



The City of
SAN DIEGO

FLEXIBLE BENEFITS

Information and Costs Booklet

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This document, with embedded links, is available online at sandiego.gov/FY20BenefitsInfoCosts

(05-23-2019)

SD Risk
Management

Flexible Benefits Office



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FOR QUESTIONS:

Risk Management – Flexible Benefits

Phone: **619-236-5924**

Fax: **619-533-3256**

MS: **51B**

Email: **Benefits@sandiego.gov**

Address: **1200 3rd Ave., Suite 1000
San Diego, CA 92101**

Employee Benefits Website:

citynet.sandiego.gov/my-sd/employee-benefits

FISCAL YEAR 2020 ENROLLMENT INFORMATION

Choosing Your Flexible Benefits Plan Options

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

The City also provides you FBP credits to apply toward the cost of these plans. The FBP credit amount is based on your bargaining unit and medical coverage election (e.g., employee-only vs. family). If you choose to waive health coverage, you may apply these funds toward your 401(k) Flex account or opt to receive them as a taxable cash distribution in your payroll earnings.



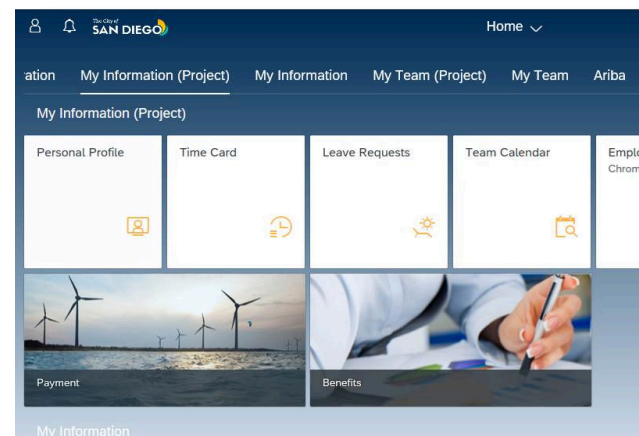
A video overview of the benefits enrollment process is available on the [Open Enrollment website](#).

Plan the benefit options you want to enroll in:

1. Determine the amount of your FBP credits. [See page 9.](#)
2. Select your Basic Life Insurance coverage. [See pages 17.](#) **(REQUIRED)**
3. Choose your medical plan or waive enrollment. [See pages 12-13.](#) **(REQUIRED)**
4. Select your dental and vision plans. [See page 14-16.](#) **(OPTIONAL)**
5. Determine the Flexible Spending Accounts you wish to participate in. **(OPTIONAL)**
 - a. Dental/Medical/Vision (DMV). [See page 6.](#)
 - b. Dependent/Child Care (DCC). [See page 6.](#)
6. If available, contribute \$10 or more of your remaining FBP Credits to the 401(k) Flex plan. [See page 7.](#) **(OPTIONAL)**

Benefits Enrollment application in SAP:

To review or make changes to your benefits, log in to SAP using your City user ID and password and click on the Benefits Enrollment application. The application will walk you through the steps for reviewing, changing and confirming your benefit enrollment.



HEALTH PLANS

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

Enrolling Dependents

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

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

Documents may be submitted by

1. Scan and email to Benefits@sandiego.gov
Subject Line: Dependent Verification Documents
2. Fax to 619-533-3256
3. Interoffice mail to the Benefits Office - MS 51B
4. Drop off in a secure drop slot at Civic Center Plaza, 1200 Third Ave., 10th floor

HMO Enrollment

If you or your dependents will be enrolling in an HMO plan (except Kaiser) you will need an identification number for your medical doctor and dentist. This includes Cigna, Sharp, Anthem Blue Cross (Local 145) and California Care (POA ALADS) medical HMOs and dental HMOs such as Concordia, MetLife and Dental Health Services. Please contact the carrier, physician or dentist office for the identification number prior to starting the enrollment process.



If proper documentation is not received by the deadline, coverage for all unverified dependents may be cancelled. Once your dependents are disenrolled you may be responsible for any claims retroactive to the date you enrolled. You will not be able to re-enroll them until the next Open Enrollment period in June or unless you have a Qualifying Event.



LIFE INSURANCE

Basic Term Life

City employees are required to enroll in Basic Term Life Insurance. If you are represented by MEA, Local 127 or Teamsters you must select the level of your Basic Term Life Insurance between \$10,000, \$25,000 or \$50,000 for a minimal annual cost. If you are not a member of one of these groups, you will be enrolled in a \$50,000 Basic Term Life Insurance policy paid by the City.

Supplemental Life

You may sign up for Supplemental Life Insurance for yourself, your spouse/domestic partner, and your child. A child is only eligible to enroll if the employee and/or spouse is also enrolled in Supplemental Life Insurance. If you and your spouse/domestic partner both work for the City:

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

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

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

Supplemental coverage for your spouse/domestic partner cannot exceed the combined employee coverage for Basic and Supplemental Life. For example, if an employee has \$50,000 in Basic Life Insurance and \$100,000 in Supplemental Life Insurance, the total coverage for a spouse/domestic partner cannot exceed \$150,000.

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

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

Supplemental Life Insurance: Available Throughout the Year

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

*EOIs are not required for children.



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

FLEXIBLE SPENDING ACCOUNTS

Flexible Spending Accounts (FSAs) allow you to use pre-tax dollars to pay for approved dependent care costs and health care expenses for you and your dependents. The City contracts with WageWorks® to manage its FSAs for employees. 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 allowable dental, medical and vision (DMV) expenses.**
- **Manage your account online 24-hours a day.**



To participate in an FSA, designate the annual amount to set aside from your paycheck before taxes are taken out. Deductions are taken out of your paycheck on a semi-monthly basis through June 30 of the plan year. The annual minimum and maximum designations for FSA accounts are:

- **Dental/Medical/Vision: \$240/\$2,700**
- **Dependent/Child Care: \$240/\$5,000**

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

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

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

Once your account has been established you will be contacted by WageWorks with instructions on how to create an account online at wageworks.com and process claims.



Expenses for the current plan year must be incurred by Sept. 15 and submitted to WageWorks by Sept. 30.

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 \$19,000 per savings plan per calendar year. If you are 50 years of age or older by Dec. 31, you may also be eligible to contribute an additional \$6,000 to each plan. Minimum contributions to each plan are \$10 per pay period.

The 457(b) plan also has a catch-up provision which allows City employees to defer up to twice the annual limit (e.g., \$38,000 for 2019) three years prior to retirement. **To see if you qualify, or to apply for the three-year catch-up provision, contact the Employee Savings Division at 619-236-6600.**

If your Flexible Benefits Plan (FBP) credits are greater than the costs of your selected benefits, you have the option of allocating \$10 or more of the remaining credits toward a 401(k) plan. This option is only available during your initial enrollment, Open Enrollment or following a qualifying event and will be deducted on a semi-monthly basis*.

***semi-monthly** = 2 deductions per month or 24 times per year
****bi-weekly** = every 2 weeks or 26 times per year

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



Please note: if you make changes to your 401(k), they will take effect on the next pay period. 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). Contributions to a 457(b) plan will lower contributions to your SPSP, SPSP-H and 401(a) plan.



BENEFICIARIES

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

To designate beneficiaries, go to “Anytime Beneficiary” in the Benefits Enrollment application on the SAP portal.

For Your Employee Savings Accounts - 401(a), 401(k), 457(b), SPSP or SPSP-H:

If you are married, your spouse or registered domestic partner must be designated as a beneficiary of at least 50 percent of the community property interest unless he/she signs a notarized consent waiver.

For Life Insurance Plans:

You may designate any individual or qualified trust as a beneficiary of your life insurance plan and a consent waiver is not needed.

A Note About Trusts:

If you will be listing a trust as a beneficiary, IRS regulations allow you to name a trust as your beneficiary under **certain circumstances** (please refer to Q-5 and A-5). If the trust does not meet these requirements, beneficiaries will be designated as outlined in the plan document.

BENEFIT CHANGES DUE TO QUALIFYING EVENTS

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

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



FY 2020 CITY FBP CREDITS



EMPLOYEE GROUP REPRESENTATION	ANNUAL	SEMI-MONTHLY (24 PAY PERIODS)**		
	FULL-TIME	1/2 TIME 40 hours	3/4 TIME 60 hours	FULL TIME 80 or 112 hours
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 and Spouse/Domestic Partner	\$12,166.00	\$506.92	\$506.92	\$506.92
Employee and Children	\$11,506.00	\$479.42	\$479.42	\$479.42
Family	\$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 and Spouse/Domestic Partner	\$16,103.00	\$335.48	\$503.22	\$670.96
Employee and Children	\$13,453.00	\$280.27	\$420.41	\$560.54
Family	\$18,097.00	\$377.02	\$565.53	\$754.04
POA* (Police Officers Association)				
Waive	\$7,605.00	\$158.44	\$237.66	\$316.88
Employee only	\$9,942.00	\$207.13	\$310.69	\$414.25
Employee and Spouse/Domestic Partner	\$12,385.00	\$258.02	\$387.03	\$516.04
Employee and Children	\$11,919.00	\$248.32	\$372.47	\$496.63
Family	\$16,700.00	\$347.92	\$521.87	\$695.83
POA* (Lieutenants and Captains)				
Waive	\$10,605.00	\$220.94	\$331.41	\$441.88
Employee only	\$12,942.00	\$269.63	\$404.44	\$539.25
Employee and Spouse/Domestic Partner	\$15,385.00	\$320.52	\$480.78	\$641.04
Employee and Children	\$14,919.00	\$310.82	\$466.22	\$621.63
Family	\$19,700.00	\$410.42	\$615.62	\$820.83
Police Safety Unrepresented/Unclassified*				
Waive	\$10,605.00	\$220.94	\$331.41	\$441.88
Employee only	\$12,942.00	\$269.63	\$404.44	\$539.25
Employee and Spouse/Domestic Partner	\$15,385.00	\$320.52	\$480.78	\$641.04
Employee and Children	\$14,919.00	\$310.82	\$466.22	\$621.63
Family	\$19,700.00	\$410.42	\$615.62	\$820.83

* Full time allotment - Prorated if ¾ or ½ time

** Variances due to rounding



FY 2020 CITY FBP CREDITS (cont.)



EMPLOYEE GROUP REPRESENTATION	ANNUAL	SEMI-MONTHLY (24 PAY PERIODS)**		
	FULL-TIME	1/2 TIME 40 hours	3/4 TIME 60 hours	FULL TIME 80 or 112 hours
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 and Spouse/Domestic Partner	\$17,154.00	\$357.38	\$536.06	\$714.75
Employee and Children	\$16,068.00	\$334.75	\$502.13	\$669.50
Family	\$17,521.00	\$365.02	\$547.53	\$730.04
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 and Spouse/Domestic Partner	\$16,176.00	\$337.00	\$505.50	\$674.00
Employee and Children	\$15,603.00	\$325.07	\$487.60	\$650.13
Family	\$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 and Spouse/Domestic Partner	\$12,493.00	\$260.27	\$390.41	\$520.54
Employee and Children	\$11,920.00	\$248.34	\$372.50	\$496.67
Family	\$14,088.00	\$293.50	\$440.25	\$587.00

* Full time allotment - Prorated if ¾ or ½ time

** Variances due to rounding



HEALTH PLAN ELIGIBILITY



DEPUTY
CITY ATTORNEYS
ASSOCIATION
SAN DIEGO



Medical Plans							
City/Kaiser Traditional (HMO)	✓	✓	✓	✓	✓	✓	✓
City/Kaiser Deductable (HMO)	✓	✓	✓	✓	✓	✓	✓
City/Cigna Scripps Select (HMO)	✓	✓	✓	✓	✓	✓	✓
City/Cigna (HMO)	✓	✓		✓	✓	✓	✓
City/Cigna (PPO)	✓	✓	✓	✓	✓	✓	✓
SDPEBA/Sharp Classic (HMO)	✓	✓		✓	✓	✓	✓
SDPEBA/Sharp Select (HMO)	✓	✓		✓	✓	✓	✓
SDPEBA/Sharp Deductible (HMO)	✓	✓		✓	✓	✓	✓
Local 145/Anthem Blue Cross (HMO)			✓				
POA ALADS/Calif. Care Basic (HMO - No Dental)						✓	
POA ALADS/Calif. Care Premier (HMO w/Dental)						✓	
Dental Plans							
City/Concordia DHMO	✓		✓	✓		✓	✓
City/Concordia DPO	✓		✓	✓		✓	✓
SDPEBA/MetLife DHMO					✓		
SDPEBA/MetLife DPO					✓		
Local 127/Dental Health Service DHMO		✓					
Local 127/Dental Health Service DPO		✓					
Vision Plans							
City/VSP	✓	✓	✓	✓		✓	✓
MEA/VSP					✓		

MEDICAL PLANS AND COSTS



MEDICAL PLANS (REQUIRED)	ANNUAL	MONTHLY	SEMI-MONTHLY* (24 Pay Periods)	
			POST-TAX	PRE-TAX
WAIVE MEDICAL				
Employee only	\$0	\$0.00	\$0.00	\$0.00
City/Kaiser Traditional HMO Available to All Employees				
Employee only	\$6,422	\$535.13	\$0.00	\$267.57
Employee and Spouse/Domestic Partner	\$14,063	\$1,171.92	\$0.00	\$585.96
Employee and Domestic Partner (post-tax)**	\$14,063	\$1,171.92	\$318.39	\$267.57
Employee and Children	\$12,201	\$1,016.74	\$0.00	\$508.37
Family	\$19,521	\$1,626.78	\$0.00	\$813.39
Family (Domestic Partner post-tax)**	\$19,521	\$1,626.78	\$305.02	\$508.37
City/Kaiser Deductible HMO Available to All Employees				
Employee only	\$4,941	\$411.78	\$0.00	\$205.89
Employee and Spouse/Domestic Partner	\$10,821	\$901.79	\$0.00	\$450.90
Employee and Domestic Partner (post-tax)**	\$10,821	\$901.79	\$245.01	\$205.89
Employee and Children	\$9,389	\$782.38	\$0.00	\$391.19
Family	\$15,022	\$1,251.80	\$0.00	\$625.90
Family (Domestic Partner post-tax)**	\$15,022	\$1,251.80	\$234.71	\$391.19
City/CIGNA HMO Available to DCAA, Local 127, Local 911, MEA, POA, Unrepresented and Unclassified				
Employee only	\$13,613	\$1,134.38	\$0.00	\$567.19
Employee and Spouse/Domestic Partner	\$29,812	\$2,484.32	\$0.00	\$1,242.16
Employee and Domestic Partner (post-tax)**	\$29,812	\$2,484.32	\$674.97	\$567.19
Employee and Children	\$25,864	\$2,155.31	\$0.00	\$1,077.66
Family	\$41,382	\$3,448.51	\$0.00	\$1,724.26
Family (Domestic Partner post-tax)**	\$41,382	\$3,448.51	\$646.60	\$1,077.66
City/CIGNA Scripps Select HMO Available to All Employees				
Employee only	\$6,750	\$562.53	\$0.00	\$281.26
Employee and Spouse/Domestic Partner	\$14,781	\$1,231.74	\$0.00	\$615.87
Employee and Domestic Partner (post-tax)**	\$14,781	\$1,231.74	\$334.61	\$281.26
Employee and Children	\$12,826	\$1,068.87	\$0.00	\$534.43
Family	\$20,522	\$1,710.18	\$0.00	\$855.09
Family (Domestic Partner post-tax)**	\$20,522	\$1,710.18	\$320.66	\$534.43
City/CIGNA Open Access Plan (OAP) PPO Available to All Employees				
Employee only	\$14,986	\$1,248.87	\$0.00	\$624.44
Employee and Spouse/Domestic Partner	\$32,821	\$2,735.06	\$0.00	\$1,367.53
Employee and Domestic Partner (post-tax)**	\$32,821	\$2,735.06	\$743.09	\$624.44
Employee and Children	\$28,474	\$2,372.85	\$0.00	\$1,186.43
Family	\$45,559	\$3,796.57	\$0.00	\$1,898.29
Family (Domestic Partner post-tax)**	\$45,559	\$3,796.57	\$711.86	\$1,186.43
SDPEBA/Sharp Classic Available to DCAA, Local 127, Local 911, MEA, POA, Unrepresented and Unclassified				
Employee only	\$7,493	\$624.40	\$0.00	\$312.20
Employee and Spouse/Domestic Partner	\$16,388	\$1,365.64	\$0.00	\$682.82
Employee and Domestic Partner (post-tax)**	\$16,388	\$1,365.64	\$370.62	\$312.20
Employee and Children	\$14,220	\$1,185.00	\$0.00	\$592.50
Family	\$22,741	\$1,895.10	\$0.00	\$947.55
Family (Domestic Partner post-tax)**	\$22,741	\$1,895.10	\$355.05	\$592.50



MEDICAL PLANS AND COSTS (cont.)



MEDICAL PLANS (REQUIRED)	ANNUAL	MONTHLY	SEMI-MONTHLY* (24 Pay Periods)	
			POST-TAX	PRE-TAX
SDPEBA/Sharp Select				
Available to DCAA, Local 127, Local 911, MEA, POA, Unrepresented and Unclassified				
Employee only	\$5,115	\$426.22	\$0.00	\$213.11
Employee and Spouse/Domestic Partner	\$11,179	\$931.62	\$0.00	\$465.81
Employee and Domestic Partner (post-tax)**	\$11,179	\$931.62	\$252.70	\$213.11
Employee and Children	\$9,702	\$808.46	\$0.00	\$404.23
Family	\$15,511	\$1,292.62	\$0.00	\$646.31
Family (Domestic Partner post-tax)**	\$15,511	\$1,292.62	\$242.08	\$404.23
SDPEBA/Sharp Saver Deductible HMO				
Available to DCAA, Local 127, Local 911, MEA, POA, Unrepresented and Unclassified				
Employee only	\$4,532	\$377.64	\$0.00	\$188.82
Employee and Spouse/Domestic Partner	\$9,903	\$825.22	\$0.00	\$412.61
Employee and Domestic Partner (post-tax)**	\$9,903	\$825.22	\$223.79	\$188.82
Employee and Children	\$8,594	\$716.16	\$0.00	\$358.08
Family	\$13,739	\$1,144.94	\$0.00	\$572.47
Family (Domestic Partner post-tax)**	\$13,739	\$1,144.94	\$214.39	\$358.08
Local 145/Anthem Blue Cross Select				
Available to Local 145 Classified and Unclassified				
Employee only	\$7,582	\$631.83	\$0.00	\$315.92
Employee and Spouse/Domestic Partner	\$17,696	\$1,474.70	\$0.00	\$737.35
Employee and Domestic Partner (post-tax)**	\$17,696	\$1,474.70	\$421.43	\$315.92
Employee and Children	\$14,527	\$1,210.59	\$0.00	\$605.30
Family	\$24,816	\$2,067.98	\$0.00	\$1,033.99
Family (Domestic Partner post-tax)**	\$24,816	\$2,067.98	\$428.69	\$605.30
POA/ALADS California Care Basic (No Dental)				
Available to POA Classified and Unclassified				
Employee only	\$8,559	\$713.26	\$0.00	\$356.63
Employee and Spouse/Domestic Partner	\$17,727	\$1,477.29	\$0.00	\$738.65
Employee and Domestic Partner (post-tax)**	\$17,727	\$1,477.29	\$382.02	\$356.63
Employee and 1 Child	\$17,727	\$1,477.29	\$0.00	\$738.65
Employee and Children	\$21,524	\$1,793.72	\$0.00	\$896.86
Family	\$21,524	\$1,793.72	\$0.00	\$896.86
Family (Domestic Partner post-tax)**	\$21,524	\$1,793.72	\$158.21	\$738.65
POA/ALADS California Care Premier (With Dental)				
Available to POA Classified and Unclassified				
Employee only	\$8,797	\$733.15	\$0.00	\$366.58
Employee and Spouse/Domestic Partner	\$18,125	\$1,510.44	\$0.00	\$755.22
Employee and Domestic Partner (post-tax)**	\$18,125	\$1,510.44	\$388.64	\$366.58
Employee and 1 Child	\$18,125	\$1,510.44	\$0.00	\$755.22
Employee and Children	\$22,118	\$1,843.21	\$0.00	\$921.61
Family	\$22,118	\$1,843.21	\$0.00	\$921.61
Family (Domestic Partner post-tax)**	\$22,118	\$1,843.21	\$166.39	\$755.22

*Variances due to rounding

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



DENTAL PLANS AND COSTS



DENTAL PLANS (OPTIONAL)	ANNUAL	MONTHLY	SEMI-MONTHLY* (24 Pay Periods)	
			POST-TAX	PRE-TAX
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 and Spouse/Domestic Partner	\$273	\$22.71	\$0.00	\$11.36
Employee and Domestic Partner (post-tax)**	\$273	\$22.71	\$5.67	\$5.69
Employee and Children	\$239	\$19.88	\$0.00	\$9.94
Family	\$423	\$35.22	\$0.00	\$17.61
Family (Domestic Partner post-tax)**	\$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 and Spouse/Domestic Partner	\$952	\$79.30	\$0.00	\$39.65
Employee and Domestic Partner (post-tax)**	\$952	\$79.30	\$19.80	\$19.85
Employee and Children	\$928	\$77.34	\$0.00	\$38.67
Family	\$1,471	\$122.55	\$0.00	\$61.28
Family (Domestic Partner post-tax)**	\$1,471	\$122.55	\$22.61	\$38.67
SDPEBA/Metlife DHMO				
Available to MEA Only				
Employee only	\$252	\$21.00	\$0.00	\$10.50
Employee and Spouse/Domestic Partner	\$491	\$40.90	\$0.00	\$20.45
Employee and Domestic Partner (post-tax)**	\$491	\$40.90	\$9.95	\$10.50
Employee and Children	\$491	\$40.90	\$0.00	\$20.45
Family	\$702	\$58.46	\$0.00	\$29.23
Family (Domestic Partner post-tax)**	\$702	\$58.46	\$8.78	\$20.45
SDPEBA/Metlife DPPO				
Available to MEA Only				
Employee only	\$798	\$66.50	\$0.00	\$33.25
Employee and Spouse/Domestic Partner	\$1,494	\$124.50	\$0.00	\$62.25
Employee and Domestic Partner (post-tax)**	\$1,494	\$124.50	\$29.00	\$33.25
Employee and Children	\$1,716	\$143.00	\$0.00	\$71.50
Family	\$2,502	\$208.50	\$0.00	\$104.25
Family (Domestic Partner post-tax)**	\$2,502	\$208.50	\$32.75	\$71.50



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 and Spouse/Domestic Partner	\$439	\$36.62	\$0.00	\$18.31
Employee and Domestic Partner (post-tax)**	\$439	\$36.62	\$7.94	\$10.37
Employee and 1 Child	\$439	\$36.62	\$0.00	\$18.31
Employee and Children	\$614	\$51.18	\$0.00	\$25.59
Family	\$614	\$51.18	\$0.00	\$25.59
Family (Domestic Partner post-tax)**	\$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 and Spouse/Domestic Partner	\$945	\$78.74	\$0.00	\$39.37
Employee and Domestic Partner (post-tax)**	\$945	\$78.74	\$19.07	\$20.30
Employee and 1 Child	\$945	\$78.74	\$0.00	\$39.37
Employee and Children	\$1,768	\$147.30	\$0.00	\$73.65
Family	\$1,768	\$147.30	\$0.00	\$73.65
Family (Domestic Partner post-tax)**	\$1,768	\$147.30	\$34.28	\$39.37

*Variances due to rounding

**Domestic partners can only be enrolled on a pre-tax basis if they qualify as a tax dependent under IRS guidelines.

To enroll your domestic partner on a pre-tax basis, submit a Tax Dependent Certification form which can be found on the Flexible Benefits website.



VISION PLANS AND COSTS



VISION PLANS (OPTIONAL)	ANNUAL	MONTHLY	SEMI-MONTHLY* (24 Pay Periods)	
			POST-TAX	PRE-TAX
City/VSP				
Available to DCAA, Local 127, Local 145, Local 911, POA, Unrepresented and Unclassified				
Employee only	\$56	\$ 4.70	\$0.00	\$2.35
Employee and Spouse/Domestic Partner	\$113	\$ 9.40	\$0.00	\$4.70
Employee and Domestic Partner (post-tax)**	\$113	\$ 9.40	\$2.35	\$2.35
Employee and Children	\$121	\$ 10.05	\$0.00	\$5.03
Family	\$193	\$ 16.08	\$0.00	\$8.04
Family (Domestic Partner post-tax)**	\$193	\$ 16.08	\$3.01	\$5.03
SDPEBA/VSP				
Available to MEA Only				
Employee only	\$222	\$18.50	\$0.00	\$9.25
Employee and Spouse/Domestic Partner	\$390	\$32.50	\$0.00	\$16.25
Employee and Domestic Partner (post-tax)**	\$390	\$32.50	\$7.00	\$9.25
Employee and Children	\$390	\$32.50	\$0.00	\$16.25
Family	\$642	\$53.50	\$0.00	\$26.75
Family (Domestic Partner post-tax)**	\$642	\$53.50	\$10.50	\$16.25

*Variances due to rounding

**Domestic partners can only be enrolled on a pre-tax basis if they qualify as a tax dependent under IRS guidelines.

To enroll your domestic partner on a pre-tax basis, submit a Tax Dependent Certification form which can be found on the Flexible Benefits website.



LIFE INSURANCE PLANS AND COSTS



BASIC LIFE INSURANCE

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

SUPPLEMENTAL LIFE INSURANCE

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

SUPPLEMENTAL LIFE INSURANCE - EMPLOYEE												
AGE	AMOUNT OF INSURANCE - BIWEEKLY (26 PAY PERIOD) DEDUCTION											
	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	\$350,000	\$400,000	\$450,000	\$500,000
<30	\$0.45	\$0.90	\$1.35	\$1.80	\$2.70	\$3.60	\$4.50	\$5.40	\$6.30	\$7.20	\$8.10	\$9.00
30 - 34	\$0.65	\$1.29	\$1.94	\$2.58	\$3.88	\$5.17	\$6.46	\$7.75	\$9.05	\$10.34	\$11.63	\$12.92
35 - 39	\$0.75	\$1.50	\$2.25	\$3.00	\$4.50	\$6.00	\$7.50	\$9.00	\$10.50	\$12.00	\$13.50	\$15.00
40 - 44	\$0.95	\$1.89	\$2.84	\$3.78	\$5.68	\$7.57	\$9.46	\$11.35	\$13.25	\$15.14	\$17.03	\$18.92
45 - 49	\$1.34	\$2.68	\$4.02	\$5.35	\$8.03	\$10.71	\$13.38	\$16.06	\$18.74	\$21.42	\$24.09	\$26.77
50 - 54	\$2.22	\$4.43	\$6.65	\$8.86	\$13.29	\$17.72	\$22.15	\$26.58	\$31.02	\$35.45	\$39.88	\$44.31
55 - 59	\$3.98	\$7.96	\$11.94	\$15.92	\$23.88	\$31.85	\$39.81	\$47.77	\$55.73	\$63.69	\$71.65	\$79.62
60 - 64	\$6.14	\$12.28	\$18.42	\$24.55	\$36.83	\$49.11	\$61.38	\$73.66	\$85.94	\$98.22	\$110.49	\$122.77
65 - 69	\$11.93	\$23.86	\$35.79	\$47.72	\$71.58	\$95.45	\$119.31	\$143.17	\$167.03	\$190.89	\$214.75	\$238.62
70 - 74	\$20.17	\$40.34	\$60.51	\$80.68	\$121.02	\$161.35	\$201.69	\$242.03	\$282.37	\$322.71	\$363.05	\$403.38
75 & Up	\$20.17	\$40.34	\$60.51	\$80.68	\$121.02	\$161.35	\$201.69	\$242.03	\$282.37	\$322.71	\$363.05	\$403.38

LIFE INSURANCE PLANS AND COSTS (cont.)



As a reminder, Supplemental coverage for your spouse/domestic partner cannot exceed the combined employee coverage for Basic and Supplemental Life. For example, if an employee has \$50,000 in Basic Life Insurance and \$100,000 in Supplemental Life Insurance, the total coverage for a spouse/domestic partner cannot exceed \$150,000.

SUPPLEMENTAL LIFE INSURANCE - SPOUSE OR DOMESTIC PARTNER												
AGE	AMOUNT OF INSURANCE - BIWEEKLY (26 PAY PERIOD) DEDUCTION											
	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	\$350,000	\$400,000	\$450,000	\$500,000
<30	\$0.50	\$0.99	\$1.49	\$1.98	\$2.98	\$3.97	\$4.96	\$5.95	\$6.95	\$7.94	\$8.93	\$9.92
30 - 34	\$0.69	\$1.38	\$2.08	\$2.77	\$4.15	\$5.54	\$6.92	\$8.31	\$9.69	\$11.08	\$12.46	\$13.85
35 - 39	\$0.78	\$1.57	\$2.35	\$3.14	\$4.71	\$6.28	\$7.85	\$9.42	\$10.98	\$12.55	\$14.12	\$15.69
40 - 44	\$0.98	\$1.96	\$2.94	\$3.92	\$5.88	\$7.85	\$9.81	\$11.77	\$13.73	\$15.69	\$17.65	\$19.62
45 - 49	\$1.37	\$2.75	\$4.12	\$5.49	\$8.24	\$10.98	\$13.73	\$16.48	\$19.22	\$21.97	\$24.72	\$27.46
50 - 54	\$2.26	\$4.52	\$6.78	\$9.05	\$13.57	\$18.09	\$22.62	\$27.14	\$31.66	\$36.18	\$40.71	\$45.23
55 - 59	\$4.03	\$8.05	\$12.08	\$16.11	\$24.16	\$32.22	\$40.27	\$48.32	\$56.38	\$64.43	\$72.48	\$80.54
60 - 64	\$6.18	\$12.37	\$18.55	\$24.74	\$37.11	\$49.48	\$61.85	\$74.22	\$86.58	\$98.95	\$111.32	\$123.69
65 - 69	\$11.97	\$23.93	\$35.90	\$47.86	\$71.79	\$95.72	\$119.65	\$143.58	\$167.52	\$191.45	\$215.38	\$239.31
70 - 74	\$20.20	\$40.41	\$60.61	\$80.82	\$121.22	\$161.63	\$202.04	\$242.45	\$282.85	\$323.26	\$363.67	\$404.08
75 & Up	\$20.20	\$40.41	\$60.61	\$80.82	\$121.22	\$161.63	\$202.04	\$242.45	\$282.85	\$323.26	\$363.67	\$404.08

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



CONTACT INFORMATION

	WEBSITE OR EMAIL ADDRESS	PHONE #	GROUP #
EMPLOYEE GROUPS			
Local 127	afscme127.org	619-640-4939	
Local 145	sdfire.org	619-563-6161	
MEA	sdmea.org	619-264-6632	
POA	sdpoa.org	858-573-1199	
LIFE INSURANCE			
The Hartford	thehartford.com	888-563-1124	GL402711
MEDICAL INSURANCE			
Cigna	cigna.com	800-244-6224	HMO and OAP (PPO) 3341853
Kaiser	kaiserpermanente.org	800-464-4000	HMO 104303-04 DHMO 104303-12
Sharp	sharphealthplan.com	800-359-2002	79136
145 Anthem BC	anthem.com/ca	800-227-3670	278012
POA ALADS	mybenefitchoices.com/SDPOA	800-842-6635	57AJSA
DENTAL INSURANCE			
Concordia Plus DHMO	ucci.com	866-215-2358	836305001
Concordia Preferred DPO	ucci.com	866-215-2358	836305000
Local 127 Dental Health	dentalhealthservices.com/local127	888-789-3127	HMO-5024H PPO-5024P
MEA MetLife Dental	sdmea.org	888-217-9175	5343641
VISION INSURANCE			
City VSP Vision	vsp.com	800-877-7195	30057843/0001
MEA VSP Vision	sdmea.org	888-217-9175	
FLEXIBLE SPENDING ACCOUNTS			
WageWorks	wageworks.com	877-924-3967	
ADDITIONAL CONTACTS			
Flexible Benefits	Benefits@sandiego.gov	619-236-5924	
Employee Savings Plan	Benefits@sandiego.gov	619-236-6600	
Long-Term Disability	LTD@sandiego.gov	619-236-6100	
SDCERS Employee Retirement	sdcers.org	619-525-3600	

2019-2020 CALENDAR

		2019								2020								2020							
		S	M	T	W	TH	F	S	PD	S	M	T	W	TH	F	S	PD	S	M	T	W	TH	F	S	PD
July	Jan	1	2	3	4	5	6				1	2	3	4					1	2	3	4			
		7	8	9	10	11	12	13	15	5	6	7	8	9	10	11	2	5	6	7	8	9	10	11	15
		14	15	16	17	18	19	20		12	13	14	15	16	17	18		12	13	14	15	16	17	18	
		21	22	23	24	25	26	27	16	19	20	21	22	23	24	25	3	19	20	21	22	23	24	25	16
		28	29	30	31	1	2	3		26	27	28	29	30	31	1		26	27	28	29	30	31	1	
Aug	Feb	4	5	6	7	8	9	10	17	2	3	4	5	6	7	8	4	2	3	4	5	6	7	8	17
		11	12	13	14	15	16	17		9	10	11	12	13	14	15		9	10	11	12	13	14	15	
		18	19	20	21	22	23	24	18	16	17	18	19	20	21	22	5	16	17	18	19	20	21	22	18
		25	26	27	28	29	30	31		23	24	25	26	27	28	29		23	24	25	26	27	28	29	
Sept	Mar	1	2	3	4	5	6	7	19	1	2	3	4	5	6	7	6	30	31	1	2	3	4	5	19
		8	9	10	11	12	13	14		8	9	10	11	12	13	14		6	7	8	9	10	11	12	
		15	16	17	18	19	20	21	20	15	16	17	18	19	20	21	7	13	14	15	16	17	18	19	20
		22	23	24	25	26	27	28		22	23	24	25	26	27	28		20	21	22	23	24	25	26	
		29	30	1	2	3	4	5	21	29	30	31	1	2	3	4	8	27	28	29	30	1	2	3	21
Oct	Apr	6	7	8	9	10	11	12		5	6	7	8	9	10	11		4	5	6	7	8	9	10	
		13	14	15	16	17	18	19	22	12	13	14	15	16	17	18	9	11	12	13	14	15	16	17	22
		20	21	22	23	24	25	26		19	20	21	22	23	24	25		18	19	20	21	22	23	24	
		27	28	29	30	31	1	2	23	26	27	28	29	30	1	2	10	25	26	27	28	29	30	31	23
Nov	May	3	4	5	6	7	8	9		3	4	5	6	7	8	9		1	2	3	4	5	6	7	
		10	11	12	13	14	15	16	24	10	11	12	13	14	15	16	11	8	9	10	11	12	13	14	24
		17	18	19	20	21	22	23		17	18	19	20	21	22	23		15	16	17	18	19	20	21	
		24	25	26	27	28	29	30	25	24	25	26	27	28	29	30	12	22	23	24	25	26	27	28	25
Dec	June	1	2	3	4	5	6	7		31	1	2	3	4	5	6		29	30	1	2	3	4	5	
		8	9	10	11	12	13	14	26	7	8	9	10	11	12	13	13	6	7	8	9	10	11	12	26
		15	16	17	18	19	20	21		14	15	16	17	18	19	20		13	14	15	16	17	18	19	
		22	23	24	25	26	27	28	1	21	22	23	24	25	26	27	14	20	21	22	23	24	25	26	1
		29	30	31		28	29	30		27	28	29	30	31		27	28	29	30	31					

Pay Days/End of Pay Period

○ Holidays

Payroll Periods PD

This information is available in alternative formats upon request.

