

**Fiscal Year 2018**  
Benefits Information  
and Costs



**FOR QUESTIONS:**

Risk Management – Flexible Benefits

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# FY 2018 Important Open Enrollment Tips and Information



- ▶ **Open enrollment begins on Monday, June 12th and ends on Friday, June 23rd before midnight.**

Enrollment changes are done via Self Services in the SAP system at your worksite. Please view the short video below or click the link regarding using the new Self Services Benefits enrollment process: <https://www.youtube.com/embed/G0fCJwEu0FA?rel=0>

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 2018 health plans go into effect on 8/1/2017. 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 Flexible Benefits staff at **(619) 236-5924**.

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

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

Tool	Find At
FY 2017 Participation Overview	Self Services
Open Enrollment Worksheet (calculation assistance)	CityNet under the “Pay & Benefits” tab
FY 18 Open Enrollment Information and Costs booklet	CityNet under the “Pay & Benefits tab”
Provider Information	CityNet under the “Pay & Benefits tab”

- ▶ 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.
- ▶ **FSA enrollment** – Your enrollment will end in the City’s FSA plan(s) as of 6/30/2017. If you would like to continue participation you must re-enroll during open enrollment each year.
- ▶ **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.
- ▶ 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 23, 2017. Make sure you print and review your Confirmation Statement every time you make a change.
- ▶ **Dependent Changes** – This is the time you can add or cancel dependents without a qualifying event. Proof is required to newly 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, 2017. Note: The dependents social security number is required by the health plan Providers.
- ▶ **HMO plans (except Kaiser)** – You must enter the medical or dental physician code for you and your dependent in Self Services.
- ▶ **Portable Term life Insurance** – During open enrollment you can increase coverage by one level without providing Evidence of Insurability up to \$250,000.
- ▶ **Beneficiaries** – While you are in Self Services, please take the time to update your beneficiaries for your Life Insurance and all of your Savings plans.
- ▶ **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 7/1/2017 to view the FY 18 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 Self Services. 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 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 2017, **services** incurred by **June 30, 2017** must be entered in Self Services by **July 31, 2017**. If you have money remaining **in your FY 17 account on June 30, 2017, you can submit claims for services incurred between June 30th and September 15, 2017**. Claims for services incurred between 6/30/17 and 9/15/17 must be submitted by **September 30, 2017** for reimbursement against your FY17 account. Late claim entries in Self Services will be rejected. The receipts/statements have to be scanned and emailed to [Reimbursement\\_Admin@sandiego.gov](mailto:Reimbursement_Admin@sandiego.gov).

The maximum amount of Salary Reduction Contributions and Non-elective Employer Contributions that a Participant may elect to allocate to this benefit is \$2,600 for any Plan Year. The minimum amount that a Participant may elect to contribute with respect to any Plan Year is \$240.

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 include the justification for a paper claim submittal.

► **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 Services. 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 2017 is \$18,000 for each plan. If you are 50 years of age or older by December 31, 2017, 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 12th) it will be reflected on your 6/30/17 paycheck. If you want it to be effective on your July 14th paycheck, you will need to make the change via Self Services between 6/17/17 and 6/30/17. 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).

## 401(k) FLEX CONTRIBUTIONS

Beginning in Fiscal Year 2018, you will be able to allocate excess FBP credits remaining after healthcare premium deductions to your 401(k) savings plan. Designating remaining FBP credits to 401(k) can only be done during **open enrollment** or following a **qualifying event**. This change impacts all employee groups, except the Police Officers Association (POA). POA members implemented this in 2015.

A new 401(k) flex contributions line will be added to employee paystubs to distinguish 401(k) flex contributions from 401(k) contributions made from their regular salary. This does not alter any current benefit offered; it is clarifying whether the contribution to 401(k) is from payroll or remaining FBP credits and is a display modification that gives more clarity to the paystub for those employees that contribute to a 401(k) savings plan.

If you are currently making 401(k) contributions from regular salary that were adjusted to include remaining flex credits, and you will now be designating excess FBP credits to 401(k) flex, you will need to assess what amount you want only from regular salary and adjust the regular salary contributions through Self Services>Anytime Savings.

Note, the total combined annual contributions to your 401(k) savings plan (from excess FBP credits and your regular salary) cannot exceed the IRS limit of \$18,000 (or \$24,000 if 50 years of age or older by December 31, 2017). Also, your 401(k) Flex contribution amount together with your contributions to your 401(k) from salary must be at least \$10.00 combined per pay period.

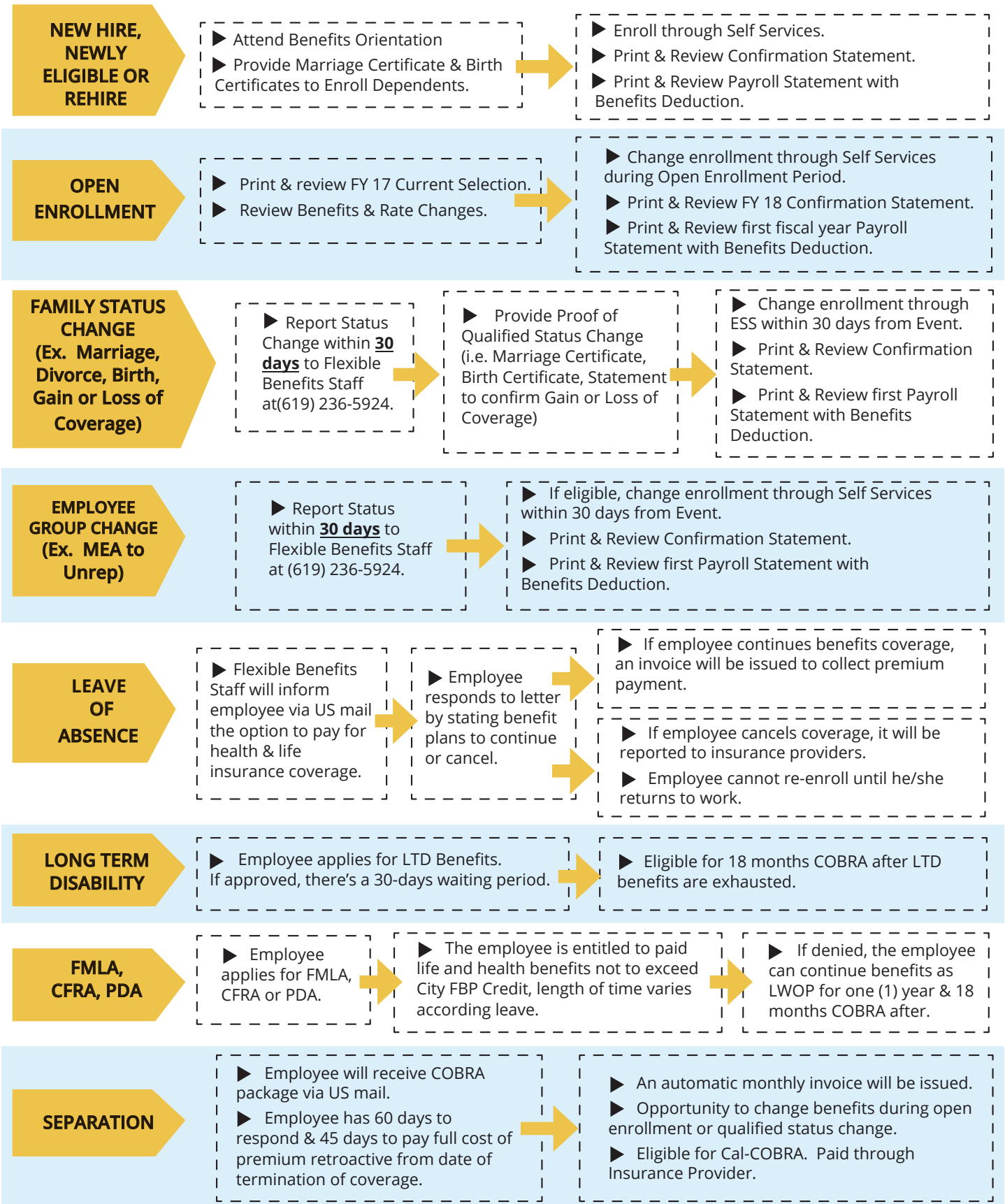
# Benefits Processes, Fiscal Year Calendar, City Flex Benefit Plan Credits and Premium Costs





# Benefits Process Flow

## ENROLLMENT, CHANGES & CANCELLATIONS MUST BE REPORTED WITHIN 30 DAYS FROM DATE OF EVENT





## FISCAL/ANNUAL CALENDAR

2017	S	M	T	W	TH	F	S	PD	2018	S	M	T	W	TH	F	S	PD	2018	S	M	T	W	TH	F	S	PD	
July							1		Jan		1	2	3	4	5	6		July		1	2	3	4	5	6	7	
	2	3	4	5	6	7	8			7	8	9	10	11	12	13			2	8	9	10	11	12	13	14	15
	9	10	11	12	13	14	15	15		14	15	16	17	18	19	20				15	16	17	18	19	20	21	
	16	17	18	19	20	21	22			21	22	23	24	25	26	27			3	22	23	24	25	26	27	28	16
	23	24	25	26	27	28	29	16		28	29	30	31	1	2	3				29	30	31	1	2	3	4	
	30	31	1	2	3	4	5			30	31	1	2	3	4	5			4	4	5	6	7	8	9	10	11
Aug	6	7	8	9	10	11	12	17	Feb	4	5	6	7	8	9	10	4	Aug	5	6	7	8	9	10	11	17	
	13	14	15	16	17	18	19	11		12	13	14	15	16	17		5		12	13	14	15	16	17	18		
	20	21	22	23	24	25	26	18		19	20	21	22	23	24		5		19	20	21	22	23	24	25	18	
	27	28	29	30	31	1	2	18		19	20	21	22	23	24		5		26	27	28	29	30	31	1		
Sept	3	4	5	6	7	8	9	19	Mar	4	5	6	7	8	9	10	6	Sept	2	3	4	5	6	7	8	19	
	10	11	12	13	14	15	16	11		12	13	14	15	16	17		7		9	10	11	12	13	14	15		
	17	18	19	20	21	22	23	20		18	19	20	21	22	23	24			7	16	17	18	19	20	21	22	20
	24	25	26	27	28	29	30	20		25	26	27	28	29	30	31			6	23	24	25	26	27	28	29	
Oct	1	2	3	4	5	6	7	21	Apr	1	2	3	4	5	6	7	8	Oct	30	1	2	3	4	5	6	21	
	8	9	10	11	12	13	14	8		9	10	11	12	13	14		9		7	8	9	10	11	12	13		
	15	16	17	18	19	20	21	22		15	16	17	18	19	20	21			9	14	15	16	17	18	19	20	22
	22	23	24	25	26	27	28	22		22	23	24	25	26	27	28			10	21	22	23	24	25	26	27	
Nov	29	30	31	1	2	3	4	23	May	29	30	1	2	3	4	5	10	Nov	28	29	30	31	1	2	3	23	
	5	6	7	8	9	10	11	6		7	8	9	10	11	12		11		4	5	6	7	8	9	10		
	12	13	14	15	16	17	18	24		13	14	15	16	17	18	19			11	11	12	13	14	15	16	17	24
	19	20	21	22	23	24	25	24		20	21	22	23	24	25	26			12	18	19	20	21	22	23	24	
Dec	26	27	28	29	30	1	2	25	June	27	28	29	30	31	1	2	12	Dec	25	26	27	28	29	30	1	25	
	3	4	5	6	7	8	9	3		4	5	6	7	8	9		13		2	3	4	5	6	7	8		
	10	11	12	13	14	15	16	26		10	11	12	13	14	15	16			13	9	10	11	12	13	14	15	26
	17	18	19	20	21	22	23	26		17	18	19	20	21	22	23			14	16	17	18	19	20	21	22	
24	25	26	27	28	29	30	1		24	25	26	27	28	29	30		14	23	24	25	26	27	28	29	1		
31																											

# Pay Days/End of Pay Period

● Holidays

Payroll Periods PD



## FY 2018 City FBP Credits

EMPLOYEE GROUP REPRESENTATION	ANNUAL	SEMI-MONTHLY (24 PAY PERIODS)**		
	FULL-TIME	1/2 TIME (40)	3/4 TIME (60)	FULL TIME (80 OR 112)
<b>MEA</b>	\$11,705.00	\$487.71	\$487.71	\$487.71
<b>TEAMSTERS - LOCAL 911</b>	\$13,461.00	\$560.88	\$560.88	\$560.88
<b>LOCAL 127</b>				
Waive	\$9,956.00	\$414.83	\$414.83	\$414.83
Employee only	\$10,956.00	\$456.50	\$456.50	\$456.50
Employee & Spouse/Domestic Partner	\$12,166.00	\$506.92	\$506.92	\$506.92
Employee & Children	\$11,506.00	\$479.42	\$479.42	\$479.42
Employee & Spouse/Domestic Partner & Children	\$13,206.00	\$550.25	\$550.25	\$550.25
<b>LOCAL 145*</b>				
Waive	\$1,750.00	\$36.46	\$54.69	\$72.92
Employee only	\$9,830.00	\$204.79	\$307.19	\$409.58
Employee & Spouse/Domestic Partner	\$16,103.00	\$335.48	\$503.22	\$670.96
Employee & Children	\$13,453.00	\$280.27	\$420.41	\$560.54
Employee & Spouse/Domestic Partner & Children	\$18,097.00	\$377.02	\$565.53	\$754.04
<b>POA* - less than 8 years of service</b>				
Waive	\$7,605.00	\$158.44	\$237.66	\$316.88
Employee only	\$9,942.00	\$207.13	\$310.69	\$414.25
Employee & Spouse/Domestic Partner	\$12,385.00	\$258.02	\$387.03	\$516.04
Employee & Children	\$11,919.00	\$248.32	\$372.47	\$496.63
Employee & Spouse/Domestic Partner & Children	\$16,700.00	\$347.92	\$521.87	\$695.83
<b>POA* - 8 or more years of service</b>				
Waive	\$19,005.00	\$395.94	\$593.91	\$791.88
Employee only	\$21,342.00	\$444.63	\$666.94	\$889.25
Employee & Spouse/Domestic Partner	\$23,785.00	\$495.52	\$743.28	\$991.04
Employee & Children	\$23,319.00	\$485.82	\$728.72	\$971.63
Employee & Spouse/Domestic Partner & Children	\$28,100.00	\$585.42	\$878.12	\$1,170.83
<b>POA LIEUTENANTS AND CAPTAINS* - less than 8 years of service</b>				
Waive	\$10,605.00	\$220.94	\$331.41	\$441.88
Employee only	\$12,942.00	\$269.63	\$404.44	\$539.25
Employee & Spouse/Domestic Partner	\$15,385.00	\$320.52	\$480.78	\$641.04
Employee & Children	\$14,919.00	\$310.82	\$466.22	\$621.63
Employee & Spouse/Domestic Partner & Children	\$19,700.00	\$410.42	\$615.62	\$820.83
<b>POA LIEUTENANTS AND CAPTAINS* - 8 or more years of service</b>				
Waive	\$22,005.00	\$458.44	\$687.66	\$916.88
Employee only	\$24,342.00	\$507.13	\$760.69	\$1,014.25
Employee & Spouse/Domestic Partner	\$26,785.00	\$558.02	\$837.03	\$1,116.04
Employee & Children	\$26,319.00	\$548.32	\$822.47	\$1,096.63
Employee & Spouse/Domestic Partner & Children	\$31,100.00	\$647.92	\$971.87	\$1,295.83
<b>DCAA*</b>				
Waive	\$9,442.00	\$196.71	\$295.07	\$393.42
Employee only	\$13,143.00	\$273.82	\$410.72	\$547.63
Employee & Spouse/Domestic Partner	\$16,654.00	\$346.96	\$520.44	\$693.92
Employee & Children	\$15,568.00	\$324.34	\$486.50	\$648.67
Employee & Spouse/Domestic Partner & Children	\$17,021.00	\$354.61	\$531.91	\$709.21



## FY 2018 City FBP Credits (cont.)

EMPLOYEE GROUP REPRESENTATION	ANNUAL	SEMI-MONTHLY (24 PAY PERIODS)**		
	FULL-TIME	1/2 TIME (40)	3/4 TIME (60)	FULL TIME (80 OR 112)
<b>Police Safety Unrep./Unclassified* - 8 or more years of service</b>				
Waive	\$22,005.00	\$458.44	\$687.66	\$916.88
Employee only	\$24,342.00	\$507.13	\$760.69	\$1,014.25
Employee & Spouse/Domestic Partner	\$26,785.00	\$558.02	\$837.03	\$1,116.04
Employee & Children	\$26,319.00	\$548.32	\$822.47	\$1,096.63
Employee & Spouse/Domestic Partner & Children	\$31,100.00	\$647.92	\$971.87	\$1,295.83
<b>UNREPRESENTED/UNCLASSIFIED* - SALARIED</b>				
Waive	\$9,977.00	\$207.86	\$311.78	\$415.71
Employee only	\$13,178.00	\$274.54	\$411.81	\$549.08
Employee & Spouse/Domestic Partner	\$16,176.00	\$337.00	\$505.50	\$674.00
Employee & Children	\$15,603.00	\$325.07	\$487.60	\$650.13
Employee & Spouse/Domestic Partner & Children	\$17,771.00	\$370.23	\$555.35	\$740.46
<b>UNREPRESENTED/UNCLASSIFIED* - HOURLY</b>				
Waive	\$6,294.00	\$131.13	\$196.69	\$262.25
Employee only	\$9,495.00	\$197.82	\$296.72	\$395.63
Employee & Spouse/Domestic Partner	\$12,493.00	\$260.27	\$390.41	\$520.54
Employee & Children	\$11,920.00	\$248.34	\$372.50	\$496.67
Employee & Spouse/Domestic Partner & Children	\$14,088.00	\$293.50	\$440.25	\$587.00

\* Fulltime Allotment - Prorated if ¾ or ½ time

\*\* Variances Due to Rounding



# Medical Plans and Costs

MEDICAL PLANS (REQUIRED)	ANNUAL	MONTHLY	SEMI-MONTHLY* (24 Pay Periods)	
			POST-TAX	PRE-TAX
<b>WAIVE MEDICAL</b>				
Employee only	\$0	\$0.00	\$0.00	\$0.00
<b>KAISER TRADITIONAL HMO - Available to All Employees</b>				
Employee only	\$5,516	\$459.63	\$0.00	\$229.82
Employee & Spouse	\$12,079	\$1,006.59	\$0.00	\$503.30
Employee & Domestic Partner (non-dependent)	\$12,079	\$1,006.59	\$273.48	\$229.82
Employee & Children	\$10,480	\$873.30	\$0.00	\$436.65
Employee & Spouse & Children	\$16,767	\$1,397.27	\$0.00	\$698.64
Employee & Domestic Partner & Children (non-dependent)	\$16,767	\$1,397.27	\$261.99	\$436.65
<b>KAISER DEDUCTIBLE HMO - Available to All Employees</b>				
Employee only	\$4,245	\$353.76	\$0.00	\$176.88
Employee & Spouse	\$9,297	\$774.73	\$0.00	\$387.37
Employee & Domestic Partner (non-dependent)	\$9,297	\$774.73	\$210.49	\$176.88
Employee & Children	\$8,066	\$672.14	\$0.00	\$336.07
Employee & Spouse & Children	\$12,905	\$1,075.42	\$0.00	\$537.71
Employee & Domestic Partner & Children (non-dependent)	\$12,905	\$1,075.42	\$201.64	\$336.07
<b>COSD HEALTH NET HMO - Available to DCAA, Local 127, Local 911, MEA, POA, Unrepresented &amp; Unclassified</b>				
Employee only	\$13,549	\$1,129.11	\$0.00	\$564.56
Employee & Spouse	\$29,671	\$2,472.59	\$0.00	\$1,236.30
Employee & Domestic Partner (non-dependent)	\$29,671	\$2,472.59	\$671.74	\$564.56
Employee & Children	\$25,743	\$2,145.23	\$0.00	\$1,072.62
Employee & Spouse & Children	\$41,188	\$3,432.36	\$0.00	\$1,716.18
Employee & Domestic Partner & Children (non-dependent)	\$41,188	\$3,432.36	\$643.56	\$1,072.62
<b>COSD HEALTH NET PPO - Available to All Employees</b>				
Employee only	\$20,255	\$1,687.89	\$0.00	\$843.95
Employee & Spouse	\$44,358	\$3,696.46	\$0.00	\$1,848.23
Employee & Domestic Partner (non-dependent)	\$44,358	\$3,696.46	\$1,004.28	\$843.95
Employee & Children	\$38,483	\$3,206.88	\$0.00	\$1,603.44
Employee & Spouse & Children	\$61,573	\$5,131.12	\$0.00	\$2,565.56
Employee & Domestic Partner & Children (non-dependent)	\$61,573	\$5,131.12	\$962.12	\$1,603.44



## Medical Plans and Costs (cont.)

MEDICAL PLANS (REQUIRED)	ANNUAL	MONTHLY	SEMI-MONTHLY* (24 Pay Periods)	
			POST-TAX	PRE-TAX
<b>SHARP CLASSIC - Available to DCAA, Local 127, Local 911, MEA, POA, Unrepresented &amp; Unclassified</b>				
Employee only	\$6,685	\$557.08	\$0.00	\$278.54
Employee & Spouse	\$14,641	\$1,220.08	\$0.00	\$610.04
Employee & Domestic Partner (non-dependent)	\$14,641	\$1,220.08	\$331.50	\$278.54
Employee & Children	\$12,702	\$1,058.52	\$0.00	\$529.26
Employee & Spouse & Children	\$20,324	\$1,693.64	\$0.00	\$846.82
Employee & Domestic Partner & Children (non-dependent)	\$20,324	\$1,693.64	\$317.56	\$529.26
<b>SHARP SELECT - Available to DCAA, Local 127, Local 911, MEA, POA, Unrepresented &amp; Unclassified</b>				
Employee only	\$4,615	\$384.62	\$0.00	\$192.31
Employee & Spouse	\$10,107	\$842.24	\$0.00	\$421.12
Employee & Domestic Partner (non-dependent)	\$10,107	\$842.24	\$228.81	\$192.31
Employee & Children	\$8,757	\$729.76	\$0.00	\$364.88
Employee & Spouse & Children	\$14,029	\$1,169.10	\$0.00	\$584.55
Employee & Domestic Partner & Children (non-dependent)	\$14,029	\$1,169.10	\$219.67	\$364.88
<b>SHARP DEDUCTIBLE HMO - Available to DCAA, Local 127, Local 911, MEA, POA, Unrepresented &amp; Unclassified</b>				
Employee only	\$4,170	\$347.50	\$0.00	\$173.75
Employee & Spouse	\$9,130	\$760.80	\$0.00	\$380.40
Employee & Domestic Partner (non-dependent)	\$9,130	\$760.80	\$206.65	\$173.75
Employee & Children	\$7,912	\$659.30	\$0.00	\$329.65
Employee & Spouse & Children	\$12,673	\$1,056.10	\$0.00	\$528.05
Employee & Domestic Partner & Children (non-dependent)	\$12,673	\$1,056.10	\$198.40	\$329.65
<b>LOCAL 145 - ANTHEM BLUE CROSS - Available to Local 145 Classified &amp; Unclassified</b>				
Employee only	\$7,860	\$655.00	\$0.00	\$327.50
Employee & Spouse	\$18,348	\$1,529.01	\$0.00	\$764.51
Employee & Domestic Partner (non-dependent)	\$18,348	\$1,529.01	\$437.01	\$327.50
Employee & Children	\$15,063	\$1,255.25	\$0.00	\$627.63
Employee & Spouse & Children	\$25,728	\$2,144.04	\$0.00	\$1,072.02
Employee & Domestic Partner & Children (non-dependent)	\$25,728	\$2,144.04	\$444.39	\$627.63



## Medical Plans and Costs (cont.)

MEDICAL PLANS (REQUIRED)	ANNUAL	MONTHLY	SEMI-MONTHLY* (24 Pay Periods)	
			POST-TAX	PRE-TAX
<b>POA ALADS CALIFORNIA CARE BASIC (NO Dental) - Available to POA Classified &amp; Unclassified**</b>				
Employee only	\$8,342	695.14	\$0.00	\$320.83
Employee & Spouse	\$16,421	1,368.40	\$0.00	\$631.57
Employee & Domestic Partner (non-dependent)	\$16,421	1,368.40	\$310.74	\$320.83
Employee & 1 Child	\$16,421	1,368.40	\$0.00	\$631.57
Employee & Children	\$20,252	1,687.69	\$0.00	\$778.93
Employee & Spouse & Children	\$20,252	1,687.69	\$0.00	\$778.93
Employee & Domestic Partner & Children (non-dependent)	\$20,252	1,687.69	\$147.36	\$631.57
<b>POA ALADS CALIFORNIA CARE PREMIER (With Dental) - Available to POA Classified &amp; Unclassified**</b>				
Employee only	\$9,829	819.10	\$0.00	\$378.05
Employee & Spouse	\$17,908	1,492.36	\$0.00	\$688.78
Employee & Domestic Partner (non-dependent)	\$17,908	1,492.36	\$310.73	\$378.05
Employee & 1 Child	\$17,908	1,492.36	\$0.00	\$688.78
Employee & Children	\$21,740	1,811.65	\$0.00	\$836.15
Employee & Spouse & Children	\$21,740	1,811.65	\$0.00	\$836.15
Employee & Domestic Partner & Children (non-dependent)	\$21,740	1,811.65	\$147.37	\$688.78

\*Variances Due to Rounding

\*\* POA ALADS pay period deduction amounts will continue to be based on 26 pay periods until the rates are renewed in December 2017, at which time monthly rates will be converted to 24 pay periods.



# Dental Plans and Costs

DENTAL PLANS (OPTIONAL)	ANNUAL	MONTHLY	SEMI-MONTHLY* (24 Pay Periods)	
			POST-TAX	PRE-TAX
<b>CONCORDIA DHMO - Available to DCAA, Local 145, Local 911, POA, Unrepresented and Unclassified</b>				
Employee only	\$136	\$11.37	\$0.00	\$5.69
Employee & Spouse	\$273	\$22.71	\$0.00	\$11.36
Employee & Domestic Partner (non-dependent)	\$273	\$22.71	\$5.67	\$5.69
Employee & Children	\$239	\$19.88	\$0.00	\$9.94
Employee & Spouse & Children	\$423	\$35.22	\$0.00	\$17.61
Employee & Domestic Partner & Children (non-dependent)	\$423	\$35.22	\$7.67	\$9.94
<b>CONCORDIA DPO - Available to DCAA, Local 145, Local 911, POA, Unrepresented and Unclassified</b>				
Employee only	\$465	\$38.72	\$0.00	\$19.36
Employee & Spouse	\$928	\$77.37	\$0.00	\$38.69
Employee & Domestic Partner (non-dependent)	\$928	\$77.37	\$19.33	\$19.36
Employee & Children	\$905	\$75.45	\$0.00	\$37.73
Employee & Spouse & Children	\$1,435	\$119.56	\$0.00	\$59.78
Employee & Domestic Partner & Children (non-dependent)	\$1,435	\$119.56	\$22.06	\$37.73
<b>MEA METLIFE DHMO - Available to MEA Only</b>				
Employee only	\$240	\$20.00	\$0.00	\$10.00
Employee & Spouse	\$467	\$38.94	\$0.00	\$19.47
Employee & Domestic Partner (non-dependent)	\$467	\$38.94	\$9.47	\$10.00
Employee & Children	\$467	\$38.94	\$0.00	\$19.47
Employee & Spouse & Children	\$668	\$55.66	\$0.00	\$27.83
Employee & Domestic Partner & Children (non-dependent)	\$668	\$55.66	\$8.36	\$19.47
<b>MEA METLIFE DPPO - Available to MEA Only</b>				
Employee only	\$789	\$65.78	\$0.00	\$32.89
Employee & Spouse	\$1,479	\$123.24	\$0.00	\$61.62
Employee & Domestic Partner (non-dependent)	\$1,479	\$123.24	\$28.73	\$32.89
Employee & Children	\$1,705	\$142.06	\$0.00	\$71.03
Employee & Spouse & Children	\$2,482	\$206.82	\$0.00	\$103.41
Employee & Domestic Partner & Children (non-dependent)	\$2,482	\$206.82	\$32.38	\$71.03





## Dental Plans and Costs (cont.)

DENTAL PLANS (OPTIONAL)	ANNUAL	MONTHLY	SEMI-MONTHLY* (24 Pay Periods)	
			POST-TAX	PRE-TAX
<b>LOCAL 127 DENTAL HEALTH SERVICES DHMO – Available to Local 127 Only</b>				
Employee only	\$242	\$20.20	\$0.00	\$10.10
Employee & Spouse	\$428	\$35.65	\$0.00	\$17.83
Employee & Domestic Partner (non-dependent)	\$428	\$35.65	\$7.73	\$10.10
Employee & 1 Child	\$428	\$35.65	\$0.00	\$17.83
Employee & Children	\$598	\$49.83	\$0.00	\$24.92
Employee & Spouse & Children	\$598	\$49.83	\$0.00	\$24.92
Employee & Domestic Partner & Children (non-dependent)	\$598	\$49.83	\$7.09	\$17.83
<b>LOCAL 127 DENTAL HEALTH SERVICES DPO – Available to Local 127 Only</b>				
Employee only	\$474	\$39.46	\$0.00	\$19.73
Employee & Spouse	\$919	\$76.55	\$0.00	\$38.28
Employee & Domestic Partner (non-dependent)	\$919	\$76.55	\$18.55	\$19.73
Employee & 1 Child	\$919	\$76.55	\$0.00	\$38.28
Employee & Children	\$1,717	\$143.10	\$0.00	\$71.55
Employee & Spouse & Children	\$1,717	\$143.10	\$0.00	\$71.55
Employee & Domestic Partner & Children (non-dependent)	\$1,717	\$143.10	\$33.28	\$38.28

\*Variances Due to Rounding



# Vision Plans and Costs

VISION PLANS (OPTIONAL)	ANNUAL	MONTHLY	SEMI-MONTHLY* (24 Pay Periods)	
			POST-TAX	PRE-TAX
<b>COSD VSP - Available to DCAA, Local 127, Local 145, Local 911, POA, Unrepresented and Unclassified</b>				
Employee only	\$61	\$5.05	\$0.00	\$2.53
Employee & Spouse	\$121	\$10.10	\$0.00	\$5.05
Employee & Domestic Partner (non-dependent)	\$121	\$10.10	\$2.52	\$2.53
Employee & Children	\$130	\$10.80	\$0.00	\$5.40
Employee & Spouse & Children	\$207	\$17.27	\$0.00	\$8.64
Employee & Domestic Partner & Children (non-dependent)	\$207	\$17.27	\$3.24	\$5.40
<b>MEA VSP - Available to MEA Only</b>				
Employee only	\$222	\$18.50	\$0.00	\$9.25
Employee & Spouse	\$384	\$32.00	\$0.00	\$16.00
Employee & Domestic Partner (non-dependent)	\$384	\$32.00	\$6.75	\$9.25
Employee & Children	\$384	\$32.00	\$0.00	\$16.00
Employee & Spouse & Children	\$636	\$53.00	\$0.00	\$26.50
Employee & Domestic Partner & Children (non-dependent)	\$636	\$53.00	\$10.50	\$16.00

\*Variances Due to Rounding



# Life Insurance Plans and Costs

LIFE INSURANCE PLAN (REQUIRED)	ANNUAL	MONTHLY	SEMI-MONTHLY (24 Pay Periods)
<b>BASIC - Available to MEA, Local 127 &amp; Local 911</b>			
\$10,000	\$4	\$0.30	\$0.15
\$25,000	\$9	\$0.75	\$0.38
\$50,000	\$18	\$1.50	\$0.75
<b>BASIC - Available to DCAA, Local 145, POA, Unrepresented &amp; Unclassified</b>			
\$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 and Costs (cont.)

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)
<b>Coverage Amount Each Child</b>			
\$5,000	\$12	\$1.00	\$0.46
\$10,000	\$15	\$1.21	\$0.56

# CONTACT INFORMATION

	WEBSITE OR EMAIL ADDRESS	PHONE #	GROUP #
<b>FLEXIBLE BENEFITS PLAN</b>	<a href="mailto:Benefits_Admin@sandiego.gov">Benefits_Admin@sandiego.gov</a>	619-236-5924	
<b>EMPLOYEE GROUPS</b>			
Local 127	<a href="http://www.afscme127.org">http://www.afscme127.org</a>	619-640-4939	
Local 145	<a href="http://www.sdfire.org">www.sdfire.org</a>	619-563-6161	
Municipal Employees Association	<a href="http://www.sdmea.org">www.sdmea.org</a>	619-264-6632	
Police Officers Association	<a href="http://www.mybenefitchoices.com/SDPOA">www.mybenefitchoices.com/SDPOA</a> <a href="http://www.sdpoa.org">www.sdpoa.org</a>	858-573-1199	
<b>LIFE INSURANCE</b>			
The Hartford	<a href="http://www.thehartford.com">www.thehartford.com</a>	888-563-1124	GL402711
<b>HEALTH INSURANCE</b>			
HealthNet	<a href="http://www.healthnet.com">www.healthnet.com</a>	800-522-0088 800-676-6976	HMO-68765A PPO-N4696A
Kaiser	<a href="http://www.kaiserpermanente.org">www.kaiserpermanente.org</a>	800-464-4000	HMO 104303-04 DHMO 104303-0057
Sharp	<a href="http://www.sharphealthplan.com">www.sharphealthplan.com</a>	800-359-2002	79136
145 Anthem BC	<a href="http://www.anthem.com/ca">http://www.anthem.com/ca</a>	800-227-3670	278012
POA ALADS	<a href="http://www.mybenefitchoices.com/SDPOA">www.mybenefitchoices.com/SDPOA</a>	800-842-6635	57AJSA
<b>DENTAL INSURANCE</b>			
Concordia Plus DHMO	<a href="http://www.ucci.com">www.ucci.com</a>	866-215-2358	836305001
Concordia Preferred DPO	<a href="http://www.ucci.com">www.ucci.com</a>	800-947-6432	836305000
Local 127 Dental Health	<a href="http://www.dentalhealthservices.com/local127">www.dentalhealthservices.com/local127</a>	888-789-3127	HMO-5024H PPO-5024P
MEA MetLife Dental	<a href="http://www.sdmea.org">www.sdmea.org</a>	888-217-9175	5343641
<b>VISION INSURANCE</b>			
COSD VSP Vision	<a href="http://www.vsp.com">www.vsp.com</a>	800-877-7195	30057843/0001
MEA VSP Vision	<a href="http://www.sdmea.org">www.sdmea.org</a>	888-217-9175	No Group #
<b>EMPLOYEE SAVINGS PLAN</b>		619-236-6600	
<b>LONG-TERM DISABILITY</b>		619-236-6100	
<b>SD City Employees Retirement</b>		619-525-3600	
Healthy Families	<a href="http://ehealthinsurance.com/california-health-insurance/public-programs/healthy-families-california/">http://ehealthinsurance.com/california-health-insurance/public-programs/healthy-families-california/</a>	866-848-9166	

