The City *of* SAN DIEGO

FLEXIBLE BENEFITS

Information and Costs Booklet

Health Plans:
August 1, 2022 – December 31, 2022

Flexible Spending Accounts (FSA):
July 1, 2022 – December 31, 2022

2022 Short Plan Year

(REV: 5-13-2022)

SD Risk Management | Flexible Benefits Office

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

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FOR QUESTIONS:

Risk Management – Flexible Benefits

Email: **Benefits@sandiego.gov**

Employee Benefits Website:
www.sandiego.gov/riskmanagement/services/benefits

Health Plan Year: Transition to Calendar Year Basis

The City will be making a significant change to the administration of its health benefit plans. These changes directly impact all employees that are eligible for the benefits under the City's Flexible Benefits Plan. The City will be transitioning its health benefits plan year period from a fiscal year basis to a calendar year. This transition will occur during 2022 and it will impact the plan year period for the City's medical, dental, vision, life, and flexible spending accounts (FSA). This change will require a short plan year from August 1, 2022 to December 31, 2022 (July 1, 2022 to December 31, 2022 for FSA) to allow the transition to a new 12-month plan year that aligns with the calendar year. This means that there will be two open enrollment periods in 2022:

2 Open Enrollments in Calendar Year 2022

	Open Enrollment Period	Medical, Dental, Vision, and Life Coverage Period	Flexible Spending Accounts (FSA) Period
Short Plan Year	**5/16/2022 – 5/27/2022**	**8/1/2022 – 12/31/2022**	**7/1/2022 – 12/31/2022**
2023 Calendar Year	**October/November 2022**	**1/1/2023 – 12/31/2023**	**1/1/2023 – 12/31/2023**

The following diagram illustrates the transition process. **Please note:** the benefits information contained within this booklet only pertains to the Short Plan Year. An updated booklet will be provided for the 2023 Calendar Year.

Fiscal Year 2022

- **Medical, dental, vision, and life insurance coverage period: 8/1/2021 through 7/31/2022**
- **Flexible spending accounts (FSA): 7/1/2021 through 6/30/2022**

Short Plan Year

- **Medical, dental, vision, and life insurance: 8/1/2022 through 12/31/2022**
- **Flexible spending accounts (FSA): 7/1/2022 through 12/31/2022**

Action Required Now: Elect your benefits for the Short Plan Year.

Calendar Year 2023

- **Medical, Dental, Vision, Life Insurance, and FSA: 1/1/2023 through 12/31/2023**

Year 2023 and all future years will follow this same calendar year coverage period from Jan 1 – Dec 31.

Don't Forget: Enrollment for the 2023 Calendar Year will be during Oct./Nov. of 2022.

2022 Short Plan Year Enrollment Information

Choosing Your Flexible Benefits Plan Options

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

The City also provides you FBP credits to apply toward the cost of these plans. The FBP credit amount is based on your bargaining unit and medical coverage election (e.g., employee-only vs family). In accordance with the MOUs, certain credit tiers have cash-back limitations. Please refer to the 2022 FBP Credit Table for credit tier information by bargaining unit. Note, the comments detail how the credits may be applied.

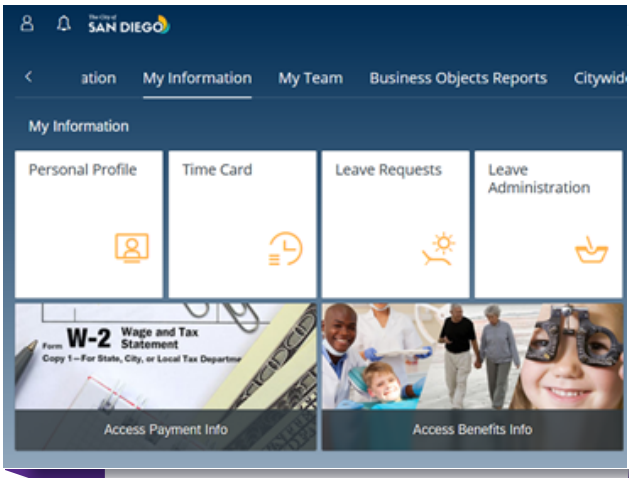
A video overview of the benefits enrollment process is available on the ***Open Enrollment website.***

Plan the benefit options you want to enroll in:

1. Determine the amount of your FBP credits. See page 10.
2. Select your Basic Life Insurance coverage. See pages 24-25. **(REQUIRED)**
3. Choose your medical plan or waive enrollment. See pages 19-20. **(REQUIRED)**
4. Select your dental and vision plans. See page 21-23. **(OPTIONAL)**
5. Determine the Flexible Spending Accounts you wish to participate in. **(OPTIONAL)**
   a. Dental/Medical/Vision (DMV). See page 7.
   b. Dependent/Child Care (DCC). See page 7.
6. If eligible, contribute $10 or more of your remaining FBP Credits to the 401(k) Flex plan. See page 8. **(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 Access Benefits Info tile, then the Benefits Enrollment tile. The application will walk you through the steps for reviewing, changing and confirming your benefit enrollment.



HEALTH PLANS

Detailed information regarding your medical, dental and vision plans can be found on the **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, hospital verification letter, and/or court legal document

Proper documentation must be submitted by the required deadline (within 30 days of enrollment) to maintain coverage for your dependents. If proper documentation is not received timely, your dependents will be dis-enrolled from the plan and you will be responsible for any claims retroactive to the date you enrolled. You will not be able to re-enroll them until the next Open Enrollment period unless you have a Qualifying Event.

Documents may be submitted by

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

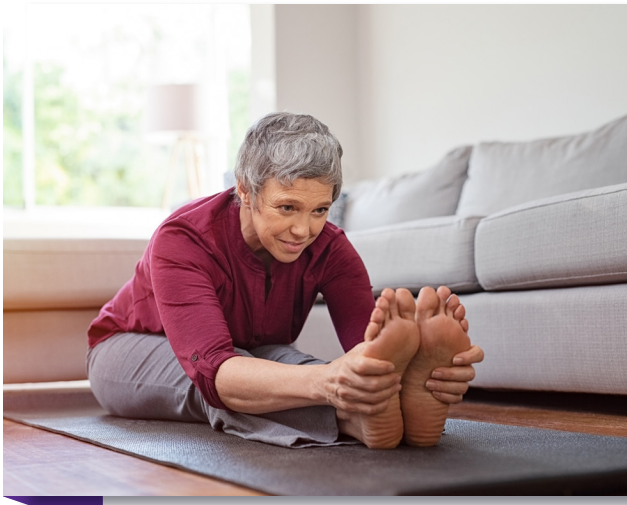
HMO Enrollment

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

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:

a. **Applying for a level of coverage more than the Guaranteed Issue Amount 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 increasing your level of coverage outside your initial enrollment or qualifying event periods; or**
d. **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.**

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

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.

FLEXIBLE SPENDING ACCOUNTS

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

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

To participate in an FSA, designate the total amount you wish to contribute over the plan year. Pre-tax deductions are taken out of your paycheck on a semi-monthly basis through the end of the plan year, which is December 31, 2022. The 2022 Short Plan Year minimum and maximum designations for FSA accounts are:

- **Dental/Medical/Vision (DMV): $120/$1,425**
- **Dependent/Child Care (DCC): $120/$2,500**

FSA elections are not carried over into the next plan year. You are required to sign up each plan year if 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 HealthEquity/WageWorks with instructions on how to create an account online at **wageworks.com** and process claims.

Expenses for the short plan year must be incurred by March 15th and submitted to HealthEquity/WageWorks by March 31, 2023.

RETIREMENT SAVINGS PLANS

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

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

The maximum amount you can contribute to your 401(k) and 457(b) Deferred Compensation plans is $20,500 per savings plan per calendar year. If you are 50 years of age or older by Dec. 31, you may also be eligible to contribute an additional $6,500 to each plan. Minimum contributions to each plan are $10 per pay period. The City does not make any matching contributions to the 401(k) or 457(b) plans.

The 457(b) plan also has a catch-up provision which allows City employees to defer up to twice the annual limit (e.g., $41,000 for 2022) three years prior to retirement. **To see if you qualify, or to apply for the three-year catch-up provision, contact the Employee Savings Division at 619-236-6600.**

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

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

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

****semi-monthly** = 2 deductions per month or 24 times per year

Please note: *If you make changes to your 401(k), please allow two weeks to take effect. Your first check following the two week waiting period will reflect your contribution changes. 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 the 457(b) plan will lower contributions to your SPSP-H and 401(a) plan.

The City's Retirement Savings plans are administered by Principal (for the 401(k) plan) and CalPERS (for the 457(b) plan). Following your enrollment, you will be able to access your account information online or by calling the administrator's participant service center (found on page 26).

BENEFICIARIES

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

Beneficiary Designations:

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

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

A Note About Trusts:

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

BENEFIT CHANGES DUE TO QUALIFYING EVENTS

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

If you have experienced a qualifying event and would like to make enrollment changes, please complete and submit the **Qualifying Event Form in SAP** *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 to make changes. Please refer to the **Qualifying Event Chart** on the **Employee Benefits** website for more details.

City FBP Credits

MEA (Municipal Employees Association)					
Medical Plan Dependent Coverage Level (credit tier)	ANNUAL	SEMI-MONTHLY (24 PAY PERIODS)*			Notes
	FULL-TIME	1/2 TIME (40)	3/4 TIME (60)	FULL TIME (80 or 112)	
Most recent hire date prior to 7/1/2020					
Waive	$11,705.00	$487.71	$487.71	$487.71	Credits may be used for dental, vision, basic life insurance, flexible spending accounts, or 401k flex. Any remaining flex credits may be cashed-out as taxable income.
Employee only	$11,705.00	$487.71	$487.71	$487.71	Credits may be used for medical, dental, and vision insurance, basic life insurance, flexible spending accounts, or 401k flex. Any remaining flex credits may be cashed-out as taxable income.
Employee & Spouse/Domestic Partner	$16,000.00	$666.67	$666.67	$666.67	Credits may be used for medical, dental, vision, basic life insurance, or flexible spending accounts only. Any remaining flex credits may ***not*** be cashed-out or allocated to 401k flex.
Employee & Children	$14,000.00	$583.33	$583.33	$583.33	
Employee & Spouse/Domestic Partner & Children	$22,000.00	$916.67	$916.67	$916.67	
Most recent hire date on or after 7/1/2020					
Waive	$1,000.00	$41.67	$41.67	$41.67	Credits may be used for dental, vision, basic life insurance, flexible spending accounts, or 401k flex. Any remaining flex credits may be cashed-out as taxable income. During enrollment, employees must certify they have qualifying medical coverage in order to receive the cash-out option.
Employee only	$7,600.00	$316.67	$316.67	$316.67	Credits may be used for medical, dental, vision, basic life insurance, or flexible spending accounts only. Any remaining flex credits may ***not*** be cashed-out or allocated to 401k flex.
Employee & Spouse/Domestic Partner	$16,000.00	$666.67	$666.67	$666.67	
Employee & Children	$14,000.00	$583.33	$583.33	$583.33	
Employee & Spouse/Domestic Partner & Children	$22,000.00	$916.67	$916.67	$916.67	

*variances due to rounding

City FBP Credits (cont.)

Teamsters Local 911					
Medical Plan Dependent Coverage Level (credit tier)	ANNUAL	SEMI-MONTHLY (24 PAY PERIODS)*			Notes
	FULL-TIME	1/2 TIME (40)	3/4 TIME (60)	FULL TIME (80 or 112)	
Most recent hire date prior to 7/1/2021					
Waive	$13,461.00	$560.88	$560.88	$560.88	Credits may be used for dental, vision, basic life insurance, flexible spending accounts, or 401k flex. Any remaining flex credits may be cashed-out as taxable income.
Employee only	$13,461.00	$560.88	$560.88	$560.88	Credits may be used for medical, dental, and vision insurance, basic life insurance, flexible spending accounts, or 401k flex. Any remaining flex credits may be cashed-out as taxable income.
Employee & Spouse/Domestic Partner	$13,528.00	$563.67	$563.67	$563.67	Credits may be used for medical, dental, vision, basic life insurance, or flexible spending accounts only. Any remaining flex credits may ***not*** be cashed-out or allocated to 401k flex.
Employee & Children	$13,547.00	$564.46	$564.46	$564.46	
Employee & Spouse/Domestic Partner & Children	$13,874.00	$578.08	$578.08	$578.08	
Most recent hire date on or after 7/1/2021					
Waive	$1,000.00	$41.67	$41.67	$41.67	Credits may be used for dental, vision, basic life insurance, flexible spending accounts, or 401k flex. Any remaining flex credits may be cashed-out as taxable income. During enrollment, employees must certify they have qualifying medical coverage in order to receive the cash-out option.
Employee only	$7,600.00	$316.67	$316.67	$316.67	Credits may be used for medical, dental, vision, basic life insurance, or flexible spending accounts only. Any remaining flex credits may ***not*** be cashed-out or allocated to 401k flex.
Employee & Spouse/Domestic Partner	$13,528.00	$563.67	$563.67	$563.67	
Employee & Children	$13,547.00	$564.46	$564.46	$564.46	
Employee & Spouse/Domestic Partner & Children	$13,874.00	$578.08	$578.08	$578.08	

*variances due to rounding

City FBP Credits (cont.)

AFSCME Local 127 (American Federation of State, County, and Municipal Employees)					
Medical Plan Dependent Coverage Level (credit tier)	ANNUAL	SEMI-MONTHLY (24 PAY PERIODS)*			Notes
	FULL-TIME	1/2 TIME (40)	3/4 TIME (60)	FULL TIME (80 or 112)	
Most recent hire date prior to 7/1/2020					
Waive	$9,956.00	$414.83	$414.83	$414.83	Credits may be used for dental, vision, basic life insurance, flexible spending accounts, or 401k flex. Any remaining flex credits may be cashed-out as taxable income.
Employee only	$10,956.00	$456.50	$456.50	$456.50	Credits may be used for medical, dental, and vision insurance, basic life insurance, flexible spending accounts, or 401k flex. Any remaining flex credits may be cashed-out as taxable income.
Employee & Spouse/Domestic Partner	$16,750.00	$697.92	$697.92	$697.92	Credits may be used for medical, dental, vision, basic life insurance, or flexible spending accounts only. Any remaining flex credits may ***not*** be cashed-out or allocated to 401k flex.
Employee & Children	$14,750.00	$614.58	$614.58	$614.58	
Employee & Spouse/Domestic Partner & Children	$21,750.00	$906.25	$906.25	$906.25	
Most recent hire date on or after 7/1/2020					
Waive	$1,000.00	$41.67	$41.67	$41.67	Credits may be used for dental, vision, basic life insurance, flexible spending accounts, or 401k flex. Any remaining flex credits may be cashed-out as taxable income. During enrollment, employees must certify they have qualifying medical coverage in order to receive the cash-out option.
Employee only	$7,600.00	$316.67	$316.67	$316.67	Credits may be used for medical, dental, vision, basic life insurance, or flexible spending accounts only. Any remaining flex credits may ***not*** be cashed-out or allocated to 401k flex.
Employee & Spouse/Domestic Partner	$16,750.00	$697.92	$697.92	$697.92	
Employee & Children	$14,750.00	$614.58	$614.58	$614.58	
Employee & Spouse/Domestic Partner & Children	$21,750.00	$906.25	$906.25	$906.25	

*variances due to rounding

City FBP Credits (cont.)

IAFF Local 145 (International Association of Fire Fighters)					
Medical Plan Dependent Coverage level (credit tier)	ANNUAL	SEMI-MONTHLY (24 PAY PERIODS)*			Notes
	FULL-TIME	1/2 TIME (40)	3/4 TIME (60)	FULL TIME (80 or 112)	
Most recent hire date prior to 7/1/2020					
Waive	$1,750.00	$36.46	$54.69	$72.92	Credits may be used for dental, vision, basic life insurance, flexible spending accounts, or 401k flex. Any remaining flex credits may be cashed-out as taxable income.
Employee only	$9,830.00	$204.79	$307.19	$409.58	Credits may be used for medical, dental, and vision insurance, basic life insurance, flexible spending accounts, or 401k flex. Any remaining flex credits may be cashed-out as taxable income.
Employee & Spouse/Domestic Partner	$18,250.00	$380.21	$570.31	$760.42	Credits may be used for medical, dental, vision, basic life insurance, or flexible spending accounts only. Any remaining flex credits may ***not*** be cashed-out or allocated to 401k flex.
Employee & Children	$15,000.00	$312.50	$468.75	$625.00	
Employee & Spouse/Domestic Partner & Children	$20,750.00	$432.29	$648.44	$864.58	
Most recent hire date on or after 7/1/2020					
Waive	$1,000.00	$20.83	$31.25	$41.67	Credits may be used for dental, vision, basic life insurance, flexible spending accounts, or 401k flex. Any remaining flex credits may be cashed-out as taxable income. During enrollment, employees must certify they have qualifying medical coverage in order to receive the cash-out option.
Employee only	$7,600.00	$158.33	$237.50	$316.67	Credits may be used for medical, dental, vision, basic life insurance, or flexible spending accounts only. Any remaining flex credits may ***not*** be cashed-out or allocated to 401k flex.
Employee & Spouse/Domestic Partner	$18,250.00	$380.21	$570.31	$760.42	
Employee & Children	$15,000.00	$312.50	$468.75	$625.00	
Employee & Spouse/Domestic Partner & Children	$20,750.00	$432.29	$648.44	$864.58	

*variances due to rounding

City FBP Credits (cont.)

POA (Police Officers Association) - Police Unit & Police Management					
Medical Plan Dependent Coverage Level (credit tier)	ANNUAL	SEMI-MONTHLY (24 PAY PERIODS)*			Notes
	FULL-TIME	1/2 TIME (40)	3/4 TIME (60)	FULL TIME (80 or 112)	
Most recent hire date prior to 7/1/2021					
Waive	$7,605.00	$158.44	$237.66	$316.88	Credits may be used for dental, vision, basic life insurance, flexible spending accounts, or 401k flex. Any remaining flex credits may be cashed-out as taxable income.
Employee only	$9,942.00	$207.13	$310.69	$414.25	Credits may be used for medical, dental, and vision insurance, basic life insurance, flexible spending accounts, or 401k flex. Any remaining flex credits may be cashed-out as taxable income.
Employee & Spouse/Domestic Partner	$15,000.00	$312.50	$468.75	$625.00	Credits may be used for medical, dental, vision, basic life insurance, or flexible spending accounts only. Any remaining flex credits may ***not*** be cashed-out or allocated to 401k flex.
Employee & Children	$13,500.00	$281.25	$421.88	$562.50	
Employee & Spouse/Domestic Partner & Children	$19,000.00	$395.83	$593.75	$791.67	
Most recent hire date on or after 7/1/2021					
Waive	$1,000.00	$20.83	$31.25	$41.67	Credits may be used for dental, vision, basic life insurance, flexible spending accounts, or 401k flex. Any remaining flex credits may be cashed-out as taxable income. During enrollment, employees must certify they have qualifying medical coverage in order to receive the cash-out option.
Employee only	$7,600.00	$158.33	$237.50	$316.67	Credits may be used for medical, dental, vision, basic life insurance, or flexible spending accounts only. Any remaining flex credits may ***not*** be cashed-out or allocated to 401k flex.
Employee & Spouse/Domestic Partner	$15,000.00	$312.50	$468.75	$625.00	
Employee & Children	$13,500.00	$281.25	$421.88	$562.50	
Employee & Spouse/Domestic Partner & Children	$19,000.00	$395.83	$593.75	$791.67	

*variances due to rounding

City FBP Credits (cont.)

DCAA (Deputy City Attorneys Association)					
Medical Plan Dependent Coverage Level (credit tier)	ANNUAL	SEMI-MONTHLY (24 PAY PERIODS)*			Notes
	FULL-TIME	1/2 TIME (40)	3/4 TIME (60)	FULL TIME (80 or 112)	
Most recent hire date prior to 7/1/2020					
Waive	$9,942.00	$207.13	$310.69	$414.25	Credits may be used for dental, vision, basic life insurance, flexible spending accounts, or 401k flex. Any remaining flex credits may be cashed-out as taxable income.
Employee only	$13,643.00	$284.23	$426.34	$568.46	Credits may be used for medical, dental, and vision insurance, basic life insurance, flexible spending accounts, or 401k flex. Any remaining flex credits may be cashed-out as taxable income.
Employee & Spouse/Domestic Partner	$18,250.00	$380.21	$570.31	$760.42	Credits may be used for medical, dental, vision, basic life insurance, or flexible spending accounts only. Any remaining flex credits may ***not*** be cashed-out or allocated to 401k flex.
Employee & Children	$16,150.00	$336.46	$504.69	$672.92	
Employee & Spouse/Domestic Partner & Children	$24,100.00	$502.08	$753.13	$1,004.17	
Most recent hire date on or after 7/1/2020					
Waive	$1,000.00	$20.83	$31.25	$41.67	Credits may be used for dental, vision, basic life insurance, flexible spending accounts, or 401k flex. Any remaining flex credits may be cashed-out as taxable income. During enrollment, employees must certify they have qualifying medical coverage in order to receive the cash-out option.
Employee only	$7,600.00	$158.33	$237.50	$316.67	Credits may be used for medical, dental, vision, basic life insurance, or flexible spending accounts only. Any remaining flex credits may ***not*** be cashed-out or allocated to 401k flex.
Employee & Spouse/Domestic Partner	$18,250.00	$380.21	$570.31	$760.42	
Employee & Children	$16,150.00	$336.46	$504.69	$672.92	
Employee & Spouse/Domestic Partner & Children	$24,100.00	$502.08	$753.13	$1,004.17	

*variances due to rounding

City FBP Credits (cont.)

Unrepresented/Unclassified (Salaried)					
Medical Plan Dependent Coverage Level (credit tier)	ANNUAL	SEMI-MONTHLY (24 PAY PERIODS)*			Notes
	FULL-TIME	1/2 TIME (40)	3/4 TIME (60)	FULL TIME (80 or 112)	
Most recent hire date prior to 7/1/2020					
Waive	$9,977.00	$207.85	$311.78	$415.71	Credits may be used for dental, vision, basic life insurance, flexible spending accounts, or 401k flex. Any remaining flex credits may be cashed-out as taxable income.
Employee only	$13,178.00	$274.54	$411.81	$549.08	Credits may be used for medical, dental, and vision insurance, basic life insurance, flexible spending accounts, or 401k flex. Any remaining flex credits may be cashed-out as taxable income.
Employee & Spouse/Domestic Partner	$17,500.00	$364.58	$546.88	$729.17	Credits may be used for medical, dental, vision, basic life insurance, or flexible spending accounts only. Any remaining flex credits may ***not*** be cashed-out or allocated to 401k flex.
Employee & Children	$16,250.00	$338.54	$507.81	$677.08	
Employee & Spouse/Domestic Partner & Children	$21,500.00	$447.92	$671.88	$895.83	
Most recent hire date on or after 7/1/2020					
Waive	$1,000.00	$20.83	$31.25	$41.67	Credits may be used for dental, vision, basic life insurance, flexible spending accounts, or 401k flex. Any remaining flex credits may be cashed-out as taxable income. During enrollment, employees must certify they have qualifying medical coverage in order to receive the cash-out option.
Employee only	$7,600.00	$158.33	$237.50	$316.67	Credits may be used for medical, dental, vision, basic life insurance, or flexible spending accounts only. Any remaining flex credits may ***not*** be cashed-out or allocated to 401k flex.
Employee & Spouse/Domestic Partner	$17,500.00	$364.58	$546.88	$729.17	
Employee & Children	$16,250.00	$338.54	$507.81	$677.08	
Employee & Spouse/Domestic Partner & Children	$21,500.00	$447.92	$671.88	$895.83	

*variances due to rounding

City FBP Credits (cont.)

Unrepresented/Unsalaried (Hourly)					
Medical Plan Dependent Coverage Level (credit tier)	ANNUAL	SEMI-MONTHLY (24 PAY PERIODS)*			Notes
	FULL-TIME	1/2 TIME (40)	3/4 TIME (60)	FULL TIME (80 or 112)	
Most recent hire date prior to 7/1/2020					
Waive	$6,294.00	$131.13	$196.69	$262.25	Credits may be used for dental, vision, basic life insurance, flexible spending accounts, or 401k flex. Any remaining flex credits may be cashed-out as taxable income.
Employee only	$9,495.00	$197.81	$296.72	$395.63	Credits may be used for medical, dental, and vision insurance, basic life insurance, flexible spending accounts, or 401k flex. Any remaining flex credits may be cashed-out as taxable income.
Employee & Spouse/Domestic Partner	$12,493.00	$260.27	$390.41	$520.54	Credits may be used for medical, dental, vision, basic life insurance, or flexible spending accounts only. Any remaining flex credits may ***not*** be cashed-out or allocated to 401k flex.
Employee & Children	$11,920.00	$248.33	$372.50	$496.67	
Employee & Spouse/Domestic Partner & Children	$14,088.00	$293.50	$440.25	$587.00	
Most recent hire date on or after 7/1/2020					
Waive	$1,000.00	$20.83	$31.25	$41.67	Credits may be used for dental, vision, basic life insurance, flexible spending accounts, or 401k flex. Any remaining flex credits may be cashed-out as taxable income. During enrollment, employees must certify they have qualifying medical coverage in order to receive the cash-out option.
Employee only	$7,600.00	$158.33	$237.50	$316.67	Credits may be used for medical, dental, vision, basic life insurance, or flexible spending accounts only. Any remaining flex credits may ***not*** be cashed-out or allocated to 401k flex.
Employee & Spouse/Domestic Partner	$12,493.00	$260.27	$390.41	$520.54	
Employee & Children	$11,920.00	$248.33	$372.50	$496.67	
Employee & Spouse/Domestic Partner & Children	$14,088.00	$293.50	$440.25	$587.00	

*variances due to rounding

Health Plan Eligibility

	Deputy City Attorneys Association San Diego	Local 127 AFSCME, AFL-CIO	San Diego City Firefighters Local 145 AFL-CIO	International Brotherhood of Teamsters	Union MEA Since 1926	SDPOA	SD Unrepresented & Unclassified
Medical Plans							
City/Kaiser Traditional (HMO)	✓	✓	✓	✓	✓	✓	✓
City/Kaiser (HMO)	✓	✓	✓	✓	✓	✓	✓
City/Cigna Scripps Select (HMO)	✓	✓	✓	✓	✓	✓	✓
City/Cigna (HMO)	✓	✓		✓	✓	✓	✓
City/Cigna (PPO)	✓	✓	✓	✓	✓	✓	✓
SDPEBA/Sharp Classic (HMO)	✓	✓		✓	✓	✓	✓
SDPEBA/Sharp Select (HMO)	✓	✓		✓	✓	✓	✓
SDPEBA/Sharp Deductible (HMO)	✓	✓		✓	✓	✓	✓
Local 145/Anthem Blue Cross (HMO)			✓				
POA ALADS/Calif. Care Basic (HMO - No Dental)						✓	
POA ALADS/Calif. Care Premier (HMO w/Dental)						✓	
Dental Plans							
City/Delta DHMO	✓		✓	✓		✓	✓
City/Delta 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)	MONTHLY	SEMI-MONTHLY*	
		POST-TAX	PRE-TAX
WAIVE MEDICAL			
Employee only	$0.00	$0.00	$0.00
City/Kaiser Traditional HMO Available to All Employees			
Employee only	$580.35	$0.00	$290.18
Employee & Spouse/Domestic Partner	$1,270.96	$0.00	$635.48
Employee & Domestic Partner (post-tax)**	$1,270.96	$345.30	$290.18
Employee & Children	$1,102.67	$0.00	$551.34
Family	$1,764.26	$0.00	$882.13
Family (Domestic Partner post-tax)**	$1,764.26	$330.79	$551.34
City/Kaiser Deductible HMO Available to All Employees			
Employee only	$446.69	$0.00	$223.35
Employee & Spouse/Domestic Partner	$978.25	$0.00	$489.13
Employee & Domestic Partner (post-tax)**	$978.25	$265.78	$223.35
Employee & Children	$848.71	$0.00	$424.36
Family	$1,357.93	$0.00	$678.97
Family (Domestic Partner post-tax)**	$1,357.93	$254.61	$424.36
City/CIGNA HMO Available to DCAA, Local 127, Local 911, MEA, POA, Unrepresented, & Unclassified			
Employee only	$1,168.81	$0.00	$584.41
Employee & Spouse/Domestic Partner	$2,559.72	$0.00	$1,279.86
Employee & Domestic Partner (post-tax)**	$2,559.72	$695.45	$584.41
Employee & Children	$2,220.72	$0.00	$1,110.36
Family	$3,553.17	$0.00	$1,776.59
Family (Domestic Partner post-tax)**	$3,553.17	$666.23	$1,110.36
City/CIGNA Scripps Select HMO Available to All Employees			
Employee only	$579.58	$0.00	$289.79
Employee & Spouse/Domestic Partner	$1,269.09	$0.00	$634.55
Employee & Domestic Partner (post-tax)**	$1,269.09	$344.76	$289.79
Employee & Children	$1,101.27	$0.00	$550.64
Family	$1,762.03	$0.00	$881.02
Family (Domestic Partner post-tax)**	$1,762.03	$330.38	$550.64
CITY/CIGNA Open Access Plan (OAP) PPO Available to All Employees			
Employee only	$1,286.77	$0.00	$643.39
Employee & Spouse/Domestic Partner	$2,818.09	$0.00	$1,409.05
Employee & Domestic Partner (post-tax)**	$2,818.09	$765.66	$643.39
Employee & Children	$2,444.87	$0.00	$1,222.44
Family	$3,911.81	$0.00	$1,955.91
Family (Domestic Partner post-tax)**	$3,911.81	$733.47	$1,222.44
SDPEBA/Sharp Classic Available to DCAA, Local 127, Local 911, MEA, POA, Unrepresented, & Unclassified			
Employee only	$670.32	$0.00	$335.16
Employee & Spouse/Domestic Partner	$1,466.20	$0.00	$733.10
Employee & Domestic Partner (post-tax)**	$1,466.20	$397.94	$335.16
Employee & Children	$1,272.26	$0.00	$636.13
Family	$2,034.70	$0.00	$1,017.35
Family (Domestic Partner post-tax)**	$2,034.70	$381.22	$636.13

Medical Plans and Costs (cont.)

MEDICAL PLANS (REQUIRED)	MONTHLY	SEMI-MONTHLY*	
		POST-TAX	PRE-TAX
SDPEBA/Sharp Select Available to DCAA, Local 127, Local 911, MEA, POA, Unrepresented, & Unclassified			
Employee only	$457.54	$0.00	$228.77
Employee & Spouse/Domestic Partner	$1,000.22	$0.00	$500.11
Employee & Domestic Partner (post-tax)**	$1,000.22	$271.34	$228.77
Employee & Children	$867.96	$0.00	$433.98
Family	$1,387.84	$0.00	$693.92
Family (Domestic Partner post-tax)**	$1,387.84	$259.94	$433.98
SDPEBA/Sharp Saver Deductible HMO Available to DCAA, Local 127, Local 911, MEA, POA, Unrepresented, & Unclassified			
Employee only	$405.38	$0.00	$202.69
Employee & Spouse/Domestic Partner	$885.98	$0.00	$442.99
Employee & Domestic Partner (post-tax)**	$885.98	$240.30	$202.69
Employee & Children	$768.86	$0.00	$384.43
Family	$1,229.26	$0.00	$614.63
Family (Domestic Partner post-tax)**	$1,229.26	$230.20	$384.43
LOCAL 145/Anthem Blue Cross Available to Local 145 Classified & Unclassified			
Employee only	$738.33	$0.00	$369.17
Employee & Spouse/Domestic Partner	$1,723.25	$0.00	$861.63
Employee & Domestic Partner (post-tax)**	$1,723.25	$492.46	$369.17
Employee & Children	$1,414.64	$0.00	$707.32
Family	$2,416.56	$0.00	$1,208.28
Family (Domestic Partner post-tax)**	$2,415.56	$500.96	$707.32
POA/ALADS California Care Basic (No Dental) Available to POA Classified & Unclassified			
Employee only	$776.45	$0.00	$388.23
Employee & Spouse/Domestic Partner	$1,620.78	$0.00	$810.39
Employee & Domestic Partner (post-tax)**	$1,620.78	$422.16	$388.23
Employee & 1 Child	$1,620.78	$0.00	$810.39
Employee & Children	$1,949.26	$0.00	$974.63
Family	$1,949.26	$0.00	$974.63
Family (Domestic Partner post-tax)**	$1,949.26	$164.24	$810.39
POA/ALADS California Care Premier (With Dental) Available to POA Classified & Unclassified			
Employee only	$794.81	$0.00	$397.41
Employee & Spouse/Domestic Partner	$1,651.31	$0.00	$825.66
Employee & Domestic Partner (post-tax)**	$1,651.31	$428.25	$397.41
Employee & 1 Child	$1,651.31	$0.00	$825.66
Employee & Children	$1,994.73	$0.00	$997.37
Family	$1,994.73	$0.00	$997.37
Family (Domestic Partner post-tax)**	$1,994.73	$171.71	$825.66

*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)	MONTHLY	SEMI-MONTHLY*	
		POST-TAX	PRE-TAX
CITY/Delta Dental DHMO Available to DCAA, Local 145, Local 911, POA, Unrepresented, and Unclassified			
Employee only	$11.71	$0.00	$5.86
Employee & Spouse/Domestic Partner	$23.39	$0.00	$11.70
Employee & Domestic Partner (post-tax)**	$23.39	$5.84	$5.86
Employee & Children	$20.47	$0.00	$10.24
Family	$36.27	$0.00	$18.14
Family (Domestic Partner post-tax)**	$36.27	$7.90	$10.24
CITY/Delta Dental DPO Available to DCAA, Local 145, Local 911, POA, Unrepresented, and Unclassified			
Employee only	$40.86	$0.00	$20.43
Employee & Spouse/Domestic Partner	$81.64	$0.00	$40.82
Employee & Domestic Partner (post-tax)**	$81.64	$20.39	$20.43
Employee & Children	$79.62	$0.00	$39.81
Family	$126.16	$0.00	$63.08
Family (Domestic Partner post-tax)**	$126.16	$23.27	$39.81
SDPEBA/MetLife DHMO Available to MEA Only			
Employee only	$21.00	$0.00	$10.50
Employee & Spouse/Domestic Partner	$40.90	$0.00	$20.45
Employee & Domestic Partner (post-tax)**	$40.90	$9.95	$10.50
Employee & Children	$40.90	$0.00	$20.45
Family	$58.46	$0.00	$29.23
Family (Domestic Partner post-tax)**	$58.46	$8.78	$20.45
SDPEBA/MetLife DPPO Available to MEA Only			
Employee only	$66.50	$0.00	$33.25
Employee & Spouse/Domestic Partner	$124.50	$0.00	$62.25
Employee & Domestic Partner (post-tax)**	$124.50	$29.00	$33.25
Employee & Children	$143.00	$0.00	$71.50
Family	$208.50	$0.00	$104.25
Family (Domestic Partner post-tax)**	$208.50	$32.75	$71.50

Dental Plans and Costs (cont.)

DENTAL PLANS (OPTIONAL)	MONTHLY	SEMI-MONTHLY*	
		POST-TAX	PRE-TAX
LOCAL 127/Dental Health Services DHMO Available to Local 127 Only			
Employee only	$20.74	$0.00	$10.37
Employee & Spouse/Domestic Partner	$36.62	$0.00	$18.31
Employee & Domestic Partner (post-tax)**	$36.62	$7.94	$10.37
Employee & 1 Child	$36.62	$0.00	$18.31
Employee & Children	$51.18	$0.00	$25.59
Family	$51.18	$0.00	$25.59
Family (Domestic Partner post-tax)**	$51.18	$7.28	$18.31
LOCAL 127/Dental Health Services DPO Available to Local 127 Only			
Employee only	$40.60	$0.00	$20.30
Employee & Spouse/Domestic Partner	$78.74	$0.00	$39.37
Employee & Domestic Partner (post-tax)**	$78.74	$19.07	$20.30
Employee & 1 Child	$78.74	$0.00	$39.37
Employee & Children	$147.30	$0.00	$73.65
Family	$147.30	$0.00	$73.65
Family (Domestic Partner post-tax)**	$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)	MONTHLY	SEMI-MONTHLY*	
		POST-TAX	PRE-TAX
CITY/VSP Available to DCAA, Local 127, Local 145, Local 911, POA, Unrepresented, and Unclassified			
Employee only	$4.70	$0.00	$2.35
Employee & Spouse/Domestic Partner	$9.40	$0.00	$4.70
Employee & Domestic Partner (post-tax)**	$9.40	$2.35	$2.35
Employee & Children	$10.05	$0.00	$5.03
Family	$16.08	$0.00	$8.04
Family (Domestic Partner post-tax)**	$16.08	$3.01	$5.03
SDPEBA/VSP Available to MEA Only			
Employee only	$18.50	$0.00	$9.25
Employee & Spouse/Domestic Partner	$32.50	$0.00	$16.25
Employee & Domestic Partner (post-tax)**	$32.50	$7.00	$9.25
Employee & Children	$32.50	$0.00	$16.25
Family	$53.50	$0.00	$26.75
Family (Domestic Partner post-tax)**	$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)	MONTHLY	SEMI-MONTHLY
Basic Life Available to MEA, Local 127 and Local 911		
$10,000	$0.30	$0.15
$25,000	$0.75	$0.38
$50,000	$1.50	$0.75
Basic Life Available to DCAA, Local 145, POA, Unrepresented and Unclassified		
$50,000	$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 plan 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	sandiegocityfirefighters.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			
DeltaCare USA DHMO	deltadentalins.com	888-335-8227	79343
Delta Dental PPO	deltadentalins.com	888-335-8227	21003
Local 127 Dental Health	dentalhealthservices.com/local127	888-789-3127	HMO-5024H PPO-5024P
MEA MetLife Dental	sdpeba.org/	888-217-9175	5343641
VISION INSURANCE			
City VSP Vision	vsp.com	800-877-7195	30057843/0001
MEA VSP Vision	sdpeba.org/	888-315-8027	
FLEXIBLE SPENDING ACCOUNTS			
HealthEquity/WageWorks	wageworks.com	877-924-3967	
FLEXIBLE SPENDING ACCOUNTS			
Principal 401(k), 401(a), SPSP, SPSP-H	principal.com/welcome	800-547-7754	
CalPERS 457(b)	Calpers.voya.com	800-260-0659	
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	

2021-2022 Calendar

The City of SAN DIEGO

2021

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

2022

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

2022

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

Pay Days/End of Pay Period

Holidays

Payroll Periods PD

This information is available in alternative formats upon request.