



FISCAL YEAR 2017 BENEFITS INFORMATION AND COSTS



FOR QUESTIONS:
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FY 2017 Important Open Enrollment Tips and Information

Open enrollment begins on **Tuesday, June 14th** and ends on **Friday, June 24th** before midnight.

Enrollment changes are done via Self Services in the SAP system at your worksite. This process has changed since our last open enrollment. Please view the short video regarding using the new Self Services Benefits enrollment process: <https://youtu.be/GofCJwEuoFA>. Here are items covered:

- How to access and navigate enrollment in Self Services
- How to acknowledge the Benefits Consent
- How to update Dependents
- How to view your current Benefit enrollment
- How to complete enrollment

All FY 2017 health plans go into effect on 8/1/2016. Do not use a newly selected health plan until that date.

If you will be out of the office during Open Enrollment – Immediately upon your return, contact Beth Monillas or Michael Williams at (619) 236-5924.

To have a smooth open enrollment experience, please note the following:

- a. **All employees must** acknowledge the **Benefits Consent** located on Self Services. You must click the “Review and Save” button before exiting.
- b. Available **tools** that will assist you:

| Tool | Find At |
|---|---|
| Personal FY 2016 Benefits Enrollment Information | Self Services |
| Open Enrollment Worksheet (calculation assistance) | CityNet under the “Pay & Benefits” tab |
| FY 17 Open Enrollment Information and Costs booklet | CityNet under the “Pay & Benefits tab” |
| Provider Information | CityNet under the “Pay & Benefits” tab. |

- c. If you have questions about a plan, contact the plan administrator at the number listed in the Open Enrollment Information and Costs booklet (last page) before open enrollment ends.
- d. **FSA enrollment** – Your enrollment will end in the City’s FSA plan(s) as of 6/30/2016. If you would like to continue participation you must re-enroll during open enrollment each year.
- e. **If you make a change** to your Benefit selection(s) during open enrollment make sure you click the “Review and Save” buttons for your changes to apply before you exit Self Services.
- f. **If you do not make** a change to any of your health selections, do not click the “Save” button before exiting Self Services. If you mistakenly click the “Save” button, please talk to a Flexible Benefits staff member at (619) 236-5924.
- g. Print and review your **Confirmation Statement**. You can make changes to your benefits as many times as you need before open enrollment ends on June 24th, 2016. Make sure you print and review your Confirmation Statement every time you make a change.

- h. **Dependent Changes** – This is the time you can add or cancel dependents without a qualifying event. Proof is **required** to enroll your dependents to your health plans: a) marriage certificate to add a spouse; b) Notarized Affidavit of Domestic Partner to add a Domestic Partner; and c) birth certificate to add a child. The proof must be submitted to the Benefits Administrator at Benefits_Admin@sandiego.gov by **July 31, 2016**. **Note:** The dependents **social security number** is required by the health plan Providers.
- i. **HMO plans (except Kaiser)** – You must enter the medical or dental physician code for you and your dependent in Self Services.
- j. **Waiving Medical** – If waiving medical insurance for the **first time**, Proof of Other Medical Insurance is required, both the insurance card and form at this link: <http://citynet/riskmanagement/flex/pdf/proofohif.pdf>. Submit to the Benefits Administrator at Benefits_Admin@sandiego.gov by **July 31, 2016**.
- k. **Portable Term life Insurance** – During open enrollment you can increase coverage by one level without providing Evidence of Insurability up to \$250,000.
- l. **Beneficiaries** – While you are in Self Services, please take time to update your beneficiaries for your Life Insurance and all of your Savings plans.
- m. **Viewing new enrollment selections** – If you leave Self Services and wish to go back and double-check your new enrollment information, you must adjust the date to 7/1/2016 to view the FY 17 enrollment information.

Plan Information

HMO PROVIDER INFORMATION

If enrolling for HMO plans (except Kaiser) make sure to enter the medical or dental physician code for yourself and dependents in ESS. This information is sent to the plan to inform them of your selection. If this code is blank the plan will assign you and/or your dependents to a provider nearest to your home. In the event you wish to seek treatment with a different provider, you need to contact the insurance plan and request a provider change.

BASIC AND PORTABLE TERM LIFE INSURANCE

The City requires employees to be enrolled in Basic Term Life Insurance. During open enrollment, employees represented by MEA, Local 127 and Teamsters can increase or decrease the level of Basic Term Life to \$10,000, \$25,000 or \$50,000.

At any time, Portable Term life insurance is available to employees and family members. If an Evidence of Insurability (EOI) is needed, you will be contacted by The Hartford. The combined portable term coverage for family or other dependents cannot exceed your combined Basic and Portable coverage.

The Hartford has enhanced services that you can check further in their brochure on CityNet. Such enhancements include: Estate Guidance Will Services; Express Pay; Travel Assistance with ID Theft Protection and Assistance; Beneficiary Assist Counseling Services; Funeral Planning and Concierge includes Everest Services with a funeral-related cost comparison tool.

REIMBURSEMENT CLAIMS

If you contribute to the Dental/Medical/Vision Reimbursement or Dependent/Child Care Contribution option for FY 2016, *services* incurred by **June 30, 2016** must be entered in Self Services by **July 31, 2016**. If you have money remaining in your FY 16 account you can submit claims for services incurred between **June 30th and September 15, 2016** to claim remaining money from your FY 16 account. In order for these to be reimbursed from your remaining FY 16 account you must submit by **September 30, 2016**. Late claim entries in ESS will be rejected. The receipts/statements have to be scanned and emailed to Reimbursement_Admin@sanidiego.gov.

The maximum amount of Salary Reduction Contributions and Non-elective Employer Contributions that a Participant may elect to allocate to this benefit is \$2,550 for any Plan Year. The minimum amount that a Participant may elect to contribute with respect to any Plan Year is \$260.

Paper reimbursement forms will not be accepted and will be returned. The only exception is if the employee has no access to a City computer. If this is the case, please write the reason why a paper claim is submitted.

Remember, this is a use or lose option. All unclaimed monies will be forfeited. Your claim balance and claims history can be viewed through Self Service. If you need assistance entering your claim via Self Services contact Flexible Benefits staff at (619) 236-5924.

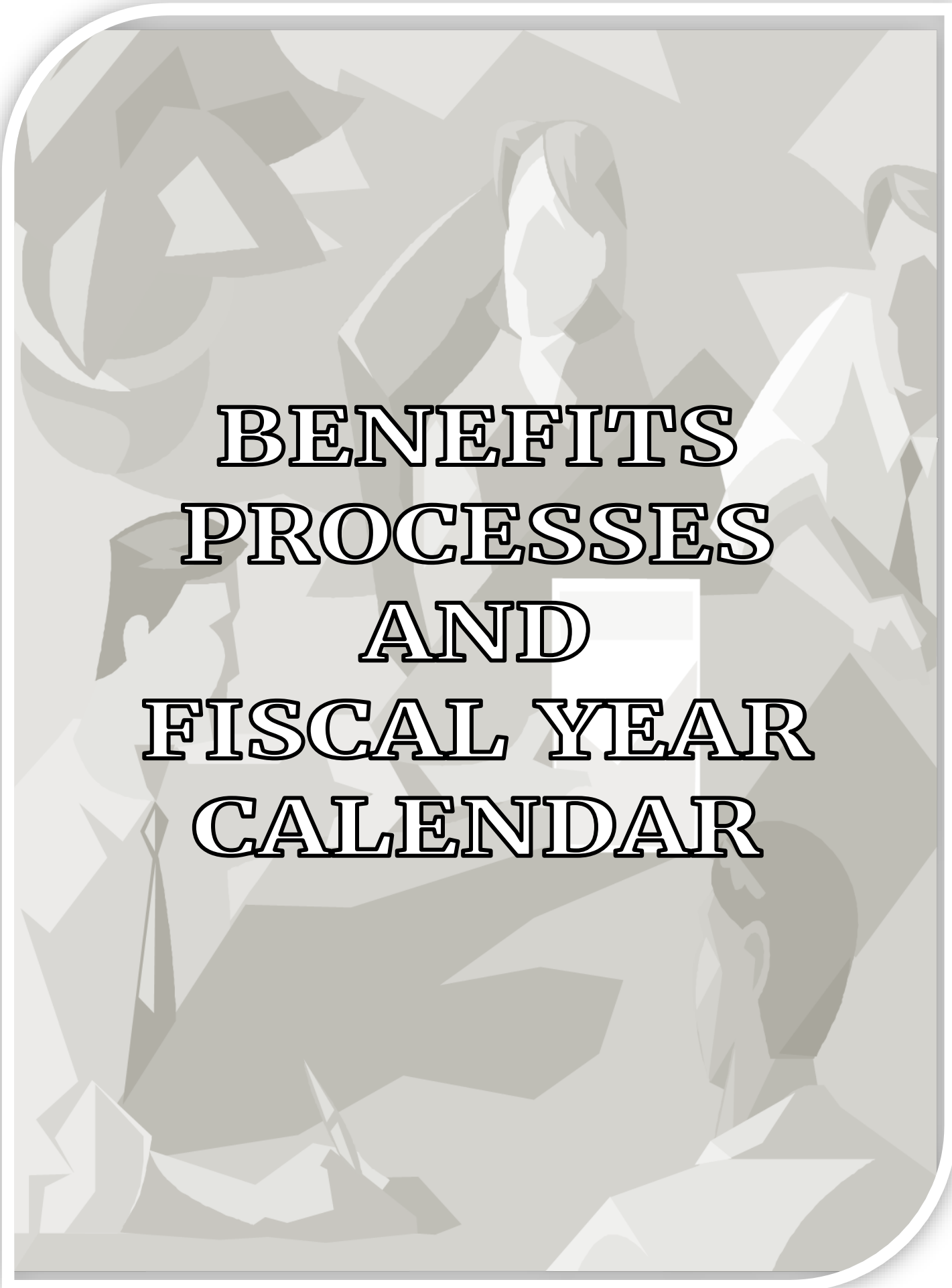
QUALIFYING EVENT CHANGES

In the event you have a qualifying event change (e.g. marriage, divorce, birth or adoption of a child, gain or loss of coverage, job class change or court order, etc.), please contact Flexible Benefits staff at (619) 236-5924 or send an email to Benefits_Admin@sandiego.gov within **30 days** from date of event to allow you to make the necessary changes to your benefits. Proof of qualifying event will be **required**. If you miss the 30-day deadline, your request to change your benefits could be denied and you will have to wait until the next open enrollment period for the change to be effective.

401(k)/DEFERRED COMPENSATION PLANS

The maximum amount that you can contribute to the 401(k) and Deferred Compensation plans for calendar year 2016 is \$18,000 for each plan. If you are 50 years of age or older by December 31, 2016, you may also be eligible to contribute an additional \$6,000 to each plan.

Payroll Changes to 401(k) or Deferred Compensation is done through Self Services>Anytime Savings. Be sure to enter the **bi-weekly** amount you want to contribute, not the annual amount. Your changes for 401(k) take effect the pay period in which you enter them in SAP. For example, if you make a change to your 401(k) contribution the first day of open enrollment (June 14th) it will be reflected on your 7/1/16 paycheck. If you want it to be effective on your July 15th paycheck, you will need to make the change via Self Services between 6/18/16 and 7/1/16. A change to the Deferred Compensation contribution will not take effect until the next month (if the change request is made in June the contribution change will occur in July).

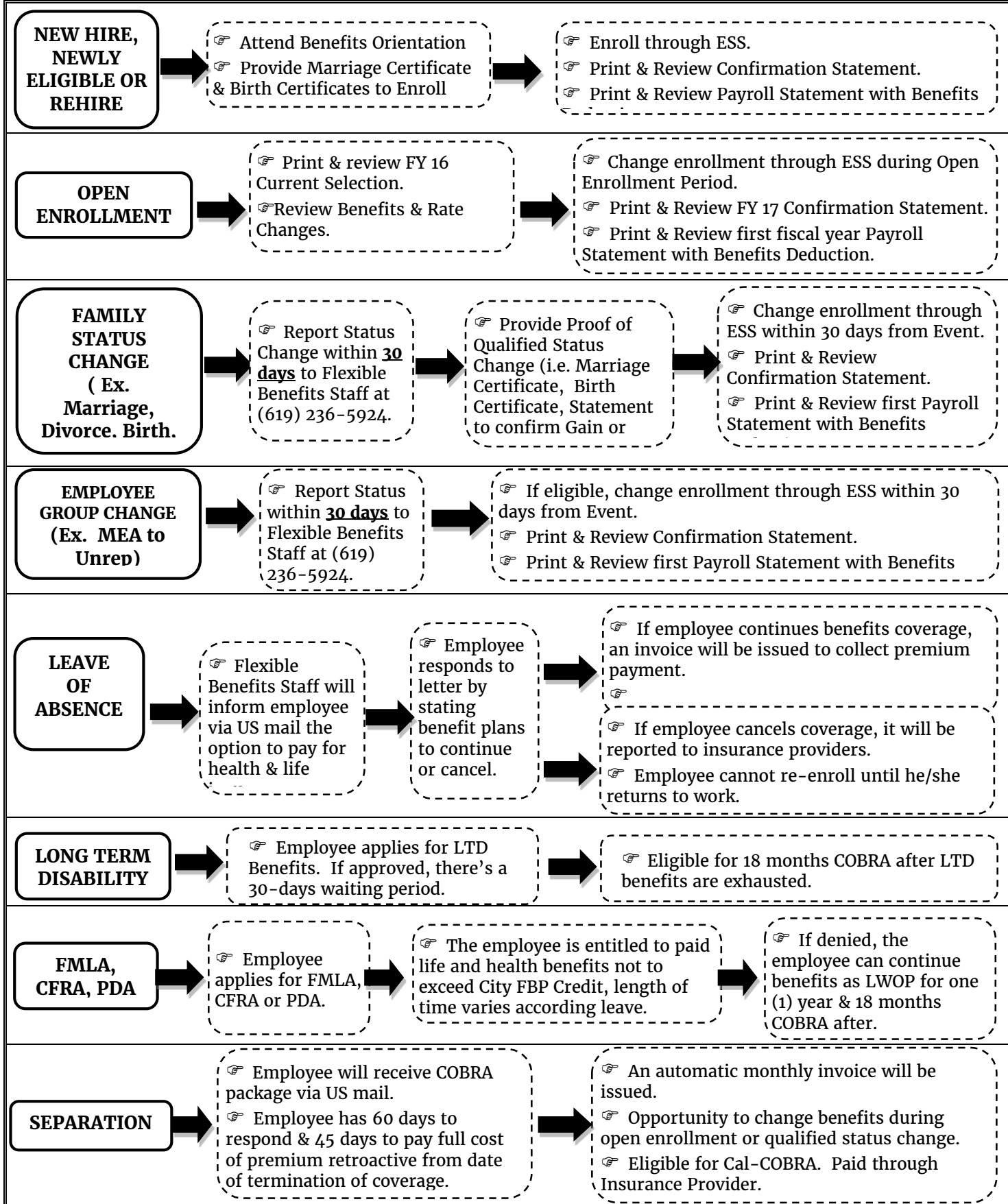


**BENEFITS
PROCESSES
AND
FISCAL YEAR
CALENDAR**

BENEFITS PROCESSES FLOW

ENROLLMENT, CHANGES & CANCELLATIONS

MUST BE REPORTED WITHIN 30 DAYS FROM DATE OF EVENT



FISCAL/ANNUAL CALENDAR

| 2016 | S | M | T | W | TH | F | S | PD | 2017 | S | M | T | W | TH | F | S | PD | 2017 | S | M | T | W | TH | F | S | PD | | |
|------|----|----|----|----|----|----|----|----|------|----|----|----|----|----|----|----|----|------|----|----|----|----|----|----|----|----|----|--|
| July | | | | | | 1 | 2 | 15 | Jan | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | July | | | | | | | 1 | | | |
| | 3 | 4 | 5 | 6 | 7 | 8 | 9 | | | 8 | 9 | 10 | 11 | 12 | 13 | 14 | | | 2 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | | |
| | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 16 | | 15 | 16 | 17 | 18 | 19 | 20 | 21 | | | 3 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 15 | |
| | 17 | 18 | 19 | 20 | 21 | 22 | 23 | | | 22 | 23 | 24 | 25 | 26 | 27 | 28 | | | 4 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 22 | |
| | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 17 | | 29 | 30 | 31 | 1 | 2 | 3 | 4 | | | 5 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 16 | |
| 31 | 1 | 2 | 3 | 4 | 5 | 6 | | | 5 | 6 | 7 | 8 | 9 | 10 | 11 | | 4 | 30 | 31 | 1 | 2 | 3 | 4 | 5 | | | | |
| Aug | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 18 | Feb | 12 | 13 | 14 | 15 | 16 | 17 | 18 | | Aug | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 17 | | |
| | 14 | 15 | 16 | 17 | 18 | 19 | 20 | | | 19 | 20 | 21 | 22 | 23 | 24 | 25 | | | 5 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | | |
| | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 19 | | 26 | 27 | 28 | 1 | 2 | 3 | 4 | | | 6 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 18 | |
| | 28 | 29 | 30 | 31 | 1 | 2 | 3 | | | 5 | 6 | 7 | 8 | 9 | 10 | 11 | | | 6 | 27 | 28 | 29 | 30 | 31 | 1 | 2 | | |
| Sept | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 20 | Mar | 12 | 13 | 14 | 15 | 16 | 17 | 18 | | Sept | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 19 | | |
| | 11 | 12 | 13 | 14 | 15 | 16 | 17 | | | 19 | 20 | 21 | 22 | 23 | 24 | 25 | | | 7 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | | |
| | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 21 | | 26 | 27 | 28 | 29 | 30 | 31 | 1 | | | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 20 | | |
| | 25 | 26 | 27 | 28 | 29 | 30 | 1 | | | 2 | 3 | 4 | 5 | 6 | 7 | 8 | | | 8 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | | |
| Oct | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 22 | Apr | 9 | 10 | 11 | 12 | 13 | 14 | 15 | | Oct | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 21 | | |
| | 9 | 10 | 11 | 12 | 13 | 14 | 15 | | | 16 | 17 | 18 | 19 | 20 | 21 | 22 | | | 9 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | | |
| | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | | 23 | 24 | 25 | 26 | 27 | 28 | 29 | | | 10 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | |
| | 23 | 24 | 25 | 26 | 27 | 28 | 29 | | | 30 | 1 | 2 | 3 | 4 | 5 | 6 | | | 10 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | | |
| | 30 | 31 | 1 | 2 | 3 | 4 | 5 | 24 | | 7 | 8 | 9 | 10 | 11 | 12 | 13 | | | 11 | 29 | 30 | 31 | 1 | 2 | 3 | 4 | 23 | |
| Nov | 6 | 7 | 8 | 9 | 10 | 11 | 12 | | May | 14 | 15 | 16 | 17 | 18 | 19 | 20 | | Nov | 5 | 6 | 7 | 8 | 9 | 10 | 11 | | | |
| | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 25 | | 21 | 22 | 23 | 24 | 25 | 26 | 27 | | | 12 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 24 | |
| | 20 | 21 | 22 | 23 | 24 | 25 | 26 | | | 28 | 29 | 30 | 31 | 1 | 2 | 3 | | | 12 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | | |
| | 27 | 28 | 29 | 30 | 1 | 2 | 3 | 26 | | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | | 12 | 26 | 27 | 28 | 29 | 30 | 1 | 2 | 25 | |
| Dec | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | June | 11 | 12 | 13 | 14 | 15 | 16 | 17 | | Dec | 3 | 4 | 5 | 6 | 7 | 8 | 9 | | | |
| | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 27 | | 18 | 19 | 20 | 21 | 22 | 23 | 24 | | | 13 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 26 | |
| | 18 | 19 | 20 | 21 | 22 | 23 | 24 | | | 25 | 26 | 27 | 28 | 29 | 30 | | 14 | | 17 | 18 | 19 | 20 | 21 | 22 | 23 | | | |
| | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 1 | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Pay Days/End of Pay Period

● Holidays

Payroll Periods PD



**FY 2017
CITY FBP CREDIT
AND
INSURANCE COSTS**

FY 2017 CITY FBP CREDIT

| EMPLOYEE GROUP REPRESENTATION | ANNUAL | BIWEEKLY (26 PAY PERIODS)** | | |
|--|----------------|-----------------------------|----------------|-----------------------|
| | FULL TIME TIME | 1/2 TIME* (40) | 3/4 TIME* (60) | FULL TIME (80 or 112) |
| MEA | \$10,055 | \$386.73 | \$386.73 | \$386.73 |
| TEAMSTERS – LOCAL 911 | \$11,811 | \$454.27 | \$454.27 | \$454.27 |
| LOCAL 127 | | | | |
| Waive | \$8,306 | \$319.46 | \$319.46 | \$319.46 |
| Employee only | \$9,306 | \$357.92 | \$357.92 | \$357.92 |
| Employee & Spouse/Domestic Partner | \$10,516 | \$404.46 | \$404.46 | \$404.46 |
| Employee & Children | \$9,856 | \$379.08 | \$379.08 | \$379.08 |
| Employee & Spouse/Domestic Partner & Children | \$11,556 | \$444.46 | \$444.46 | \$444.46 |
| LOCAL 145 | | | | |
| Waive | \$1,750 | | | \$67.31 |
| Employee only | \$8,180 | | | \$314.62 |
| Employee & Spouse/Domestic Partner | \$14,453 | | | \$555.89 |
| Employee & Children | \$11,803 | | | \$453.96 |
| Employee & Spouse/Domestic Partner & Children | \$16,447 | | | \$632.58 |
| POA – less than 8 years of service | | | | |
| Waive | \$7,605 | | | \$292.50 |
| Employee only | \$9,942 | | | \$382.38 |
| Employee & Spouse/Domestic Partner | \$12,385 | | | \$476.35 |
| Employee & Children | \$11,919 | | | \$458.42 |
| Employee & Spouse/Domestic Partner & Children | \$16,700 | | | \$642.31 |
| POA – 8 or more years of service | | | | |
| Waive | \$12,505 | | | \$480.96 |
| Employee only | \$14,842 | | | \$570.85 |
| Employee & Spouse/Domestic Partner | \$17,285 | | | \$664.81 |
| Employee & Children | \$16,819 | | | \$646.88 |
| Employee & Spouse/Domestic Partner & Children | \$21,600 | | | \$830.77 |
| POA LIEUTENANTS AND CAPTAINS – less than 8 years of service | | | | |
| Waive | \$10,605 | | | \$407.88 |
| Employee only | \$12,942 | | | \$497.77 |
| Employee & Spouse/Domestic Partner | \$15,385 | | | \$591.73 |
| Employee & Children | \$14,919 | | | \$573.81 |
| Employee & Spouse/Domestic Partner & Children | \$19,700 | | | \$757.69 |
| POA LIEUTENANTS AND CAPTAINS – 8 or more years of service | | | | |
| Waive | \$15,505 | | | \$596.35 |
| Employee only | \$17,842 | | | \$686.23 |
| Employee & Spouse/Domestic Partner | \$20,285 | | | \$780.19 |
| Employee & Children | \$19,819 | | | \$762.27 |
| Employee & Spouse/Domestic Partner & Children | \$24,600 | | | \$946.15 |
| DCAA | | | | |
| Waive | \$7,792 | \$149.85 | \$224.77 | \$299.69 |
| Employee only | \$11,493 | \$221.02 | \$331.53 | \$442.04 |
| Employee & Spouse/Domestic Partner | \$15,004 | \$288.54 | \$432.81 | \$577.08 |
| Employee & Children | \$13,918 | \$267.65 | \$401.48 | \$535.31 |
| Employee & Spouse/Domestic Partner & Children | \$15,371 | \$295.60 | \$443.39 | \$591.19 |

FY 2017 CITY FBP CREDIT

| EMPLOYEE GROUP REPRESENTATION | ANNUAL | BIWEEKLY (26 PAY PERIODS)** | | |
|---|----------------|-----------------------------|----------------|-----------------------|
| | FULL TIME TIME | 1/2 TIME* (40) | 3/4 TIME* (60) | FULL TIME (80 or 112) |
| Police/Safety Unrep./Unclassified – 8 or more years of service | | | | |
| Waive | \$15,505 | | | \$596.35 |
| Employee only | \$17,842 | | | \$686.23 |
| Employee & Spouse/Domestic Partner | \$20,285 | | | \$780.19 |
| Employee & Children | \$19,819 | | | \$762.27 |
| Employee & Spouse/Domestic Partner & Children | \$24,600 | | | \$946.15 |
| UNREPRESENTED/UNCLASSIFIED – SALARIED | | | | |
| Waive | \$8,327 | \$160.13 | \$240.20 | \$320.27 |
| Employee only | \$11,528 | \$221.69 | \$332.54 | \$443.38 |
| Employee & Spouse/Domestic Partner | \$14,526 | \$279.35 | \$419.02 | \$558.69 |
| Employee & Children | \$13,953 | \$268.33 | \$402.49 | \$536.65 |
| Employee & Spouse/Domestic Partner & Children | \$16,121 | \$310.02 | \$465.03 | \$620.04 |
| UNREPRESENTED/UNCLASSIFIED – HOURLY | | | | |
| Waive | \$4,644 | \$89.31 | \$133.96 | \$178.62 |
| Employee only | \$7,845 | \$150.87 | \$226.30 | \$301.73 |
| Employee & Spouse/Domestic Partner | \$10,843 | \$208.52 | \$312.78 | \$417.04 |
| Employee & Children | \$10,270 | \$197.50 | \$296.25 | \$395.00 |
| Employee & Spouse/Domestic Partner & Children | \$12,438 | \$239.19 | \$358.79 | \$478.38 |

*Fulltime Allotment Prorated for 3/4 or 1/2 time

**Variances Due to Rounding

MEDICAL PLANS & COSTS

| MEDICAL PLANS (REQUIRED) | ANNUAL | MONTHLY | BIWEEKLY** (26 PAY PERIODS) | |
|--|----------|------------|--------------------------------|------------|
| | | | POST-TAX | PRE-TAX |
| WAIVE MEDICAL WITH FEE – Available to MEA, Local 127 & Local 911 | | | | |
| Employee only | \$18 | \$1.50 | \$0 | \$0.69 |
| WAIVE MEDICAL WITHOUT FEE – Available to DCAA, POA, Local 145, Unrepresented & Unclassified | | | | |
| Employee only | \$0 | \$0 | \$0 | \$0 |
| KAISER – Available to All Employees | | | | |
| Employee only | \$4,952 | \$412.65 | \$0 | \$190.45 |
| Employee & Spouse | \$10,844 | \$903.70 | \$0 | \$417.09 |
| Employee & Domestic Partner (non-dependent) | \$10,844 | \$903.70 | \$226.64 | \$190.45 |
| Employee & Children | \$9,408 | \$784.03 | \$0 | \$361.86 |
| Employee & Spouse & Children | \$15,053 | \$1,254.45 | \$0 | \$578.98 |
| Employee & Domestic Partner & Children (non-dependent) | \$15,053 | \$1,254.45 | \$217.12 | \$361.86 |
| COSD HEALTH NET HMO – Available to DCAA, Local 127, Local 911, MEA, POA, Unrepresented & Unclassified | | | | |
| Employee only | \$13,155 | \$1,096.22 | \$0 | \$505.95 |
| Employee & Spouse | \$28,807 | \$2,400.57 | \$0 | \$1,107.96 |
| Employee & Domestic Partner (non-dependent) | \$28,807 | \$2,400.57 | 602.01 | \$505.95 |
| Employee & Children | \$24,933 | \$2,082.75 | \$0 | \$961.27 |
| Employee & Spouse & Children | \$39,989 | \$3,332.39 | \$0 | \$1,538.03 |
| Employee & Domestic Partner & Children (non-dependent) | \$39,989 | \$3,332.39 | \$576.76 | \$961.27 |
| COSD HEALTH NET PPO – Available to All Employees | | | | |
| Employee only | \$19,665 | \$1,638.72 | | \$756.33 |
| Employee & Spouse | \$43,066 | \$3,588.80 | | \$1,656.37 |
| Employee & Domestic Partner (non-dependent) | \$43,066 | \$3,588.80 | \$900.04 | \$756.33 |
| Employee & Children | \$37,362 | \$3,113.48 | | \$1,436.99 |
| Employee & Spouse & Children | \$59,780 | \$4,981.67 | | \$2,299.23 |
| Employee & Domestic Partner & Children (non-dependent) | \$59,780 | \$4,981.67 | \$862.24 | \$1,436.99 |
| SHARP CLASSIC – Available to DCAA, Local 127, Local 911, MEA, POA, Unrepresented & Unclassified | | | | |
| Employee only | \$6,313 | \$526.11 | \$0 | \$242.82 |
| Employee & Spouse | \$13,826 | \$1,152.15 | \$0 | \$531.76 |
| Employee & Domestic Partner (non-dependent) | \$13,826 | \$1,152.15 | \$288.94 | \$242.82 |
| Employee & Children | \$11,995 | \$999.59 | \$0 | \$461.35 |
| Employee & Spouse & Children | \$19,192 | \$1,599.33 | \$0 | \$738.15 |
| Employee & Domestic Partner & Children (non-dependent) | \$19,192 | \$1,599.33 | \$276.80 | \$461.35 |
| SHARP SELECT – Available to DCAA, Local 127, Local 911, MEA, POA, Unrepresented & Unclassified | | | | |
| Employee only | \$4,820 | \$401.66 | \$0 | \$185.38 |
| Employee & Spouse | \$10,555 | \$879.60 | \$0 | \$405.97 |
| Employee & Domestic Partner (non-dependent) | \$10,555 | \$879.60 | \$220.59 | \$185.38 |
| Employee & Children | \$9,157 | \$763.12 | \$0 | \$352.21 |
| Employee & Spouse & Children | \$14,652 | \$1,220.98 | \$0 | \$563.53 |
| Employee & Domestic Partner & Children (non-dependent) | \$14,652 | \$1,220.98 | \$211.32 | \$352.21 |

MEDICAL PLANS & COSTS

| MEDICAL PLANS (REQUIRED) | ANNUAL | MONTHLY | BIWEEKLY** (26 PAY PERIODS) | |
|---|----------|------------|--------------------------------|----------|
| | | | POST-TAX | PRE-TAX |
| LOCAL 145 – ANTHEM BLUE CROSS – Available to Local 145 Classified & Unclassified | | | | |
| Employee only | \$7,706 | \$642.16 | \$0 | \$296.38 |
| Employee & Spouse | \$17,988 | \$1,499.03 | \$0 | \$691.86 |
| Employee & Domestic Partner (non-dependent) | \$17,988 | \$1,499.03 | \$395.48 | \$296.38 |
| Employee & Children | \$14,768 | \$1,230.64 | \$0 | \$567.99 |
| Employee & Spouse & Children | \$25,224 | \$2,102.01 | \$0 | \$970.16 |
| Employee & Domestic Partner & Children (non-dependent) | \$25,224 | \$2,102.01 | \$402.17 | \$567.99 |
| POA ALADS CALIFORNIA CARE BASIC (NO Dental) – Available to POA Classified & Unclassified | | | | |
| Employee only | \$7,872 | \$656.05 | \$0 | \$302.79 |
| Employee & Spouse | \$15,381 | \$1,281.76 | \$0 | \$591.58 |
| Employee & Domestic Partner (non-dependent) | \$15,381 | \$1,281.76 | \$288.79 | \$302.79 |
| Employee & 1 Child | \$15,381 | \$1,281.76 | \$0 | \$591.58 |
| Employee & Children | \$19,034 | \$1,586.17 | \$0 | \$732.08 |
| Employee & Spouse & Children | \$19,034 | \$1,586.17 | \$0 | \$732.08 |
| Employee & Domestic Partner & Children (non-dependent) | \$19,034 | \$1,586.17 | \$140.50 | \$591.58 |
| POA ALADS CALIFORNIA CARE PREMIER (With Dental) – Available to POA Classified & Unclassified | | | | |
| Employee only | \$9,360 | \$780.01 | \$0 | \$360.01 |
| Employee & Spouse | \$16,869 | \$1,405.72 | \$0 | \$648.79 |
| Employee & Domestic Partner (non-dependent) | \$16,869 | \$1,405.72 | \$288.78 | \$360.01 |
| Employee & 1 Child | \$16,869 | \$1,405.72 | \$0 | \$648.79 |
| Employee & Children | \$20,521 | \$1,710.13 | \$0 | \$789.29 |
| Employee & Spouse & Children | \$20,521 | \$1,710.13 | \$0 | \$789.29 |
| Employee & Domestic Partner & Children (non-dependent) | \$20,521 | \$1,710.13 | \$140.50 | \$648.79 |

**Variances Due to Rounding

DENTAL PLANS & COSTS

| DENTAL PLANS (OPTIONAL) | ANNUAL | MONTHLY | BIWEEKLY** (26 PAY PERIODS) | |
|--|---------|----------|--------------------------------|---------|
| | | | POST-TAX | PRE-TAX |
| CONCORDIA DHMO – Available to DCAA, Local 145, Local 911, POA, Unrepresented and Unclassified | | | | |
| Employee only | \$137 | \$11.37 | \$0 | \$5.25 |
| Employee & Spouse | \$273 | \$22.71 | \$0 | \$10.48 |
| Employee & Domestic Partner (non-dependent) | \$273 | \$22.71 | \$5.23 | \$5.25 |
| Employee & Children | \$239 | \$19.88 | \$0 | \$9.18 |
| Employee & Spouse & Children | \$423 | \$35.22 | \$0 | \$16.26 |
| Employee & Domestic Partner & Children (non-dependent) | \$423 | \$35.22 | \$7.08 | \$9.18 |
| CONCORDIA DPO – Available to DCAA, Local 145, Local 911, POA, Unrepresented and Unclassified | | | | |
| Employee only | \$465 | \$38.72 | \$0 | \$17.87 |
| Employee & Spouse | \$929 | \$77.37 | \$0 | \$35.71 |
| Employee & Domestic Partner (non-dependent) | \$929 | \$77.37 | \$17.84 | \$17.87 |
| Employee & Children | \$906 | \$75.45 | \$0 | \$34.82 |
| Employee & Spouse & Children | \$1,435 | \$119.56 | \$0 | \$55.18 |
| Employee & Domestic Partner & Children (non-dependent) | \$1,435 | \$119.56 | \$20.36 | \$34.82 |
| MEA METLIFE DHMO – Available to MEA Only | | | | |
| Employee only | \$240 | \$20.00 | \$0 | \$9.23 |
| Employee & Spouse | \$468 | \$38.94 | \$0 | \$17.97 |
| Employee & Domestic Partner (non-dependent) | \$468 | \$38.94 | \$8.74 | \$9.23 |
| Employee & Children | \$468 | \$38.94 | \$0 | \$17.97 |
| Employee & Spouse & Children | \$668 | \$55.66 | \$0 | \$25.69 |
| Employee & Domestic Partner & Children (non-dependent) | \$668 | \$55.66 | \$7.72 | \$17.97 |
| MEA METLIFE DPPO – Available to MEA Only | | | | |
| Employee only | \$789 | \$65.78 | \$0 | \$30.36 |
| Employee & Spouse | \$1,479 | \$123.24 | \$0 | \$56.88 |
| Employee & Domestic Partner (non-dependent) | \$1,479 | \$123.24 | \$26.52 | \$30.36 |
| Employee & Children | \$1,705 | \$142.07 | \$0 | \$65.57 |
| Employee & Spouse & Children | \$2,482 | \$206.83 | \$0 | \$95.46 |
| Employee & Domestic Partner & Children (non-dependent) | \$2,482 | \$206.83 | \$29.89 | \$65.57 |
| LOCAL 127 DENTAL HEALTH SERVICES DHMO – Available to Local 127 Only | | | | |
| Employee only | \$243 | \$20.20 | \$0 | \$9.32 |
| Employee & Spouse | \$428 | \$35.66 | \$0 | \$16.46 |
| Employee & Domestic Partner (non-dependent) | \$428 | \$35.66 | \$7.14 | \$9.32 |
| Employee & 1 Child | \$428 | \$35.66 | \$0 | \$16.46 |
| Employee & Children | \$599 | \$49.84 | \$0 | \$23.00 |
| Employee & Spouse & Children | \$599 | \$49.84 | \$0 | \$23.00 |
| Employee & Domestic Partner & Children (non-dependent) | \$599 | \$49.84 | \$6.54 | \$16.46 |
| LOCAL 127 DENTAL HEALTH SERVICES DPO – Available to Local 127 Only | | | | |
| Employee only | \$474 | 39.46 | \$0 | \$18.21 |
| Employee & Spouse | \$919 | \$76.56 | \$0 | \$35.34 |
| Employee & Domestic Partner (non-dependent) | \$919 | \$76.56 | \$17.13 | \$18.21 |
| Employee & 1 Child | \$919 | \$76.56 | \$0 | \$35.34 |
| Employee & Children | \$1,718 | \$143.10 | \$0 | \$66.05 |
| Employee & Spouse & Children | \$1,718 | \$143.10 | \$0 | \$66.05 |
| Employee & Domestic Partner & Children (non-dependent) | \$1,718 | \$143.10 | \$30.71 | \$35.34 |

VISION PLANS & COSTS

| VISION PLANS (OPTIONAL) | ANNUAL | MONTHLY | BIWEEKLY** (26 PAY PERIODS) | |
|---|--------|---------|--------------------------------|---------|
| | | | POST-TAX | PRE-TAX |
| COSD VSP – Available to DCAA, Local 127, Local 145, Local 911, POA, Unrepresented and Unclassified | | | | |
| Employee only | \$61 | \$5.05 | \$0 | \$2.33 |
| Employee & Spouse | \$122 | \$10.10 | \$0 | \$4.66 |
| Employee & Domestic Partner (non-dependent) | \$122 | \$10.10 | \$2.33 | \$2.33 |
| Employee & Children | \$130 | \$10.80 | \$0 | \$4.98 |
| Employee & Spouse & Children | \$208 | \$17.27 | \$0 | \$7.97 |
| Employee & Domestic Partner & Children (non-dependent) | \$208 | \$17.27 | \$2.99 | \$4.98 |
| MEA VSP – Available to MEA Only | | | | |
| Employee only | \$222 | \$18.50 | \$0 | \$8.54 |
| Employee & Spouse | \$384 | \$32.00 | \$0 | \$14.77 |
| Employee & Domestic Partner (non-dependent) | \$384 | \$32.00 | \$6.23 | \$8.54 |
| Employee & Children | \$384 | \$32.00 | \$0 | \$14.77 |
| Employee & Spouse & Children | \$636 | \$53.00 | \$0 | \$24.46 |
| Employee & Domestic Partner & Children (non-dependent) | \$636 | \$53.00 | \$9.69 | \$14.77 |

**Variances Due to Rounding

LIFE INSURANCE PLANS & COSTS

| LIFE INSURANCE PLAN (REQUIRED) | ANNUAL | MONTHLY | BIWEEKLY (26 PAY PERIODS) |
|--|--------|---------|------------------------------|
| BASIC – Available to MEA, Local 127 & Local 911 | | | |
| \$10,000 | \$4 | \$0.30 | \$0.14 |
| \$25,000 | \$9 | \$0.75 | \$0.35 |
| \$50,000 | \$18 | \$1.50 | \$0.69 |
| BASIC – Available to DCAA, Local 145, POA, Unrepresented & Unclassified | | | |
| \$50,000 | \$0 | \$0 | \$0 |

PORTABLE TERM WITH AD&D LIFE INSURANCE: Newly benefited employees applying for Portable Term Life coverage within the **first 30 days** of eligibility may receive up to the **Guaranteed Issue** of \$250,000 by enrolling through ESS>Benefits>Anytime Insurance.

Evidence of Insurability (EOI) is required for: a) level of coverage **more** than the “Guaranteed Issue” of \$250,000; b) applying for **more** than one level allowed during open enrollment; c) applying for coverage for the **first time and not a newly benefited employee**; or c) **lapse** in paying the premium while on a leave of absence without pay. Coverage and payroll deductions will begin upon **approval** by The Hartford.

During **open enrollment period**, an employee currently enrolled for portable term life insurance with coverage level **less** than the Guaranteed Issue of \$250,000, will be automatically approved to increase **one level** without providing Evidence of Insurability (EOI). The employee has to make the increase through ESS>Benefits>Anytime Insurance link on or before June 30.

NOTE: The Portable Term Life cost is based on **Age**. If your age changes to the next age bracket, the payroll system will automatically increase the cost of your portable term life insurance.

| PORTABLE TERM LIFE – 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 | \$0.53 | \$1.06 | \$1.59 | \$2.12 | \$3.18 | \$4.25 | \$5.31 | \$6.37 | \$7.43 | \$8.49 | \$9.55 | \$10.62 |
| 30 – 34 | \$0.76 | \$1.52 | \$2.28 | \$3.05 | \$4.57 | \$6.09 | \$7.62 | \$9.14 | \$10.66 | \$12.18 | \$13.71 | \$15.23 |
| 35 – 39 | \$0.88 | \$1.75 | \$2.63 | \$3.51 | \$5.26 | \$7.02 | \$8.77 | \$10.52 | \$12.28 | \$14.03 | \$15.78 | \$17.54 |
| 40 – 44 | \$1.11 | \$2.22 | \$3.32 | \$4.43 | \$6.65 | \$8.86 | \$11.08 | \$13.29 | \$15.51 | \$17.72 | \$19.94 | \$22.15 |
| 45 – 49 | \$1.57 | \$3.14 | \$4.71 | \$6.28 | \$9.42 | \$12.55 | \$15.69 | \$18.83 | \$21.97 | \$25.11 | \$28.25 | \$31.38 |
| 50 – 54 | \$2.61 | \$5.22 | \$7.82 | \$10.43 | \$15.65 | \$20.86 | \$26.08 | \$31.29 | \$36.51 | \$41.72 | \$46.94 | \$52.15 |
| 55 – 59 | \$4.68 | \$9.37 | \$14.05 | \$18.74 | \$28.11 | \$37.48 | \$46.85 | \$56.22 | \$65.58 | \$74.95 | \$84.32 | \$93.69 |
| 60 – 64 | \$7.22 | \$14.45 | \$21.67 | \$28.89 | \$43.34 | \$57.78 | \$72.23 | \$86.68 | \$101.12 | \$115.57 | \$130.02 | \$144.46 |
| 65 – 69 | \$14.03 | \$28.06 | \$42.09 | \$56.12 | \$84.18 | \$112.25 | \$140.31 | \$168.37 | \$196.43 | \$224.49 | \$252.55 | \$280.62 |
| 70 – 74 | \$23.72 | \$47.45 | \$71.17 | \$94.89 | \$142.34 | \$189.78 | \$237.23 | \$284.68 | \$332.12 | \$379.57 | \$427.02 | \$474.46 |
| 75 & Up | \$23.72 | \$47.45 | \$71.17 | \$94.89 | \$142.34 | \$189.78 | \$237.23 | \$284.68 | \$332.12 | \$379.57 | \$427.02 | \$474.46 |

NOTE: Internal Revenue Code Section 79 requires that participants in this plan receive imputed income in instances where the plan rate is **more** favorable than the mortality rate used in IRC Section 79. Based on the cost of portable term life insurance this fiscal year, the imputed income does **not** apply. You will be notified if the Imputed income is added to your taxable wages through an adjustment to your W-2 form.

LIFE INSURANCE PLANS & COSTS

A newly benefited employee can enroll a spouse or domestic partner for the Guaranteed Issue of \$50,000 portable term life insurance coverage without Evidence of Insurability within the first 30 days of employment or becoming eligible for benefits.

NOTES: When both employee and spouse/domestic partner are working for the City, only one (1) portable term life insurance coverage can be purchased per employee.

Remember: The combined portable term coverage for family or other dependents cannot be more than your Basic plus Portable coverage.

Your remittance of premium does not guarantee coverage for a dependent. If you pay premiums or contribute to the cost of coverage for an ineligible dependent, the insurance company may determine that benefits are not payable.

| PORTABLE TERM LIFE – 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 | \$0.58 | \$1.15 | \$1.73 | \$2.31 | \$3.46 | \$4.62 | \$5.77 | \$6.92 | \$8.08 | \$9.23 | \$10.38 | \$11.54 |
| 30 – 34 | \$0.81 | \$1.62 | \$2.42 | \$3.23 | \$4.85 | \$6.46 | \$8.08 | \$9.69 | \$11.31 | \$12.92 | \$14.54 | \$16.15 |
| 35 – 39 | \$0.92 | \$1.85 | \$2.77 | \$3.69 | \$5.54 | \$7.38 | \$9.23 | \$11.08 | \$12.92 | \$14.77 | \$16.62 | \$18.46 |
| 40 – 44 | \$1.15 | \$2.31 | \$3.46 | \$4.62 | \$6.92 | \$9.23 | \$11.54 | \$13.85 | \$16.15 | \$18.46 | \$20.77 | \$23.08 |
| 45 – 49 | \$1.62 | \$3.23 | \$4.85 | \$6.46 | \$9.69 | \$12.92 | \$16.15 | \$19.38 | \$22.62 | \$25.85 | \$29.08 | \$32.31 |
| 50 – 54 | \$2.65 | \$5.31 | \$7.96 | \$10.62 | \$15.92 | \$21.23 | \$26.54 | \$31.85 | \$37.15 | \$42.46 | \$47.77 | \$53.08 |
| 55 – 59 | \$4.73 | \$9.46 | \$14.19 | \$18.92 | \$28.38 | \$37.85 | \$47.31 | \$56.77 | \$66.23 | \$75.69 | \$85.15 | \$94.62 |
| 60 – 64 | \$7.27 | \$14.54 | \$21.81 | \$29.08 | \$43.62 | \$58.15 | \$72.69 | \$87.23 | \$101.77 | \$116.31 | \$130.85 | \$145.38 |
| 65 – 69 | \$14.08 | \$28.15 | \$42.23 | \$56.31 | \$84.46 | \$112.62 | \$140.77 | \$168.92 | \$197.08 | \$225.23 | \$253.38 | \$281.54 |
| 70 – 74 | \$23.77 | \$47.54 | \$71.31 | \$95.08 | \$142.62 | \$190.15 | \$237.69 | \$285.23 | \$332.77 | \$380.31 | \$427.85 | \$475.38 |
| 75 & Up | \$23.77 | \$47.54 | \$71.31 | \$95.08 | \$142.62 | \$190.15 | \$237.69 | \$285.23 | \$332.77 | \$380.31 | \$427.85 | \$475.38 |

Portable Term Life Insurance coverage for children can be purchased if the employee or spouse/domestic partner is enrolled for Portable Term Life insurance. You can purchase children portable term life insurance within 30 days from the date your child was born or during the annual open enrollment period. Evidence of Insurability is not required to enroll dependent children.

| PORTABLE TERM LIFE – CHILDREN | ANNUAL* | MONTHLY | BIWEEKLY (26 PAY PERIODS) |
|-----------------------------------|---------|---------|------------------------------|
| Coverage Amount Each Child | | | |
| \$ 5,000 | \$12 | \$1.00 | \$0.46 |
| \$10,000 | \$15 | \$1.21 | \$0.56 |