safety employees who were hired between July 1, 2009 and June 30, 2026)
833-232-4673
e2.bpas.com

HealthInvest HRA (Gallagher):
(Local 986 Employees)
844-342-5505

IAFF Medical Expense Reimbursement Plan:
(for Local 145 employees only)
213-406-2370 or 844-353-7839
IAFFMERP@bpabenefits.com
IAFFMERP.org

Retiree Health Benefits for employees hired prior to July 1, 2005: If you are an active employee and you have questions about Option A, B, or C, please contact the City Retirement Savings at ***retirement@sandiego.gov*** *or 619-236-6600.*

UNION CONTACTS

DCAA:
dcaasandiego.com | 619-533-6246

MEA:
sdmea.org | 619-264-6632

Local 986:
local986.org | 626-350-9860

Local 145:
sandiegocityfirefighters.org | 619-563-6161

Local 127:
afscme127.org | 619-640-4939

POA:
sdpoa.org | 858-573-1199