



The City of
SAN DIEGO

FLEXIBLE BENEFITS

Information and Costs

FY
19

• *This document, with embedded links, is available online at sandiego.gov/FY19BenefitsInfoCosts*

TABLE OF CONTENTS

BENEFITS ENROLLMENT INFORMATION	3
EXPLANATION OF QUALIFYING EVENTS	6
FY 2019 FLEXIBLE BENEFIT PLAN CREDIT AMOUNTS	9
MEDICAL PLANS AND COSTS	12
DENTAL PLANS AND COSTS	14
VISION PLANS AND COSTS	16
LIFE INSURANCE PLANS AND COSTS	17
FLEXIBLE BENEFITS PLAN CONTACT INFORMATION	19
FISCAL/ANNUAL CALENDAR	20



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FISCAL YEAR 2019 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 dollars in the form of FBP Credits to apply towards the cost of these plans. If you choose to waive all medical benefits offered by the City you will receive a cash distribution of your FBP Credits as taxable payroll earnings.

Plan the benefit options you want to enroll in:

1. Determine the amount of your Flexible Benefits Plan Credits.
2. Select your Basic Life Insurance policy. **[REQUIRED]**
3. Choose your required medical plan or waive enrollment. **[REQUIRED]**
4. Review your dental and vision plans. **[OPTIONAL]**
5. Review the Flexible Spending Account benefit. **[OPTIONAL]**
 - a. Determine amounts for Dental/Medical/Vision (DMV)
 - b. Determine amounts for Dependent/Child Care (DCC)
6. Review the 401(k) Flex plan. **[OPTIONAL]**

Follow these steps to enroll or change your benefits online:

To access the SAP Self-Services portal, you will need a City computer and your CityNet SAP login and password.

1. Set-up your Personal Profile for SAP Self-Services. This is a one-time process outlined in **How-to Enroll in Benefits**.
2. Within SAP Self-Services, you need to make changes in several areas, outlined below:
 - a) ► Personal Information ► Personal Profile: Enter all family member and dependent information. You will need dates of birth and Social Security numbers for family members who will be added to a health plan or listed as a beneficiary.
 - b) ► Benefits ► Enroll for Your Benefits: Confirm the Benefits Consent Form and make benefit plan selections.
 - c) ► Benefits Enrollment Overview ► Participation Overview: Review, save and print enrollment selections.



Flexible Benefits Plan Calculator

To estimate how FBP costs and credits will affect your paycheck, you may use this calculator



A Benefits Enrollment video with an overview of the process is available online.



HMO Enrollment

If you enroll in an HMO plan (other than Kaiser) you will need to designate a physician for yourself and your dependents. You will need to provide the medical and/or dental physician ID number for your doctors and your dependents doctors in the "Personal Profile Page" of SAP Self-Services. If you leave this field blank a provider will be assigned to you based on your home address.

Dependent Verification

You are required to provide dependent verification documentation if you will be enrolling your dependents to your health benefits. This documentation is also required to submit reimbursement claims for Flexible Spending Accounts (FSA). Verification documents are required within 30 days of enrollment and your dependents may be dis-enrolled if the documents are not provided. Examples of verification documents include a marriage certificate, affidavit of domestic partnership and birth certificate.

LIFE INSURANCE

Basic Term Life

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

Employee Group	Semi-monthly cost
MEA Local 127 Local 911	Members can designate level of insurance coverage: \$10,000 Policy = \$.15 \$25,000 Policy = \$.38 \$50,000 Policy = \$.75
Deputy City Attorney Association Unrepresented and Unclassified	Automatically receive \$50,000 Basic Life Insurance Cost paid by the City of San Diego

Portable Term Life

Portable Term Life Insurance, which is paid for by the employee, is available as an option to you and your family members at any time. There is a Guaranteed Issue when you are initially eligible for life insurance benefits for the following amounts:

- Employee - \$250,000
- Spouse/Domestic Partner - \$50,000

You may apply for a policy up to \$500,000, however Evidence of Insurability (EOI) will be required and the application is subject to approval by The Hartford.

To enroll or make changes to your Portable Term Life Insurance benefits, log in to CityNet: ► SAP Portal ► Self-Service ► CoSD My Services ► Expand tile ↗ and click on the "Benefits" button ► "Anytime Insurance"

As a reminder, the amount of your combined Portable Term coverage for family or dependents cannot exceed the amount of your combined Basic Term Life Insurance and Portable Term Life Insurance.

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 Benefits website on CityNet.

FLEXIBLE SPENDING ACCOUNTS

The City has contracted with WageWorks to manage its Flexible Spending Accounts (FSA) for employees beginning in Fiscal Year 2019. WageWorks offers you the ability to:

- Submit receipts for reimbursement from your mobile phone.
- Set-up payments for your recurring expenses.
- Use a WageWorks debit card for your DMV account expenses.
- Manage your account online 24-hours a day.



When enrolling in an FSA you will need to designate the annual amount you would like to set aside on a pre-tax basis for Dental/Medical/Vision (DMV) and/or Dependent/Child Care (DCC) expenses. Please plan carefully as fees for childcare and health care related services must be incurred within the timeframe indicated in the timeline below. It is important that you use these services and submit your reimbursement claims as any unclaimed monies will be forfeited.

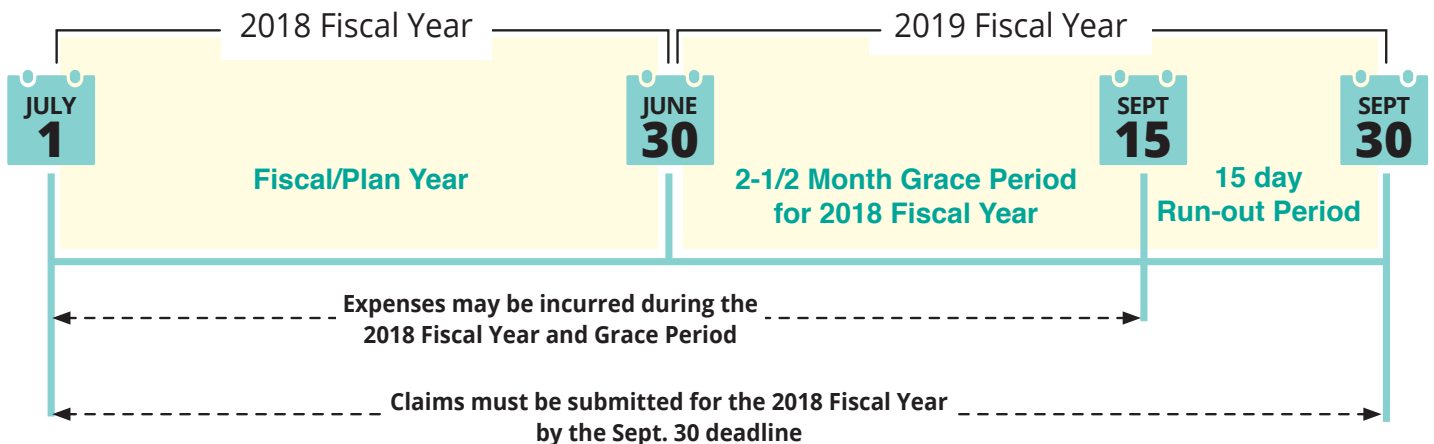
The annual minimum and maximum designations for FSA accounts are:

- Dental/Medical/Vision FSA: \$240/\$2,650
- Dependent/Child Care FSA: \$240/\$5,000

FSA deductions are taken out of your paycheck on a semi-monthly basis during the fiscal year beginning July 1, 2018 and ending June 30, 2019. Once you have enrolled, you will be contacted by WageWorks with instructions on how to create an account and process claims. The City's FSA benefit does not have a roll-over option and you will need to re-enroll each fiscal year.

Fiscal Year 2018 FSA Reimbursement Claim Process

If you contributed to DMV or DCC reimbursement accounts in Fiscal Year 2018, refer to the chart below regarding the timeline for incurring expenses and deadlines for submitting your reimbursement claims. Please enter your claim in SAP Self-Services and email receipts/statements to Reimbursement_Admin@san Diego.gov. **All Fiscal Year 2018 claims will continue to be processed by the City of San Diego Risk Management Department.**



RETIREMENT SAVINGS PLANS

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

The maximum amount you can contribute to your 401(k) and 457(b) Deferred Compensation plans is \$18,500 per savings plan per calendar year. If you are 50 years of age or older by December 31, 2018, you may also be eligible to contribute an additional \$6,000 to each plan. Minimum contributions to each plan are \$10 per pay period.

If your FBP Credit is greater than the costs of your flexible benefits, you have the option of allocating the remaining FBP Credit towards a 401(k) plan. This option is only available during your initial enrollment, Open Enrollment or following a qualifying event.

However, you can adjust “Anytime Contributions” to your 401(k) or 457(b) Deferred Compensation plans at any time in SAP Self-Services.

Enter the amount you want to contribute to each paycheck, not an annual contribution, by going to CityNet

- ▶ SAP Portal ▶ Self-Services ▶ CoSD My Services ▶ Expand tile ↗ and click on the “Benefits” button
- ▶ “Anytime Insurance” ▶ “Anytime Savings Plans”

Please note, if you make changes to your 401(k), they will take effect in the pay period in which you enter them in SAP Self-Services. If you make a change to your 457(b) Deferred Compensation plan contribution, it will go into effect the following month (i.e., if the change request is made in June, the contribution change will occur in July).



BENEFICIARIES

You need to designate beneficiaries for each of your retirement savings and insurance plans. A beneficiary is someone who may receive funds from your savings or insurance plans in the event of your death. To designate beneficiaries, go to CityNet ▶ SAP Portal ▶ Self-Services ▶ CoSD My Services ▶ Expand tile ↗ and click on the “Benefits” button ▶ “Anytime Beneficiary”

For SPSP, SPSP-H, 401(a), 401(k), or 457(b) Deferred Compensation Retirement Savings Accounts: If you are married, your spouse or registered domestic partner must be designated as a beneficiary of at least 50% of the community property interest unless he/she signs a notarized consent waiver.

For Life Insurance Plans: You may designate anyone as a beneficiary of your life insurance plan and a consent waiver is not needed.



BENEFIT CHANGES DUE TO QUALIFYING EVENTS

You may make changes to your benefits outside of the Open Enrollment period in June 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.

To make changes to your flexible benefits, please submit a **Qualifying Event Form** within 30 days from the date of the event to make the necessary changes to your benefits. Before changes can be completed, you will also need to provide dependent verification documents within 30 days of the qualifying event. Examples of verification documents include a marriage certificate, affidavit of domestic partnership and birth certificate. Please refer to the **Qualifying Event Chart** for more details.

ENROLLMENT CHANGES

NEW HIRE, REHIRE, OR NEWLY ELIGIBLE FOR BENEFITS

- ▶ Attend benefits orientation.
- ▶ Provide marriage certificate and birth certificate(s) to enroll dependents.

- ▶ Enroll through SAP Self-Services.
- ▶ Print and review confirmation statement.
- ▶ Print and review payroll statement with benefit deductions.

OPEN ENROLLMENT

- ▶ Print and review your current benefit selection.
- ▶ Review FY 19 FBP options.
- ▶ Discuss FBP with family.

- ▶ Change enrollment through SAP Self-Services during Open Enrollment period.
- ▶ Print and review FY 19 confirmation statement.
- ▶ Print and review first fiscal year payroll statement with benefit deductions.

FAMILY STATUS CHANGE

(Ex. Marriage, Divorce, Birth, Gain or Loss of Coverage)

- ▶ Report status change within 30 days to Flexible Benefits Staff at 619-236-5924.

- ▶ Provide proof of qualified status change (i.e. marriage certificate, birth certificate, statement to confirm gain or loss of coverage).

- ▶ Change enrollment through SAP Self-Services within 30 days from status change.
- ▶ Print and review confirmation statement.
- ▶ Print and review first payroll statement with benefit deductions.

EMPLOYEE GROUP CHANGE

(Ex. MEA to Unrepresented)

- ▶ Report status change within 30 days to Flexible Benefits Staff at 619-236-5924.

- ▶ If eligible, change enrollment through SAP Self-Services within 30 days from status change.
- ▶ Print and review confirmation statement.
- ▶ Print and review first payroll statement with benefit deductions.

LEAVE OF ABSENCE

- ▶ Flexible Benefits Staff will inform employee via US mail the option to pay for health and life insurance coverage.

- ▶ Employee responds to letter by stating benefit plans to continue or cancel.

- ▶ If employee continues benefits coverage, an invoice will be issued to collect premium payment.
- ▶ If employee cancels coverage, it will be reported to insurance providers.
- ▶ Employee cannot re-enroll until he/she returns to work.

ENROLLMENT CHANGES

Long Term Disability (LTD)

▶ Employee applies for LTD Benefits. If approved, there is a 30-day waiting period.

▶ Eligible for 18 months of COBRA after LTD benefits are exhausted.

Family Medical Leave Act (FMLA), California Family Rights Act (CFRA), Pregnant Disability Leave (PDL)

▶ Employee applies for FMLA, CFRA or PDL.

▶ The employee is entitled to paid life insurance and health benefits not to exceed City FBP Credits. The length of time varies according to leave type.

SEPARATION FROM THE CITY

▶ Employee will receive a COBRA package via US mail.

▶ Employee has 60 days to respond and 45 days to pay full cost of premium retroactive from date of termination of coverage.

FY 2019 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)
MEA (Municipal Employees Association)				
Applies to all tiers	\$11,705.00	\$487.71	\$487.71	\$487.71
TEAMSTERS Local 911				
Applies to all tiers	\$13,461.00	\$560.88	\$560.88	\$560.88
AFSCME Local 127 (American Federation of State, County, and Municipal Employees)				
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
IAFF Local 145* (International Association of Fire Fighters)				
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
POA* (Police Officers Association) less than 8 years of service				
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
POA* (Police Officers Association) 8 or more years of service				
Waive	\$16,922.00	\$352.54	\$528.81	\$705.08
Employee only	\$19,259.00	\$401.23	\$601.85	\$802.46
Employee & Spouse/Domestic Partner	\$21,702.00	\$452.13	\$678.19	\$904.25
Employee & Children	\$21,236.00	\$442.42	\$663.62	\$884.83
Employee & Spouse/Domestic Partner & Children	\$26,017.00	\$542.02	\$813.03	\$1,084.04
POA* (Lieutenants and Captains) less than 8 years of service				
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
POA* (Lieutenants and Captains) 8 or more years of service				
Waive	\$19,922.00	\$415.04	\$622.56	\$830.08
Employee only	\$22,259.00	\$463.73	\$695.60	\$927.46
Employee & Spouse/Domestic Partner	\$24,702.00	\$514.63	\$771.94	\$1,029.25
Employee & Children	\$24,236.00	\$504.92	\$757.37	\$1,009.83
Employee & Spouse/Domestic Partner & Children	\$29,017.00	\$604.52	\$906.78	\$1,209.04

FY 2019 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)
DCAA* (Deputy City Attorneys Association)				
Waive	\$9,942.00	\$207.13	\$310.69	\$414.25
Employee only	\$13,643.00	\$284.23	\$426.35	\$568.46
Employee & Spouse/Domestic Partner	\$17,154.00	\$357.38	\$536.06	\$714.75
Employee & Children	\$16,068.00	\$334.75	\$502.13	\$669.50
Employee & Spouse/Domestic Partner & Children	\$17,521.00	\$365.02	\$547.53	\$730.04
Police Safety Unrepresented/Unclassified* - 8 or more years of service				
Waive	\$19,922.00	\$415.04	\$622.56	\$830.08
Employee only	\$22,259.00	\$463.73	\$695.60	\$927.46
Employee & Spouse/Domestic Partner	\$24,702.00	\$514.63	\$771.94	\$1,029.25
Employee & Children	\$24,236.00	\$504.92	\$757.37	\$1,009.83
Employee & Spouse/Domestic Partner & Children	\$29,017.00	\$604.52	\$906.78	\$1,209.04
Unrepresented/Unclassified* (Salaried)				
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
Unrepresented/Unsalariated* (Hourly)				
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

HEALTH PLAN ELIGIBILITY



DEPUTY
CITY ATTORNEYS
ASSOCIATION
SAN DIEGO



SD
UNREPRESENTED
& UNCLASSIFIED



Medical Plans

City/Kaiser Traditional (HMO)	X	X	X	X	X	X	X
City/Kaiser Deductible (HMO)	X	X	X	X	X	X	X
City/Cigna (HMO)	X	X		X	X	X	X
City/Cigna (PPO)	X	X	X	X	X	X	X
MEA/Sharp Classic (HMO)	X	X		X	X	X	X
MEA/Sharp Select (HMO)	X	X		X	X	X	X
MEA/Sharp Deductible (HMO)	X	X		X	X	X	X
Local 145/Anthem Blue Cross (HMO)			X				
POA ALADS/Calif. Care Basic (HMO - No Dental)						X	
POA ALADS/Calif. Care Premier (HMO w/Dental)						X	



Dental Plans

City/Concordia DHMO	X		X	X		X	X
City/Concordia DPO	X		X	X		X	X
MEA/MetLife DHMO					X		
MEA/MetLife DPO					X		
Local 127/Dental Health Service DHMO		X					
Local 127/Dental Health Service DPO		X					



Vision Plans

City/VSP	X	X	X	X		X	X
MEA/VSP					X		

MEDICAL PLANS AND COSTS



MEDICAL PLANS (REQUIRED)	ANNUAL	MONTHLY	SEMI-MONTHLY* (24 Pay Periods)	
			POST-TAX	PRE-TAX
WAIVE MEDICAL				
Employee only	\$0	\$0.00	\$0.00	\$0.00
City/Kaiser Traditional HMO Available to All Employees				
Employee only	\$5,895	\$491.25	\$0.00	\$245.63
Employee & Spouse	\$12,910	\$1,075.85	\$0.00	\$537.93
Employee & Domestic Partner (non-dependent)	\$12,910	\$1,075.85	\$292.30	\$245.63
Employee & Children	\$11,201	\$933.38	\$0.00	\$466.69
Employee & Spouse & Children	\$17,921	\$1,493.41	\$0.00	\$746.71
Employee & Domestic Partner & Children (non-dependent)	\$17,921	\$1,493.41	\$280.02	\$466.69
City/Kaiser Deductible HMO Available to All Employees				
Employee only	\$4,535	\$377.89	\$0.00	\$188.95
Employee & Spouse	\$9,931	\$827.58	\$0.00	\$413.79
Employee & Domestic Partner (non-dependent)	\$9,931	\$827.58	\$224.84	\$188.95
Employee & Children	\$8,616	\$718.00	\$0.00	\$359.00
Employee & Spouse & Children	\$13,785	\$1,148.79	\$0.00	\$574.40
Employee & Domestic Partner & Children (non-dependent)	\$13,785	\$1,148.79	\$215.40	\$359.00
City/CIGNA Healthcare HMO Available to DCAA, Local 127, Local 911, MEA, POA, Unrepresented, & Unclassified				
Employee only	\$12,376	\$1,031.35	\$0.00	\$515.68
Employee & Spouse	\$27,104	\$2,258.67	\$0.00	\$1,129.34
Employee & Domestic Partner (non-dependent)	\$27,104	\$2,258.67	\$613.66	\$515.68
Employee & Children	\$23,515	\$1,959.57	\$0.00	\$979.79
Employee & Spouse & Children	\$37,624	\$3,135.32	\$0.00	\$1,567.66
Employee & Domestic Partner & Children (non-dependent)	\$37,624	\$3,135.32	\$587.87	\$979.79
CITY/CIGNA Healthcare Open Access Plan (OAP) PPO Available to All Employees				
Employee only	\$13,382	\$1,115.18	\$0.00	\$557.59
Employee & Spouse	\$29,307	\$2,442.25	\$0.00	\$1,221.13
Employee & Domestic Partner (non-dependent)	\$29,307	\$2,442.25	\$663.54	\$557.59
Employee & Children	\$25,426	\$2,118.85	\$0.00	\$1,059.43
Employee & Spouse & Children	\$40,682	\$3,390.16	\$0.00	\$1,695.08
Employee & Domestic Partner & Children (non-dependent)	\$40,682	\$3,390.16	\$635.65	\$1,059.43
MEA/Sharp Classic Available to DCAA, Local 127, Local 911, MEA, POA, Unrepresented, & Unclassified				
Employee only	\$7,090	\$590.80	\$0.00	\$295.40
Employee & Spouse	\$15,505	\$1,292.08	\$0.00	\$646.04
Employee & Domestic Partner (non-dependent)	\$15,505	\$1,292.08	\$350.64	\$295.40
Employee & Children	\$13,454	\$1,121.18	\$0.00	\$560.59
Employee & Spouse & Children	\$21,516	\$1,792.98	\$0.00	\$896.49
Employee & Domestic Partner & Children (non-dependent)	\$21,516	\$1,792.98	\$335.90	\$560.59

MEDICAL PLANS AND COSTS (cont.)



MEDICAL PLANS (REQUIRED)	ANNUAL	MONTHLY	SEMI-MONTHLY* (24 Pay Periods)	
			POST-TAX	PRE-TAX
MEA/Sharp Select				
Available to DCAA, Local 127, Local 911, MEA, POA, Unrepresented, & Unclassified				
Employee only	\$4,840	\$403.32	\$0.00	\$201.66
Employee & Spouse	\$10,578	\$881.48	\$0.00	\$440.74
Employee & Domestic Partner (non-dependent)	\$10,578	\$881.48	\$239.08	\$201.66
Employee & Children	\$9,179	\$764.94	\$0.00	\$382.47
Employee & Spouse & Children	\$14,676	\$1,223.02	\$0.00	\$611.51
Employee & Domestic Partner & Children (non-dependent)	\$14,676	\$1,223.02	\$229.04	\$382.47
MEA/Sharp Saver Deductible HMO				
Available to DCAA, Local 127, Local 911, MEA, POA, Unrepresented, & Unclassified				
Employee only	\$4,288	\$357.36	\$0.00	\$178.68
Employee & Spouse	\$9,370	\$780.82	\$0.00	\$390.41
Employee & Domestic Partner (non-dependent)	\$9,370	\$780.82	\$211.73	\$178.68
Employee & Children	\$8,131	\$677.62	\$0.00	\$338.81
Employee & Spouse & Children	\$13,000	\$1,083.30	\$0.00	\$541.65
Employee & Domestic Partner & Children (non-dependent)	\$13,000	\$1,083.30	\$202.84	\$338.81
LOCAL 145/Anthem Blue Cross				
Available to Local 145 Classified & Unclassified				
Employee only	\$8,135	\$677.93	\$0.00	\$338.97
Employee & Spouse	\$18,990	\$1,582.52	\$0.00	\$791.26
Employee & Domestic Partner (non-dependent)	\$18,990	\$1,582.52	\$452.29	\$338.97
Employee & Children	\$15,590	\$1,299.18	\$0.00	\$649.59
Employee & Spouse & Children	\$26,629	\$2,219.08	\$0.00	\$1,109.54
Employee & Domestic Partner & Children (non-dependent)	\$26,629	\$2,219.08	\$459.95	\$649.59
POA/ALADS California Care Basic (No Dental)				
Available to POA Classified & Unclassified				
Employee only	\$8,847	737.26	\$0.00	\$368.63
Employee & Spouse	\$17,427	1,452.23	\$0.00	\$726.12
Employee & Domestic Partner (non-dependent)	\$17,427	1,452.23	\$357.49	\$368.63
Employee & 1 Child	\$17,427	1,452.23	\$0.00	\$726.12
Employee & Children	\$21,495	1,791.22	\$0.00	\$895.61
Employee & Spouse & Children	\$21,495	1,791.22	\$0.00	\$895.61
Employee & Domestic Partner & Children (non-dependent)	\$21,495	1,791.22	\$169.49	\$726.12
POA/ALADS California Care Premier (With Dental)				
Available to POA Classified & Unclassified				
Employee only	\$10,335	861.22	\$0.00	\$430.61
Employee & Spouse	\$18,914	1,576.19	\$0.00	\$788.10
Employee & Domestic Partner (non-dependent)	\$18,914	1,576.19	\$357.49	\$430.61
Employee & 1 Child	\$18,914	1,576.19	\$0.00	\$788.10
Employee & Children	\$22,982	1,915.18	\$0.00	\$957.59
Employee & Spouse & Children	\$22,982	1,915.18	\$0.00	\$957.59
Employee & Domestic Partner & Children (non-dependent)	\$22,982	1,915.18	\$169.49	\$788.10

*Variances Due to Rounding

DENTAL PLANS AND COSTS



DENTAL PLANS (OPTIONAL)	ANNUAL	MONTHLY	SEMI-MONTHLY* (24 Pay Periods)	
			POST-TAX	PRE-TAX
CITY/United Concordia DHMO				
Available to DCAA, Local 145, Local 911, POA, Unrepresented, and Unclassified				
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
CITY/United Concordia DPO				
Available to DCAA, Local 145, Local 911, POA, Unrepresented, and Unclassified				
Employee only	\$476	\$39.69	\$0.00	\$19.85
Employee & Spouse	\$952	\$79.30	\$0.00	\$39.65
Employee & Domestic Partner (non-dependent)	\$952	\$79.30	\$19.80	\$19.85
Employee & Children	\$928	\$77.34	\$0.00	\$38.67
Employee & Spouse & Children	\$1,471	\$122.55	\$0.00	\$61.28
Employee & Domestic Partner & Children (non-dependent)	\$1,471	\$122.55	\$22.61	\$38.67
MEA/Metlife DHMO				
Available to MEA Only				
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
MEA/Metlife DPPO				
Available to MEA Only				
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
LOCAL 127/Dental Health Services DHMO				
Available to Local 127 Only				
Employee only	\$249	\$20.74	\$0.00	\$10.37
Employee & Spouse	\$439	\$36.62	\$0.00	\$18.31
Employee & Domestic Partner (non-dependent)	\$439	\$36.62	\$7.94	\$10.37
Employee & 1 Child	\$439	\$36.62	\$0.00	\$18.31
Employee & Children	\$614	\$51.18	\$0.00	\$25.59
Employee & Spouse & Children	\$614	\$51.18	\$0.00	\$25.59
Employee & Domestic Partner & Children (non-dependent)	\$614	\$51.18	\$7.28	\$18.31
LOCAL 127/Dental Health Services DPO				
Available to Local 127 Only				
Employee only	\$487	\$40.60	\$0.00	\$20.30
Employee & Spouse	\$945	\$78.74	\$0.00	\$39.37
Employee & Domestic Partner (non-dependent)	\$945	\$78.74	\$19.07	\$20.30
Employee & 1 Child	\$945	\$78.74	\$0.00	\$39.37
Employee & Children	\$1,768	\$147.30	\$0.00	\$73.65
Employee & Spouse & Children	\$1,768	\$147.30	\$0.00	\$73.65
Employee & Domestic Partner & Children (non-dependent)	\$1,768	\$147.30	\$34.28	\$39.37

*Variances Due to Rounding

VISION PLANS AND COSTS



VISION PLANS (OPTIONAL)	ANNUAL	MONTHLY	SEMI-MONTHLY* (24 Pay Periods)	
			POST-TAX	PRE-TAX
CITY/VSP				
Available to DCAA, Local 127, Local 145, Local 911, POA, Unrepresented, and Unclassified				
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
MEA/VSP				
Available to MEA Only				
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



BASIC LIFE INSURANCE

LIFE INSURANCE PLAN (REQUIRED)	ANNUAL	MONTHLY	SEMI-MONTHLY (24 Pay Periods)
Basic Life			
Available to MEA, Local 127, & 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, & Unclassified			
\$50,000	\$0	\$0	\$0

PORTABLE TERM LIFE INSURANCE

If you are a newly benefited employee, to receive the Guarantee Issue of \$250,000 Portable Term Life Insurance coverage you need to apply within your first 30 day of eligibility. To enroll go to CityNet

- ▶ SAP Portal ▶ Self-Services ▶ CoSD My Services ▶ Expand tile ↗ and click on the “Benefits” button
- ▶ “Anytime Insurance”

The Hartford will contact you to provide the required Evidence of Insurability (EOI) in the following instances: a) applying for a level of coverage more than the Guaranteed Issue of \$250,000; b) applying for an increase of more than the one level allowed during Open Enrollment; c) applying for coverage for the first time and not a newly benefited employee and d) lapse in paying the premium while on a leave of absence without pay. Coverage and payroll deductions will begin upon approval by The Hartford.

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

LIFE INSURANCE PLANS AND COSTS (cont.)



A newly benefited employee may also enroll a spouse or domestic partner for the Guaranteed Issue of \$50,000 Portable Term Life Insurance coverage without EOI within the first 30 days of employment or becoming eligible for benefits.

The cost of Portable Term Life Insurance 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.

If you and your spouse or domestic partner both work for the City, only one Portable Term Life Insurance coverage plan can be purchased per employee. The employee will need to make the increase through SAP Self-Services on or before June 30, 2018.

As a reminder, the amount of your combined Portable Term coverage for family or dependents cannot exceed the amount of your combined Basic Term Life Insurance and Portable Term Life Insurance.

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

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.

Portable Term Life Insurance coverage for children can be purchased if the employee, spouse or domestic partner is enrolled in Portable Term Life Insurance. You can purchase a Portable Term Life Insurance policy for a child within 30 days of the date your child was born or during the annual Open Enrollment period. EOI is not required to enroll dependent children. 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 - CHILDREN	ANNUAL	MONTHLY	BIWEEKLY (26 Pay Periods)
Coverage Amount Each			
\$5,000	\$12	\$1.00	\$0.46
\$10,000	\$15	\$1.21	\$0.56

CONTACT INFORMATION

	WEBSITE OR EMAIL ADDRESS	PHONE #	GROUP #
EMPLOYEE GROUPS			
Local 127	www.afscme127.org	619-640-4939	
Local 145	www.sdfire.org	619-563-6161	
MEA	www.sdmea.org	619-264-6632	
POA	www.sdpoa.org	858-573-1199	
LIFE INSURANCE			
The Hartford	www.thehartford.com	888-563-1124	GL402711
MEDICAL INSURANCE			
Cigna	www.cigna.com	800-244-6224	HMO and OAP (PPO) 3341853
Kaiser	www.kaiserpermanente.org	800-464-4000	HMO 104303-04 DHMO 104303-0057
Sharp	www.sharphealthplan.com	800-359-2002	79136
145 Anthem BC	www.anthem.com/ca	800-227-3670	278012
POA ALADS	www.mybenefitchoices.com/SDPOA	800-842-6635	57AJSA
DENTAL INSURANCE			
Concordia Plus DHMO	www.ucci.com	866-215-2358	836305001
Concordia Preferred DPO	www.ucci.com	866-215-2358	836305000
Local 127 Dental Health	www.dentalhealthservices.com/local127	888-789-3127	HMO-5024H PPO-5024P
MEA MetLife Dental	www.sdmea.org	888-217-9175	5343641
VISION INSURANCE			
City VSP Vision	www.vsp.com	800-877-7195	30057843/0001
MEA VSP Vision	www.sdmea.org	888-217-9175	
FLEXIBLE SPENDING ACCOUNTS			
WageWorks	www.wageworks.com	877-924-3967	
ADDITIONAL CONTACTS			
Flexible Benefits	Benefits_Admin@sandiego.gov	619-236-5924	
Employee Savings Plan	Benefits_Admin@sandiego.gov	619-236-6600	
Long-Term Disability	LTD@sandiego.gov	619-236-6100	
SDCERS Employee Retirement	www.sdcers.org	619-525-3600	

2018-2019 CALENDAR

2018	S	M	T	W	TH	F	S	PD	2019	S	M	T	W	TH	F	S	PD	2019	S	M	T	W	TH	F	S	PD	
July	1	2	3	4	5	6	7		Jan		1	2	3	4	5			July		1	2	3	4	5	6		
	8	9	10	11	12	13	14	15		6	7	8	9	10	11	12	2		7	8	9	10	11	12	13	15	
	15	16	17	18	19	20	21			13	14	15	16	17	18	19			20	14	15	16	17	18	19	20	
	22	23	24	25	26	27	28	16		20	21	22	23	24	25	26	3		27	21	22	23	24	25	26	27	16
29	30	31	1	2	3	4			27	28	29	30	31	1	2			28	29	30	31	1	2	3			
Aug	5	6	7	8	9	10	11	17	Feb	3	4	5	6	7	8	9	4	4	Aug	4	5	6	7	8	9	10	17
	12	13	14	15	16	17	18			10	11	12	13	14	15	16		11		12	13	14	15	16	17		
	19	20	21	22	23	24	25	18		17	18	19	20	21	22	23	5	18		19	20	21	22	23	24	18	
	26	27	28	29	30	31	1			24	25	26	27	28	1	2		25		26	27	28	29	30	31		
Sept	2	3	4	5	6	7	8	19	Mar	3	4	5	6	7	8	9	6	6	Sept	1	2	3	4	5	6	7	19
	9	10	11	12	13	14	15			10	11	12	13	14	15	16		8		9	10	11	12	13	14		
	16	17	18	19	20	21	22	20		17	18	19	20	21	22	23	7	15		16	17	18	19	20	21	20	
	23	24	25	26	27	28	29			24	25	26	27	28	29	30		22		23	24	25	26	27	28		
30	1	2	3	4	5	6	21	31	1	2	3	4	5	6	8	29	30	1	2	3	4	5	21				
Oct	7	8	9	10	11	12	13		Apr	7	8	9	10	11	12	13		9	Oct	6	7	8	9	10	11	12	
	14	15	16	17	18	19	20	22		14	15	16	17	18	19	20		13		14	15	16	17	18	19	22	
	21	22	23	24	25	26	27			21	22	23	24	25	26	27		20		21	22	23	24	25	26		
	28	29	30	31	1	2	3	23		28	29	30	1	2	3	4	10	27		28	29	30	31	1	2	23	
Nov	4	5	6	7	8	9	10		May	5	6	7	8	9	10	11		11	Nov	3	4	5	6	7	8	9	
	11	12	13	14	15	16	17	24		12	13	14	15	16	17	18	11	10		11	12	13	14	15	16	24	
	18	19	20	21	22	23	24			19	20	21	22	23	24	25		17		18	19	20	21	22	23		
	25	26	27	28	29	30	1	25		26	27	28	29	30	31	1	12	24		25	26	27	28	29	30	25	
Dec	2	3	4	5	6	7	8		June	2	3	4	5	6	7	8		13	Dec	1	2	3	4	5	6	7	
	9	10	11	12	13	14	15	26		9	10	11	12	13	14	15	13	8		9	10	11	12	13	14	26	
	16	17	18	19	20	21	22			16	17	18	19	20	21	22		15		16	17	18	19	20	21		
	23	24	25	26	27	28	29	1		23	24	25	26	27	28	29	14	22		23	24	25	26	27	28	1	
30	31								30										29	30	31						

Pay Days/End of Pay Period

○ Holidays

Payroll Periods PD