

FLEXIBLE BENEFITS

Information and Costs Booklet



Plan Year
2024

PLAN YEAR:
January 1, 2024 - December 31, 2024



Risk
Management

Flexible Benefits Office

*This document, with embedded links, is available online at
sandiego.gov/riskmanagement/services/benefits*



Table of Contents

Benefits Enrollment Information	3
2024 Flexible Benefit Plan Credit Amounts	9
Health Plan Eligibility	16
Medical Plans and Costs	17
Dental Plans and Costs	20
Vision Plans and Costs	22
Life Insurance Plans and Costs	23
Benefits Plan Contact Information	25
Fiscal Year 2024 Calendar	26
2024 Health Plan and FSA Payroll Schedule	27



FOR QUESTIONS:

Risk Management – Flexible Benefits

Email: Benefits@sandiego.gov

Employee Benefits Website:

www.sandiego.gov/riskmanagement/services/benefits

2024 Plan Year Enrollment Information

Choosing Your Flexible Benefits Plan Options

The City of San Diego offers a Flexible Benefits Plan (FBP) to all eligible employees. This IRS-qualified, cafeteria-style benefits program includes medical, vision and dental insurance and Flexible Spending Account plans.

The City also provides you FBP credits to apply toward the cost of these plans. The FBP credit amount is based on your bargaining unit and medical coverage election (e.g., employee-only vs family). In accordance with the MOUs, certain credit tiers have cash-back limitations. Please refer to the 2024 FBP Credit Table for credit tier information by bargaining unit. Note, the comments detail how the credits may be applied.



Plan the benefit options you want to enroll in:

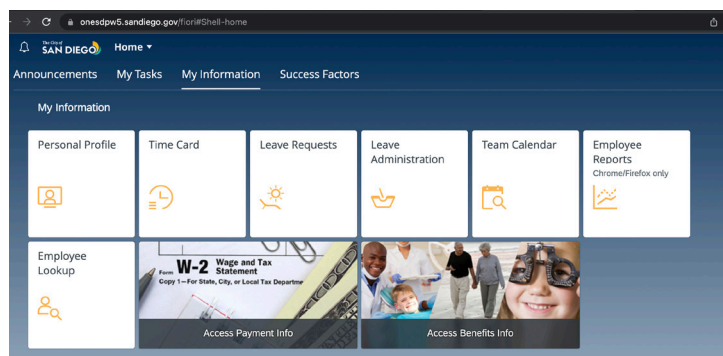
1. Determine the amount of your FBP credits. [See page 9.](#)
2. Select your Basic Life Insurance coverage. [See pages 23-24.](#) **(REQUIRED)**
3. Choose your medical plan or waive enrollment. [See pages 17-19.](#) **(REQUIRED)**
4. Select your dental and vision plans. [See page 20-22.](#) **(OPTIONAL)**
5. Determine the Flexible Spending Accounts you wish to participate in. **(OPTIONAL)**
 - a. Dental/Medical/Vision (DMV). [See page 6.](#)
 - b. Dependent/Child Care (DCC). [See page 6.](#)
6. If eligible, contribute \$10 or more of your remaining FBP Credits to the 401(k) Flex plan. [See page 7.](#) **(OPTIONAL)**



You can access additional information and helpful resources on the [Employee Benefits website](#).

Benefits Enrollment application in SAP:

To review or make changes to your benefits, visit [Citynet](#) and select the SAP Portal button located under "Quick Links". Select the Access Benefits Info tile, then the Benefits Enrollment tile. The application will walk you through the steps for reviewing, changing and confirming your benefit enrollment.



HEALTH PLANS

Detailed information regarding your medical, dental and vision plans can be found on the [Flexible Benefits Plan](#) website. Learn more about your options by selecting your bargaining unit and reviewing the available resources and plan documents.

Enrolling Dependents

If you are enrolling dependents into your health plans for the first time, you will need to provide dependent verification documents within 30 days of enrollment. Acceptable documents include:

- **Spouse** – Marriage certificate
- **Domestic Partner** – Notarized Affidavit of Domestic Partner Relationship or Registration of Domestic Partnership filed with the state of California
- **Children** – Birth certificate, adoption records, hospital verification letter, and/or court legal document

Documents may be submitted by

1. Scan and email to Benefits@sandiego.gov
Subject Line: Dependent Verification Documents
2. Fax to 619-533-3256

HMO Enrollment

If you or your dependents will be enrolling in an HMO plan (except Kaiser) a Primary Care Physician (PCP), will be automatically assigned to you. Those plans include Cigna, Sharp, Anthem Blue Cross (Local 145) and California Care (POA ALADS) for medical HMOs and dental HMOs such as Delta Dental and MetLife. You can make changes to the assigned Primary Care Physician (PCP) later on through the carrier's portal or by calling them directly.



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 will be dis-enrolled from the plan and you will be responsible for any claims retroactive to the date you enrolled. You will not be able to re-enroll them until the next Open Enrollment period in June unless you have a Qualifying Event.



LIFE INSURANCE

Basic Term Life

City employees are required to enroll in Basic Term Life Insurance. If you are represented by MEA, Local 127 or Teamsters you must select the level of your Basic Term Life Insurance between \$10,000, \$25,000 or \$50,000 for a minimal annual cost. 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.



Supplemental Life

You may sign up for Supplemental Life Insurance for yourself, your spouse/domestic partner and your child. A child is only eligible to enroll if the employee and/or spouse is also enrolled in Supplemental Life Insurance. 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 may only be covered by one employee**

When you sign up for Supplemental Life Insurance during your initial enrollment period (within 30 days of your date of hire/re-hire or promotion), within 30 days of your qualifying event or, you:

- **Have a Guaranteed Issue Amount (GIA) of \$250,000 and your spouse/domestic has a GIA of \$50,000**
- **Will not be required to provide Evidence of Insurability (e.g., proof of good health)**
- **Can sign up your child for \$5,000 or \$10,000 of coverage.**

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.


The Hartford will contact you to provide Evidence of Insurability (EOI)* when:

- Applying for a level of coverage more than the Guaranteed Issue Amount of \$250,000;**
- Applying for an increase of more than the one level allowed during Open Enrollment;**
- Applying for coverage for the first time and increasing your level of coverage outside your initial enrollment or qualifying event periods; or**
- There is a lapse in paying the premium while on a leave of absence without pay. Coverage and payroll deductions will begin upon approval by The Hartford.**

Supplemental Life Insurance: Available Throughout the Year

To sign up for, or make changes to your Supplemental Life Insurance benefits, go to the Benefits Enrollment application in SAP and select Life Insurance.

*EOIs are not required for children.

The Hartford also offers enhanced services such as: Estate Guidance® Will Services; Travel Assistance with ID Theft Protection and Assistance; Beneficiary Assist Counseling Services; Funeral Planning and Concierge Services with a funeral-related cost comparison tool. Additional information is available on the [Employee Benefits website](#).

FLEXIBLE SPENDING ACCOUNTS

Flexible Spending Accounts (FSAs) allow you to use pre-tax dollars to pay for approved dependent care costs and health care expenses for you and your dependents. The City contracts with HealthEquity/WageWorks® to manage its FSAs for employees. HealthEquity/WageWorks offers you the ability to:

- **Submit receipts for reimbursement from your mobile phone.**
- **Set up payments for your recurring expenses.**
- **Use a HealthEquity/WageWorks debit card for your allowable dental, medical and vision (DMV) expenses.**
- **Manage your account online 24-hours a day.**



To participate in an FSA, designate the total amount you wish to contribute over the plan year. Pre-tax deductions are taken out of your paycheck on a semi-monthly basis through the end of the plan year, which is December 31, 2024. The 2024 Plan Year minimum and maximum designations for FSA accounts are:

- **Dental/Medical/Vision: \$240/\$3,050**
- **Dependent/Child Care: \$240/\$5,000**

FSA elections are not carried over into the next plan year. You are required to sign up each year you wish to participate.

Visit the [Flexible Spending Accounts](#) website for more information.

Please plan carefully as funds designated for childcare and healthcare related services must be incurred by the grace period deadline, with receipts submitted by the run-out period deadline, in order to be reimbursed (see diagram below).

Any unclaimed monies cannot be carried over into the next plan year and are forfeited.

Once your account has been established you will be contacted by HealthEquity/WageWorks with instructions on how to create an account online at [wageworks.com](https://www.wageworks.com) and process claims.



Expenses for the 2024 plan year must be incurred by March 15, 2025 and submitted to HealthEquity/WageWorks by March 31, 2025.

VOLUNTARY RETIREMENT SAVINGS PLANS

401(k) and 457(b) Deferred Compensation Plan

All employees are eligible to participate in the City's 401(k) plan and the City's 457(b) deferred compensation plan, regardless of hire date.

The maximum amount you can contribute to your 401(k) and 457(b) Deferred Compensation plans is \$22,500 per savings plan per calendar year. If you are 50 years of age or older by Dec. 31, you may also be eligible to contribute an additional \$7,500 to each plan. Minimum contributions to each plan are \$10 per pay period. The City does not make any matching contributions to the 401(k) or 457(b) plans.

The 457(b) plan also has a catch-up provision which allows City employees to defer up to twice the annual limit (e.g., \$45,000 for 2024) three years prior to retirement. **To see if you qualify, or to apply for the three-year catch-up provision, contact the Employee Savings Division at 619-236-6600.**

Designate an amount per pay period you would like to contribute toward your 401(k) and/or 457(b) accounts, based on bi-weekly* contributions. Contributions will automatically stop once you meet your annual calendar limit. You can adjust contributions to your 401(k) or 457(b) Deferred Compensation plans at any time by going to Employee Savings in your Benefits Enrollment application on the SAP portal.

Depending on your date of hire and credit tier, you may have the option to allocate excess flex credits toward a 401(k) plan. If eligible, you have the option of allocating \$10 or more of the remaining credits toward a 401(k) if your Flexible Benefits Plan (FBP) credits are greater than the costs of your selected benefits. Flex deductions are taken on a semi-monthly basis**.

*bi-weekly = every two weeks or
26 times per year

**semi-monthly = two deductions per month or
24 times per year



Please note: If you make changes to your 401(k) or 457(b), please allow two weeks for your contributions to take effect. Your 1st paycheck following the two week waiting period will reflect your contribution changes.

Contributions to the 457(b) plan will lower the contribution amounts to your SPSP-H and 401(a) plan.



The City's Retirement Savings plans are administered by Principal (for the 401(k) plan) and CalPERS (for the 457(b) plan). Following your enrollment, you will be able to access your account information online or by calling the administrator's participant service center (found on page 21).

BENEFICIARIES

A beneficiary is someone who receives funds from your employee savings or life insurance plans in the event of your death. It is always a good practice to annually review your beneficiaries to ensure they are current.



Beneficiary Designations:

Beneficiary designations for life insurance must be completed in the Benefits Enrollment application on the SAP portal. Beneficiary designations for Retirement Savings Plans must be completed on the financial institution's website.

You may designate any individual or qualified trust as beneficiary, however, if you are married or have a domestic partner and you live in a community property state, such as California, special rules apply: Your spouse or registered domestic partner must be designated at least 50% primary beneficiary unless he/she signs a notarized consent waiver. This rule applies to life insurance plans as well as all the retirement savings plans (401(a), 401(k), SPSP or SPSP-H). If you have questions or you need to submit a waiver, email benefits@sandiego.gov.

A Note About Trusts:

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.

BENEFIT CHANGES DUE TO QUALIFYING EVENTS

You may make changes to your benefits outside of the Open Enrollment period if you experience a qualifying event. Types of qualifying events include family status changes (such as marriage, divorce, birth or adoption of a child), gain or loss of medical coverage, a job class change or a court order.

If you have experienced a qualifying event and would like to make enrollment changes, please complete and submit the **Qualifying Event Form** *within 30 days from the date of the event*. Proof of the qualifying event and dependent verification documents will be required. If you miss the 30-day deadline, you will need to wait until the next Open Enrollment period in October/November to make changes. Please refer to the **Qualifying Event Chart** on the **Qualifying Events** website for more details.



2024 City FBP Credits



MEA (Municipal Employees Association)					
Medical Plan Dependent Coverage Level (credit tier)	ANNUAL	SEMI-MONTHLY (24 PAY PERIODS)*			Notes
	FULL-TIME	1/2 TIME (40)	3/4 TIME (60)	FULL TIME (80 or 112)	
Most recent hire date prior to 7/1/2020					
Waive	\$11,705.00	\$487.71	\$487.71	\$487.71	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	\$11,705.00	\$487.71	\$487.71	\$487.71	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 + Spouse/Domestic Partner	\$17,000.00	\$708.33	\$708.33	\$708.33	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 + Children	\$15,000.00	\$625.00	\$625.00	\$625.00	
Family (Employee, Spouse/Domestic Partner, & Children)	\$23,000.00	\$958.33	\$958.33	\$958.33	
Most recent hire date on or after 7/1/2020					
Waive	\$1,000.00	\$41.67	\$41.67	\$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	\$8,000.00	\$333.33	\$333.33	\$333.33	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 & Spouse/Domestic Partner	\$17,000.00	\$708.33	\$708.33	\$708.33	
Employee & Children	\$15,000.00	\$625.00	\$625.00	\$625.00	
Family (Employee, Spouse/Domestic Partner, & Children)	\$23,000.00	\$958.33	\$958.33	\$958.33	

*variances due to rounding

2024 City FBP Credits (cont.)



Teamsters Local 911					
Medical Plan Dependent Coverage Level (credit tier)	ANNUAL	SEMI-MONTHLY (24 PAY PERIODS)*			Notes
	FULL-TIME	1/2 TIME (40)	3/4 TIME (60)	FULL TIME (80 or 112)	
Most recent hire date prior to 7/1/2021					
Waive	\$13,461.00	\$560.88	\$560.88	\$560.88	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	\$13,461.00	\$560.88	\$560.88	\$560.88	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 & Spouse/Domestic Partner	\$13,528.00	\$563.67	\$563.67	\$563.67	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 & Children	\$15,832.00	\$659.67	\$659.67	\$659.67	
Family (Employee, Spouse/Domestic Partner, & Children)	\$19,874.00	\$828.08	\$828.08	\$828.08	
Most recent hire date on or after 7/1/2021					
Waive	\$1,000.00	\$41.67	\$41.67	\$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	\$7,600.00	\$316.67	\$316.67	\$316.67	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 & Spouse/Domestic Partner	\$13,528.00	\$563.67	\$563.67	\$563.67	
Employee & Children	\$15,832.00	\$659.67	\$659.67	\$659.67	
Family (Employee, Spouse/Domestic Partner, & Children)	\$19,874.00	\$828.08	\$828.08	\$828.08	

*variances due to rounding

2024 City FBP Credits (cont.)



AFSCME Local 127 (American Federation of State, County, and Municipal Employees)					
Medical Plan Dependent Coverage Level (credit tier)	ANNUAL	SEMI-MONTHLY (24 PAY PERIODS)*			Notes
	FULL-TIME	1/2 TIME (40)	3/4 TIME (60)	FULL TIME (80 or 112)	
Most recent hire date prior to 7/1/2020					
Waive	\$9,956.00	\$414.83	\$414.83	\$414.83	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	\$10,956.00	\$456.50	\$456.50	\$456.50	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 & Spouse/Domestic Partner	\$17,400.00	\$725.00	\$725.00	\$725.00	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 & Children	\$15,400.00	\$641.67	\$641.67	\$641.67	
Family (Employee, Spouse/Domestic Partner, & Children)	\$22,760.00	\$948.33	\$948.33	\$948.33	
Most recent hire date on or after 7/1/2020					
Waive	\$1,000.00	\$41.67	\$41.67	\$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	\$8,000.00	\$333.33	\$333.33	\$333.33	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 & Spouse/Domestic Partner	\$17,400.00	\$725.00	\$725.00	\$725.00	
Employee & Children	\$15,400.00	\$641.67	\$641.67	\$641.67	
Family (Employee, Spouse/Domestic Partner, & Children)	\$22,760.00	\$948.33	\$948.33	\$948.33	

*variances due to rounding



2024 City FBP Credits (cont.)



IAFF Local 145 (International Association of Fire Fighters)					
	ANNUAL	SEMI-MONTHLY (24 PAY PERIODS)*			Notes
	FULL-TIME	1/2 TIME (40)	3/4 TIME (60)	FULL TIME (80 or 112)	
Most recent hire date prior to 7/1/2020					
Waive	\$1,750.00	\$36.46	\$54.69	\$72.92	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	\$9,830.00	\$204.79	\$307.19	\$409.58	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 & Spouse/Domestic Partner	\$18,250.00	\$380.21	\$570.31	\$760.42	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 & Children	\$15,495.00	\$322.81	\$484.22	\$645.63	
Family (Employee, Spouse/Domestic Partner, & Children)	\$21,435.00	\$446.56	\$669.84	\$893.13	
Most recent hire date on or after 7/1/2020					
Waive	\$1,000.00	\$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	\$7,851.00	\$163.56	\$245.34	\$327.13	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 & Spouse/Domestic Partner	\$18,250.00	\$380.21	\$570.31	\$760.42	
Employee & Children	\$15,495.00	\$322.81	\$484.22	\$645.63	
Family (Employee, Spouse/Domestic Partner, & Children)	\$21,435.00	\$446.56	\$669.84	\$893.13	

*variances due to rounding

2024 City FBP Credits (cont.)



POA (Police Officers Association) - Police Unit & Police Management					
Medical Plan Dependent Coverage Level (credit tier)	ANNUAL	SEMI-MONTHLY (24 PAY PERIODS)*			Notes
	FULL-TIME	1/2 TIME (40)	3/4 TIME (60)	FULL TIME (80 or 112)	
Most recent hire date prior to 7/1/2021					
Waive	\$7,605.00	\$158.44	\$237.66	\$316.88	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	\$9,942.00	\$207.13	\$310.69	\$414.25	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 & Spouse/Domestic Partner	\$16,950.00	\$353.13	\$529.69	\$706.25	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 & Children	\$14,850.00	\$309.38	\$464.06	\$618.75	
Family (Employee, Spouse/Domestic Partner, & Children)	\$24,850.00	\$517.71	\$776.56	\$1035.42	
Most recent hire date on or after 7/1/2021					
Waive	\$1,000.00	\$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	\$7,600.00	\$158.33	\$237.50	\$316.67	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 & Spouse/Domestic Partner	\$16,950.00	\$353.13	\$529.69	\$706.25	
Employee & Children	\$14,850.00	\$309.38	\$464.06	\$618.75	
Family (Employee, Spouse/Domestic Partner, & Children)	\$24,850.00	\$517.71	\$776.56	\$1035.42	

*variances due to rounding



2024 City FBP Credits (cont.)



DCAA (Deputy City Attorneys Association)					
	ANNUAL	SEMI-MONTHLY (24 PAY PERIODS)*			Notes
	FULL-TIME	1/2 TIME (40)	3/4 TIME (60)	FULL TIME (80 or 112)	
Most recent hire date prior to 7/1/2020					
Waive	\$9,942.00	\$207.13	\$310.69	\$414.25	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	\$13,643.00	\$284.23	\$426.34	\$568.46	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 & Spouse/Domestic Partner	\$18,250.00	\$380.21	\$570.31	\$760.42	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 & Children	\$16,150.00	\$336.46	\$504.69	\$672.92	
Family (Employee, Spouse/Domestic Partner, & Children)	\$24,100.00	\$502.08	\$753.13	\$1,004.17	
Most recent hire date on or after 7/1/2020					
Waive	\$1,000.00	\$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	\$7,600.00	\$158.33	\$237.50	\$316.67	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 & Spouse/Domestic Partner	\$18,250.00	\$380.21	\$570.31	\$760.42	
Employee & Children	\$16,150.00	\$336.46	\$504.69	\$672.92	
Family (Employee, Spouse/Domestic Partner, & Children)	\$24,100.00	\$502.08	\$753.13	\$1,004.17	

*variances due to rounding

2024 City FBP Credits (cont.)



Unrepresented Employees					
Medical Plan Dependent Coverage Level (credit tier)	ANNUAL	SEMI-MONTHLY (24 PAY PERIODS)*			Notes
	FULL-TIME	1/2 TIME (40)	3/4 TIME (60)	FULL TIME (80 or 112)	
Most recent hire date prior to 7/1/2020					
Waive	\$9,977.00	\$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	\$13,178.00	\$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 & Spouse/Domestic Partner	\$18,500.00	\$385.42	\$578.13	\$770.83	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 & Children	\$17,250.00	\$359.38	\$539.06	\$718.75	
Family (Employee, Spouse/Domestic Partner, & Children)	\$23,000.00	\$479.17	\$718.75	\$958.33	
Most recent hire date on or after 7/1/2020					
Waive	\$1,000.00	\$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	\$8,000.00	\$166.67	\$250.00	\$333.33	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 & Spouse/Domestic Partner	\$18,500.00	\$385.42	\$578.13	\$770.83	
Employee & Children	\$17,250.00	\$359.38	\$539.06	\$718.75	
Family (Employee, Spouse/Domestic Partner, & Children)	\$23,000.00	\$479.17	\$718.75	\$958.33	




*variances due to rounding

Health Plan Eligibility



DEPUTY
CITY ATTORNEYS
ASSOCIATION
SAN DIEGO



 Medical Plans							
City/Kaiser Traditional (HMO)	✓	✓	✓	✓	✓	✓	✓
City/Kaiser (HMO)	✓	✓	✓	✓	✓	✓	✓
City/Cigna Scripps Select (HMO)	✓	✓	✓	✓	✓	✓	✓
City/Cigna (HMO)	✓	✓		✓	✓	✓	✓
City/Cigna (PPO)	✓	✓	✓	✓	✓	✓	✓
SDPEBA/Sharp Classic (HMO)	✓	✓		✓	✓	✓	✓
SDPEBA/Sharp Select (HMO)	✓	✓		✓	✓	✓	✓
SDPEBA/Sharp Deductible (HMO)	✓	✓		✓	✓	✓	✓
Local 145/Anthem Blue Cross (HMO)			✓				
POA ALADS/CA Care Basic (HMO w/ supp. Dental PPO)						✓	
POA ALADS/CA Care Premier (HMO w/ full Dental PPO)						✓	
 Dental Plans							
City/Delta DHMO	✓		✓	✓		✓	✓
City/Delta DPO	✓		✓	✓		✓	✓
SDPEBA/MetLife DHMO					✓		
SDPEBA/MetLife DPO					✓		
Local 127/MetLife DHMO		✓					
Local 127/MetLife DPO		✓					
 Vision Plans							
City/VSP	✓	✓	✓	✓		✓	✓
MEA/VSP					✓		

Medical Plans and Costs



MEDICAL PLANS (REQUIRED)	ANNUAL	MONTHLY	SEMI-MONTHLY* (24 Pay Periods)	
			POST-TAX	PRE-TAX
WAIVE MEDICAL				
Employee only	0.00	0.00	0.00	0.00
City/Kaiser Traditional HMO Available to All Employees				
Employee only	\$8,100.96	\$675.08	\$0.00	\$337.54
Employee & Spouse/Domestic Partner	\$17,740.92	\$1,478.41	\$0.00	\$739.21
Employee & Domestic Partner (post-tax)**	\$17,740.92	\$1,478.41	\$401.67	\$337.54
Employee & Children	\$15,391.68	\$1,282.64	\$0.00	\$641.32
Family	\$24,626.76	\$2,052.23	\$0.00	\$1,026.12
Family (Domestic Partner post-tax)**	\$24,626.76	\$2,052.23	\$384.80	\$641.32
City/Kaiser Deductible HMO Available to All Employees				
Employee only	\$6,238.44	\$519.87	\$0.00	\$259.94
Employee & Spouse/Domestic Partner	\$13,662.24	\$1,138.52	\$0.00	\$569.26
Employee & Domestic Partner (post-tax)**	\$13,662.24	\$1,138.52	\$309.32	\$259.94
Employee & Children	\$11,853.12	\$987.76	\$0.00	\$493.88
Family	\$18,964.92	\$1,580.41	\$0.00	\$790.21
Family (Domestic Partner post-tax)**	\$18,964.92	\$1,580.41	\$296.33	\$493.88
City/CIGNA HMO Available to DCAA, Local 127, Local 911, MEA, POA, & Unrepresented				
Employee only	\$16,537.30	\$1,378.11	\$0.00	\$689.05
Employee & Spouse/Domestic Partner	\$36,217.39	\$3,018.12	\$0.00	\$1,509.06
Employee & Domestic Partner (post-tax)**	\$36,217.39	\$3,018.12	\$820.01	\$689.05
Employee & Children	\$31,420.28	\$2,618.36	\$0.00	\$1,309.18
Family	\$50,272.66	\$4,189.39	\$0.00	\$2,094.69
Family (Domestic Partner post-tax)**	\$50,272.66	\$4,189.39	\$785.51	\$1,309.18
City/CIGNA Scripps Select HMO Available to All Employees				
Employee only	\$8,199.34	\$683.28	\$0.00	\$341.64
Employee & Spouse/Domestic Partner	\$17,954.11	\$1,496.18	\$0.00	\$748.09
Employee & Domestic Partner (post-tax)**	\$17,954.11	\$1,496.18	\$406.45	\$341.64
Employee & Children	\$15,579.20	\$1,298.27	\$0.00	\$649.13
Family	\$24,926.74	\$2,077.23	\$0.00	\$1,038.61
Family (Domestic Partner post-tax)**	\$24,926.74	\$2,077.23	\$389.48	\$649.13

Medical Plans and Costs (cont.)



MEDICAL PLANS (REQUIRED)	ANNUAL	MONTHLY	SEMI-MONTHLY* (24 Pay Periods)	
			POST-TAX	PRE-TAX
<u>CITY/CIGNA Open Access Plan (OAP) PPO</u> Available to All Employees				
Employee only	\$18,206.50	\$1,517.21	\$0.00	\$758.60
Employee & Spouse/Domestic Partner	\$39,873.43	\$3,322.79	\$0.00	\$1,661.39
Employee & Domestic Partner (post-tax)**	\$39,873.43	\$3,322.79	\$902.79	\$758.60
Employee & Children	\$34,592.12	\$2,882.68	\$0.00	\$1,441.34
Family	\$55,347.58	\$4,612.30	\$0.00	\$2,306.15
Family (Domestic Partner post-tax)**	\$55,347.58	\$4,612.30	\$864.81	\$1,441.34
<u>SDPEBA/Sharp Classic</u> Available to DCAA, Local 127, Local 911, MEA, POA, & Unrepresented				
Employee only	\$8,979.12	\$748.26	\$0.00	\$374.13
Employee & Spouse/Domestic Partner	\$19,635.84	\$1,636.32	\$0.00	\$818.16
Employee & Domestic Partner (post-tax)**	\$19,635.84	\$1,636.32	\$444.03	\$374.13
Employee & Children	\$17,038.80	\$1,419.90	\$0.00	\$709.95
Family	\$27,247.68	\$2,270.64	\$0.00	\$1,135.32
Family (Domestic Partner post-tax)**	\$27,247.68	\$2,270.64	\$425.37	\$709.95
<u>SDPEBA/Sharp Select</u> Available to DCAA, Local 127, Local 911, MEA, POA, & Unrepresented				
Employee only	\$6,130.32	\$510.86	\$0.00	\$255.43
Employee & Spouse/Domestic Partner	\$13,396.56	\$1,116.38	\$0.00	\$558.19
Employee & Domestic Partner (post-tax)**	\$13,396.56	\$1,116.38	\$302.76	\$255.43
Employee & Children	\$11,625.84	\$968.82	\$0.00	\$484.41
Family	\$18,586.80	\$1,548.90	\$0.00	\$774.45
Family (Domestic Partner post-tax)**	\$18,586.80	\$1,548.90	\$290.04	\$484.41
<u>SDPEBA/Sharp Saver Deductible HMO</u> Available to DCAA, Local 127, Local 911, MEA, POA, & Unrepresented				
Employee only	\$5,431.92	\$452.66	\$0.00	\$226.33
Employee & Spouse/Domestic Partner	\$11,867.04	\$988.92	\$0.00	\$494.46
Employee & Domestic Partner (post-tax)**	\$11,867.04	\$988.92	\$268.13	\$226.33
Employee & Children	\$10,298.88	\$858.24	\$0.00	\$429.12
Family	\$16,463.76	\$1,371.98	\$0.00	\$685.99
Family (Domestic Partner post-tax)**	\$16,463.76	\$1,371.98	\$256.87	\$429.12

Medical Plans and Costs (cont.)



MEDICAL PLANS (REQUIRED)	ANNUAL	MONTHLY	SEMI-MONTHLY* (24 Pay Periods)	
			POST-TAX	PRE-TAX
LOCAL 145/Anthem Blue Cross Available to Local 145 Classified & Unclassified				
Employee only	\$9,214.35	\$767.86	\$0.00	\$383.93
Employee & Spouse/Domestic Partner	\$21,506.21	\$1,792.18	\$0.00	\$896.09
Employee & Domestic Partner (post-tax)**	\$21,506.21	\$1,792.18	\$512.16	\$383.93
Employee & Children	\$17,654.72	\$1,471.23	\$0.00	\$735.61
Family	\$30,158.56	\$2,513.21	\$0.00	\$1,256.61
Family (Domestic Partner post-tax)**	\$30,158.56	\$2,513.21	\$521.00	\$735.61
POA/ALADS California Care Basic HMO (with supplemental Dental PPO plan benefits) Available to POA Classified & Unclassified				
Employee only	\$10,336.80	\$861.40	\$0.00	\$430.70
Employee & Spouse/Domestic Partner	\$21,378.60	\$1,781.55	\$0.00	\$890.78
Employee & Domestic Partner (post-tax)**	\$21,378.60	\$1,781.55	\$460.08	\$430.70
Employee & 1 Child	\$21,378.60	\$1,781.55	\$0.00	\$890.78
Employee & Children	\$25,639.80	\$2,136.65	\$0.00	\$1,068.33
Family	\$25,639.80	\$2,136.65	\$0.00	\$1,068.33
Family (Domestic Partner post-tax)**	\$25,639.80	\$2,136.65	\$177.55	\$890.78
POA/ALADS California Care Premier HMO (with full Dental PPO plan benefits) Available to POA Classified & Unclassified				
Employee only	\$10,592.16	\$882.68	\$0.00	\$441.34
Employee & Spouse/Domestic Partner	\$21,804.84	\$1,817.07	\$0.00	\$908.54
Employee & Domestic Partner (post-tax)**	\$21,804.84	\$1,817.07	\$467.20	\$441.34
Employee & 1 Child	\$21,804.84	\$1,817.07	\$0.00	\$908.54
Employee & Children	\$26,277.24	\$2,189.77	\$0.00	\$1,094.89
Family	\$26,277.24	\$2,189.77	\$0.00	\$1,094.89
Family (Domestic Partner post-tax)**	\$26,277.24	\$2,189.77	\$186.35	\$908.54

*Variances Due to Rounding

**Domestic partners can only be enrolled on a pre-tax basis if they qualify as a tax dependent under IRS guidelines. To enroll your Domestic Partner on a pre-tax basis, submit a Tax Dependent Certification form which can be found on the Flexible Benefits website.

Dental Plans and Costs



DENTAL PLANS (OPTIONAL)	ANNUAL	MONTHLY	SEMI-MONTHLY* (24 Pay Periods)	
			POST-TAX	PRE-TAX
<u>CITY/Delta Dental DHMO</u> Available to DCAA, Local 145, Local 911, POA, & Unrepresented				
Employee only	\$140.52	\$11.71	\$0.00	\$5.86
Employee & Spouse/Domestic Partner	\$280.68	\$23.39	\$0.00	\$11.70
Employee & Domestic Partner (post-tax)**	\$280.68	\$23.39	\$5.84	\$5.86
Employee & Children	\$245.64	\$20.47	\$0.00	\$10.24
Family	\$435.24	\$36.27	\$0.00	\$18.14
Family (Domestic Partner post-tax)**	\$435.24	\$36.27	\$7.90	\$10.24
<u>CITY/Delta Dental DPO</u> Available to DCAA, Local 145, Local 911, POA, & Unrepresented				
Employee only	\$490.32	\$40.86	\$0.00	\$20.43
Employee & Spouse/Domestic Partner	\$979.68	\$81.64	\$0.00	\$40.82
Employee & Domestic Partner (post-tax)**	\$979.68	\$81.64	\$20.39	\$20.43
Employee & Children	\$955.44	\$79.62	\$0.00	\$39.81
Family	\$1,513.92	\$126.16	\$0.00	\$63.08
Family (Domestic Partner post-tax)**	\$1,513.92	\$126.16	\$23.27	\$39.81
<u>SDPEBA/MetLife DHMO</u> Available to MEA Only				
Employee only	\$252.00	\$21.00	\$0.00	\$10.50
Employee & Spouse/Domestic Partner	\$490.80	\$40.90	\$0.00	\$20.45
Employee & Domestic Partner (post-tax)**	\$490.80	\$40.90	\$9.95	\$10.50
Employee & Children	\$490.80	\$40.90	\$0.00	\$20.45
Family	\$701.52	\$58.46	\$0.00	\$29.23
Family (Domestic Partner post-tax)**	\$701.52	\$58.46	\$8.78	\$20.45
<u>SDPEBA/MetLife DPO</u> Available to MEA Only				
Employee only	\$833.28	\$69.44	\$0.00	\$34.72
Employee & Spouse/Domestic Partner	\$1,621.44	\$135.12	\$0.00	\$67.56
Employee & Domestic Partner (post-tax)**	\$1,621.44	\$135.12	\$32.84	\$34.72
Employee & Children	\$1,621.44	\$135.12	\$0.00	\$67.56
Family	\$2,614.32	\$217.86	\$0.00	\$108.93
Family (Domestic Partner post-tax)**	\$2,614.32	\$217.86	\$41.37	\$67.56

Dental Plans and Costs (cont.)



DENTAL PLANS (OPTIONAL)	ANNUAL	MONTHLY	SEMI-MONTHLY* (24 Pay Periods)	
			POST-TAX	PRE-TAX
<u>LOCAL 127/MetLife DHMO</u> Available to Local 127 Only				
Employee only	\$202.44	\$16.87	\$0.00	\$8.44
Employee & Spouse/Domestic Partner	\$378.72	\$31.56	\$0.00	\$15.78
Employee & Domestic Partner (post-tax)**	\$378.72	\$31.56	\$7.34	\$8.44
Employee & 1 Child	\$378.72	\$31.56	\$0.00	\$15.78
Employee & Children	\$528.00	\$44.00	\$0.00	\$22.00
Family	\$528.00	\$44.00	\$0.00	\$22.00
Family (Domestic Partner post-tax)**	\$528.00	\$44.00	\$6.22	\$15.78
<u>LOCAL 127/MetLife DPO</u> Available to Local 127 Only				
Employee only	\$477.96	\$39.83	\$0.00	\$19.92
Employee & Spouse/Domestic Partner	\$926.88	\$77.24	\$0.00	\$38.62
Employee & Domestic Partner (post-tax)**	\$926.88	\$77.24	\$18.70	\$19.92
Employee & 1 Child	\$926.88	\$77.24	\$0.00	\$38.62
Employee & Children	\$1,733.76	\$144.48	\$0.00	\$72.24
Family	\$1,733.76	\$144.48	\$0.00	\$72.24
Family (Domestic Partner post-tax)**	\$1,733.76	\$144.48	\$33.62	\$38.62

*Variances Due to Rounding

**Domestic partners can only be enrolled on a pre-tax basis if they qualify as a tax dependent under IRS guidelines. To enroll your Domestic Partner on a pre-tax basis, submit a Tax Dependent Certification form which can be found on the Flexible Benefits website.

Vision Plans and Costs



VISION PLANS (OPTIONAL)	ANNUAL	MONTHLY	SEMI-MONTHLY* (24 Pay Periods)	
			POST-TAX	PRE-TAX
<u>CITY/VSP</u> Available to DCAA, Local 127, Local 145, Local 911, POA, & Unrepresented				
Employee only	\$56.40	\$4.70	\$0.00	\$2.35
Employee & Spouse/Domestic Partner	\$112.80	\$9.40	\$0.00	\$4.70
Employee & Domestic Partner (post-tax)**	\$112.80	\$9.40	\$2.35	\$2.35
Employee & Children	\$120.60	\$10.05	\$0.00	\$5.03
Family	\$192.96	\$16.08	\$0.00	\$8.04
Family (Domestic Partner post-tax)**	\$192.96	\$16.08	\$3.01	\$5.03
<u>SDPEBA/VSP</u> Available to MEA Only				
Employee only	\$250.56	\$20.88	\$0.00	\$10.44
Employee & Spouse/Domestic Partner	\$443.76	\$36.98	\$0.00	\$18.49
Employee & Domestic Partner (post-tax)**	\$443.76	\$36.98	\$8.05	\$10.44
Employee & Children	\$443.76	\$36.98	\$0.00	\$18.49
Family	\$732.00	\$61.00	\$0.00	\$30.50
Family (Domestic Partner post-tax)**	\$732.00	\$61.00	\$12.01	\$18.49

*Variances Due to Rounding

**Domestic partners can only be enrolled on a pre-tax basis if they qualify as a tax dependent under IRS guidelines. To enroll your Domestic Partner on a pre-tax basis, submit a Tax Dependent Certification form which can be found on the Flexible Benefits website.

Life Insurance Plans and Costs



BASIC LIFE INSURANCE

LIFE INSURANCE PLAN (REQUIRED)	ANNUAL	MONTHLY	SEMI-MONTHLY (24 Pay Periods)
Basic Life Available to MEA, Local 127 and Local 911			
\$10,000	\$4	\$0.30	\$0.15
\$25,000	\$9	\$0.75	\$0.38
\$50,000	\$18	\$1.50	\$0.75
Basic Life Available to DCAA, Local 145, POA, Unrepresented and Unclassified			
\$50,000	\$0	\$0	\$0

SUPPLEMENTAL LIFE INSURANCE

The cost of Supplemental Life Insurance is based on age. If your age changes to the next age bracket during the fiscal year, the payroll system will automatically increase the cost of your Supplemental Life Insurance.

SUPPLEMENTAL LIFE INSURANCE - EMPLOYEE												
AGE	AMOUNT OF INSURANCE - BIWEEKLY (26 PAY PERIOD) DEDUCTION											
	\$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	\$0.45	\$0.90	\$1.35	\$1.80	\$2.70	\$3.60	\$4.50	\$5.40	\$6.30	\$7.20	\$8.10	\$9.00
30 - 34	\$0.65	\$1.29	\$1.94	\$2.58	\$3.88	\$5.17	\$6.46	\$7.75	\$9.05	\$10.34	\$11.63	\$12.92
35 - 39	\$0.75	\$1.50	\$2.25	\$3.00	\$4.50	\$6.00	\$7.50	\$9.00	\$10.50	\$12.00	\$13.50	\$15.00
40 - 44	\$0.95	\$1.89	\$2.84	\$3.78	\$5.68	\$7.57	\$9.46	\$11.35	\$13.25	\$15.14	\$17.03	\$18.92
45 - 49	\$1.34	\$2.68	\$4.02	\$5.35	\$8.03	\$10.71	\$13.38	\$16.06	\$18.74	\$21.42	\$24.09	\$26.77
50 - 54	\$2.22	\$4.43	\$6.65	\$8.86	\$13.29	\$17.72	\$22.15	\$26.58	\$31.02	\$35.45	\$39.88	\$44.31
55 - 59	\$3.98	\$7.96	\$11.94	\$15.92	\$23.88	\$31.85	\$39.81	\$47.77	\$55.73	\$63.69	\$71.65	\$79.62
60 - 64	\$6.14	\$12.28	\$18.42	\$24.55	\$36.83	\$49.11	\$61.38	\$73.66	\$85.94	\$98.22	\$110.49	\$122.77
65 - 69	\$11.93	\$23.86	\$35.79	\$47.72	\$71.58	\$95.45	\$119.31	\$143.17	\$167.03	\$190.89	\$214.75	\$238.62
70 - 74	\$20.17	\$40.34	\$60.51	\$80.68	\$121.02	\$161.35	\$201.69	\$242.03	\$282.37	\$322.71	\$363.05	\$403.38
75 & Up	\$20.17	\$40.34	\$60.51	\$80.68	\$121.02	\$161.35	\$201.69	\$242.03	\$282.37	\$322.71	\$363.05	\$403.38

Life Insurance Plans and Costs (cont.)



As a reminder, 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 INSURANCE - SPOUSE OR DOMESTIC PARTNER												
AGE	AMOUNT OF INSURANCE - BIWEEKLY (26 PAY PERIOD) DEDUCTION											
	\$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	\$0.50	\$0.99	\$1.49	\$1.98	\$2.98	\$3.97	\$4.96	\$5.95	\$6.95	\$7.94	\$8.93	\$9.92
30 - 34	\$0.69	\$1.38	\$2.08	\$2.77	\$4.15	\$5.54	\$6.92	\$8.31	\$9.69	\$11.08	\$12.46	\$13.85
35 - 39	\$0.78	\$1.57	\$2.35	\$3.14	\$4.71	\$6.28	\$7.85	\$9.42	\$10.98	\$12.55	\$14.12	\$15.69
40 - 44	\$0.98	\$1.96	\$2.94	\$3.92	\$5.88	\$7.85	\$9.81	\$11.77	\$13.73	\$15.69	\$17.65	\$19.62
45 - 49	\$1.37	\$2.75	\$4.12	\$5.49	\$8.24	\$10.98	\$13.73	\$16.48	\$19.22	\$21.97	\$24.72	\$27.46
50 - 54	\$2.26	\$4.52	\$6.78	\$9.05	\$13.57	\$18.09	\$22.62	\$27.14	\$31.66	\$36.18	\$40.71	\$45.23
55 - 59	\$4.03	\$8.05	\$12.08	\$16.11	\$24.16	\$32.22	\$40.27	\$48.32	\$56.38	\$64.43	\$72.48	\$80.54
60 - 64	\$6.18	\$12.37	\$18.55	\$24.74	\$37.11	\$49.48	\$61.85	\$74.22	\$86.58	\$98.95	\$111.32	\$123.69
65 - 69	\$11.97	\$23.93	\$35.90	\$47.86	\$71.79	\$95.72	\$119.65	\$143.58	\$167.52	\$191.45	\$215.38	\$239.31
70 - 74	\$20.20	\$40.41	\$60.61	\$80.82	\$121.22	\$161.63	\$202.04	\$242.45	\$282.85	\$323.26	\$363.67	\$404.08
75 & Up	\$20.20	\$40.41	\$60.61	\$80.82	\$121.22	\$161.63	\$202.04	\$242.45	\$282.85	\$323.26	\$363.67	\$404.08

SUPPLEMENTAL LIFE INSURANCE - CHILDREN	ANNUAL	MONTHLY	BIWEEKLY (26 Pay Periods)
Coverage Amount Each			
\$5,000	\$10	\$0.85	\$0.39
\$10,000	\$12	\$1.03	\$0.48

Contact Information

	WEBSITE OR EMAIL ADDRESS	PHONE #
CITY OF SAN DIEGO EMPLOYEE BENEFITS ADMINISTRATION		
Flexible Benefits: For questions on enrollment for health, life insurance and flexible spending accounts.	Benefits@sanidiego.gov	619-236-5924
Retirement Savings: For questions on retirement savings plan enrollment. Plans include 401(a), 401(k) SPSP-H, SPSP and 457b.	Retirement@sanidiego.gov	619-236-6600
Qualifying Life Events: For questions on IRS qualifying life events (birth of a child, marriage, etc.)	Qualifying_Events@sanidiego.gov	619-236-5924
Long-Term Disability	LTD@sanidiego.gov	619-236-6100
MEDICAL INSURANCE		
Cigna	Cigna.com	888-806-5042 (pre-enrollment) 800-244-6224 (members)
Kaiser	kaiserpermanente.org	800-324-9208 (pre-enrollment) 800-464-4000 (members)
Sharp	support@sdpeba.org Sharphealthplan.com	888-315-8027 (enrollment) 888-840-4747 (members)
145 Anthem BC	Anthem.com/ca	800-227-3670
POA ALADS	Mybenefitchoices.com/SDPOA	800-842-6635
DENTAL INSURANCE		
Delta Dental	deltadentalins.com	888-335-8227
Local 127 Dental	metlife.com/mybenefits	800-438-6388
MEA MetLife Dental	Sdpeba.org	888-315-8027
VISION INSURANCE		
City VSP Vision	Vsp.com	800-877-7195
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
LIFE INSURANCE		
The Hartford	Thehartford.com	888-563-1124
RETIREMENT PLANS		
SDCERS: For questions about the SDCERS defined benefit pension plan	Sdcers.org	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
UNION CONTACTS		
DCAA	www.dcaasandiego.com	619-533-6246
Local 127	afscme127.org	619-640-4939
Local 145	sandiegocityfirefighters.org	619-563-6161
Local 911	www.teamsters911.com	562-595-4518
MEA	sdmea.org	619-264-6632
POA	sdpoa.org	858-573-1199

Fiscal Year 2024 Calendar

2023												2024												2024																	
S M T W TH F S PD												S M T W TH F S PD												S M T W TH F S PD																	
July												1		Jan	1	2	3	4	5	6	2		July												1	2	3	4	5	6	15
	2	3	4	5	6	7	8	15			7	8	9		10	11	12	13			7	8		9	10	11	12	13													
	9	10	11	12	13	14	15			14	15	16	17		18	19	20	3			14	15		16	17	18	19	20	16												
	16	17	18	19	20	21	22	16			21	22	23		24	25	26	27			21	22		23	24	25	26	27													
	23	24	25	26	27	28	29			28	29	30	31		1	2	3	4			28	29		30	31	1	2	3	17												
Aug	30	31	1	2	3	4	5	17			Feb	4	5	6	7	8	9	10			Aug	4	5	6	7	8	9	10													
	6	7	8	9	10	11	12			11		12	13	14	15	16	17	5				11	12	13	14	15	16	17	18												
	13	14	15	16	17	18	19	18				18	19	20	21	22	23	24				18	19	20	21	22	23	24													
	20	21	22	23	24	25	26			25		26	27	28	29	1	2	6				25	26	27	28	29	30	31	19												
Sept	27	28	29	30	31	1	2	19			Mar	3	4	5	6	7	8	9			Sept	1	2	3	4	5	6	7													
	3	4	5	6	7	8	9			10		11	12	13	14	15	16	7				8	9	10	11	12	13	14	20												
	10	11	12	13	14	15	16	20				17	18	19	20	21	22	23				15	16	17	18	19	20	21													
	17	18	19	20	21	22	23			24		25	26	27	28	29	30	8				22	23	24	25	26	27	28	21												
Oct	24	25	26	27	28	29	30	21			Apr	31	1	2	3	4	5	6			Oct	29	30	1	2	3	4	5													
	1	2	3	4	5	6	7			7		8	9	10	11	12	13	9				6	7	8	9	10	11	12	22												
	8	9	10	11	12	13	14	22				14	15	16	17	18	19	20				13	14	15	16	17	18	19													
	15	16	17	18	19	20	21			21		22	23	24	25	26	27	10				20	21	22	23	24	25	26	23												
Nov	22	23	24	25	26	27	28	23			May	28	29	30	1	2	3	4			Nov	27	28	29	30	31	1	2													
	29	30	31	1	2	3	4			5		6	7	8	9	10	11	11				3	4	5	6	7	8	9	24												
	5	6	7	8	9	10	11	24				12	13	14	15	16	17	18				10	11	12	13	14	15	16													
	12	13	14	15	16	17	18			19		20	21	22	23	24	25	12				17	18	19	20	21	22	23	25												
Dec	19	20	21	22	23	24	25	25			June	26	27	28	29	30	31	1			Dec	24	25	26	27	28	29	30													
	26	27	28	29	30	1	2			2		3	4	5	6	7	8	13				1	2	3	4	5	6	7	26												
	3	4	5	6	7	8	9	26				9	10	11	12	13	14	15				8	9	10	11	12	13	14													
	10	11	12	13	14	15	16			16		17	18	19	20	21	22	14				15	16	17	18	19	20	21	1												
	17	18	19	20	21	22	23	1				23	24	25	26	27	28	29			22	23	24	25	26	27	28														
	24	25	26	27	28	29	30					30									29	30	31																		
	31																																								

Pay Days/End of Pay Period

○ Holidays

Payroll Periods PD

2024 Health Plan and FSA Payroll Schedule

Payroll Dates <i>26 pay periods a calendar year</i>		Payroll Deductions <i>24 of the 26 pay periods a year will have health/FSA deductions</i>	
Pay Period	Pay Day	FSA Payroll Deductions	Health Plan Premium Coverage Month
<i>A pay period is the recurring time frame during which an employee's work hours are tracked. Hours worked during the pay period will be paid on the corresponding pay day. Bi-weekly pay periods begin every other Saturday and end on a Friday.</i>	<i>Pay days for the specified pay period, occur two weeks after the pay period ends, which is every other Friday.</i>	<i>Annual FSA contribution elections will be divided amongst the remaining pay periods in the year and will be deducted from your paycheck on a pre-tax basis.</i>	<i>Health plan premiums are pre-paid, one month in advance. Premium payments that pay for coverage in the following month are paid in pay periods ending in the month prior (ex: pay periods ending in May pay for June coverage)</i>
11/25/2023 – 12/8/2023	12/22/2023	23 rd 2023 FSA Deduction	January 2024
12/09/2023 – 12/22/2023	1/5/2024	24th 2023 FSA Deduction	January 2024
12/23/2023 – 01/05/2024	1/19/2024	1st 2024 FSA Deduction	February 2024
01/06/2024 – 01/19/2024	2/2/2024	2nd 2024 FSA Deduction	February 2024
01/20/2024 – 02/02/2024	2/16/2024	3rd 2024 FSA Deduction	March 2024
02/03/2024 – 02/16/2024	3/1/2024	4th 2024 FSA Deduction	March 2024
02/17/2024 – 03/01/2024	3/15/2024	N/A	N/A
03/02/2024 – 03/15/2024	3/29/2024	5th 2024 FSA Deduction	April 2024
03/16/2024 – 03/29/2024	4/12/2024	6th 2024 FSA Deduction	April 2024
03/30/2024 – 04/12/2024	4/26/2024	7th 2024 FSA Deduction	May 2024
04/13/2024 – 04/26/2024	5/10/2024	8th 2024 FSA Deduction	May 2024
04/27/2024 – 05/10/2024	5/24/2024	9th 2024 FSA Deduction	June 2024
05/11/2024 – 05/24/2024	6/7/2024	10th 2024 FSA Deduction	June 2024
05/25/2024 – 06/07/2024	6/21/2024	11th 2024 FSA Deduction	July 2024
06/08/2024 – 06/21/2024	7/5/2024	12th 2024 FSA Deduction	July 2024
06/22/2024 – 07/05/2024	7/19/2024	13th 2024 FSA Deduction	August 2024
07/06/2024 – 07/19/2024	8/2/2024	14th 2024 FSA Deduction	August 2024
07/20/2024 – 08/02/2024	8/16/2024	N/A	N/A
08/03/2024 – 08/16/2024	8/30/2024	15th 2024 FSA Deduction	September 2024
08/17/2024 – 08/30/2024	9/13/2024	16th 2024 FSA Deduction	September 2024
08/31/2024 – 09/13/2024	9/27/2024	17th 2024 FSA Deduction	October 2024
09/14/2024 – 09/27/2024	10/11/2024	18th 2024 FSA Deduction	October 2024
09/28/2024 – 10/11/2024	10/25/2024	19th 2024 FSA Deduction	November 2024
10/12/2024 – 10/25/2024	11/8/2024	20th 2024 FSA Deduction	November 2024
10/26/2024 – 11/08/2024	11/22/2024	21st 2024 FSA Deduction	December 2024
11/09/2024 – 11/22/2024	12/6/2024	22nd 2024 FSA Deduction	December 2024
11/23/2024 – 12/06/2024	12/20/2024	23rd 2024 FSA Deduction	January 2025
12/07/2024 – 12/20/2024	1/3/2025	24th 2024 FSA Deduction	January 2025

Special notes for New Hires:

- To determine your first pay day, find the pay period during which your hire date lands.
- Once you are enrolled and you work at least 40 hours in a pay period, you will receive the associated FBP credits to help offset the cost of your elected health plans. If you are due to pay premium payments but have not worked at least 40 hours in a pay period, health plan premiums and/or FSA will be deducted from your gross wages.
- Depending on your hire date, hours worked in the pay period, timing of your enrollment, and the coverage start date you select for your health plans, you may owe catch-up premiums for missed premium payments.

