



City's Flexible Benefit Contribution

Effective 12/17/2023

Employee benefits begin with the City's Flexible Benefit Contribution (FBC) which is a monetary allowance negotiated between the City and an Association or is defined by Resolution. Employees use the FBC to purchase their benefits. Any unused FBC, after making benefit elections, becomes taxable cash (see chart below for limitations). However, if the costs of benefits exceed the FBC, the costs above the allowance will be paid from the employee's salary.

Employee Group	Bi-Weekly City Contribution*	Monthly City Contribution
At-Will & Department Directors	\$1,521.69	\$3,297.00**
City Council	\$1,521.69	\$3,297.00
CMCEA Employees***	\$738.46	\$1,600.00
Confidential***	\$738.46	\$1,600.00
Confidential Management	\$1,511.54	\$3,275.00
Division Managers	\$1,511.54	\$3,275.00
Fire Management	\$1,511.54	\$3,275.00
Fire Sworn****	\$978.00	\$2,119.00
Police Management****	\$978.00	\$2,119.00
Police – Sworn****	\$978.00	\$2,119.00

*26 pay periods in 2024. If an employee uses time without pay (ABS), the City's flexible benefit contribution may turn off for that pay period. See Memorandum of Understanding or Resolution for details.

**City Council is not eligible for taxable cash.

***Employees may receive up to \$1,500 (\$692.31 per paycheck) in cash.

****Employees may receive up to \$1,060 (\$489.23 per paycheck) in cash.

Mandatory Benefits	Optional Benefits	Deferred Compensation
Health* Life & AD&D Long-Term Disability Retiree Health Saving Plan (CMPA only – employee makes tax-free contribution from base salary) Employee Assistance Program (City Paid)	Accident Critical Illness Dental Flexible Spending Account Legal Services Short-Term Disability Vision Voluntary Life	401(a) Deferred Compensation (Applies to designated positions) 457 Deferred Compensation (Available to all employees)

*An employee may waive (decline) health insurance with proof of outside group insurance. Acceptable proof is an employer's letter from spouse/domestic partner/parent stating that you have insurance under their group policy or a letter from a military health plan (TRICARE) or a copy of your group health insurance ID card.

Mandatory Benefit Premiums

Health Insurance

Plan	Coverage	Region 2*		Region 3*	
		Total Bi-Weekly Premium**	Total Monthly Premium	Total Bi-Weekly Premium**	Total Monthly Premium
Anthem Select HMO <i>Small Network</i>	Employee	\$372.79	\$807.71	\$388.21	\$841.13
	Employee + 1	\$745.58	\$1,615.42	\$776.43	\$1,682.26
	Family	\$969.25	\$2,100.05	\$1,009.36	\$2,186.94
Anthem Traditional HMO <i>Large Network</i>	Employee	\$477.41	\$1,034.38	\$467.39	\$1,012.67
	Employee + 1	\$954.81	\$2,068.76	\$934.77	\$2,025.34
	Family	\$1,241.26	\$2,689.39	\$1,215.20	\$2,632.94
Blue Shield Access+ HMO <i>Large Network</i>	Employee	\$401.14	\$869.14	\$349.22	\$756.65
	Employee + 1	\$802.28	\$1,738.28	\$698.45	\$1,513.30
	Family	\$1,042.97	\$2,259.76	\$907.98	\$1,967.29
Blue Shield Trio HMO <i>Small Network</i>	Employee	\$373.96	\$810.24	\$325.24	\$704.69
	Employee + 1	\$747.91	\$1,620.48	\$650.48	\$1,409.38
	Family	\$972.29	\$2,106.62	\$845.63	\$1,832.19
Health Net Salud Y Más HMO <i>Small Network</i>	Employee	\$316.05	\$684.77	\$290.83	\$630.13
	Employee + 1	\$632.10	\$1,369.54	\$581.66	\$1,260.26
	Family	\$821.72	\$1,780.40	\$756.16	\$1,638.34
Kaiser Permanente HMO <i>Full Service</i>	Employee	\$417.67	\$904.95	\$399.42	\$865.41
	Employee + 1	\$835.34	\$1,809.90	\$798.84	\$1,730.82
	Family	\$1,085.94	\$2,352.87	\$1,038.49	\$2,250.07
Sharp Performance Plus HMO <i>Large Network</i> <i>San Diego/So. Inland Empire</i>	Employee	\$384.57	\$833.24	N/A	N/A
	Employee + 1	\$769.14	\$1,666.48	N/A	N/A
	Family	\$999.89	\$2,166.42	N/A	N/A
UnitedHealthcare Signature Value Alliance HMO <i>Large Network</i>	Employee	\$386.71	\$837.88	\$381.43	\$826.44
	Employee + 1	\$773.43	\$1,675.76	\$762.87	\$1,652.88
	Family	\$1,005.46	\$2,178.49	\$991.73	\$2,148.74
UnitedHealthcare Signature Value Harmony HMO <i>Small Network</i>	Employee	\$365.84	\$792.65	\$339.12	\$734.76
	Employee + 1	\$731.68	\$1,585.30	\$678.24	\$1,469.52
	Family	\$951.18	\$2,060.89	\$881.71	\$1,910.38
PERS Gold PPO <i>Small Network - 80/20 Benefit</i> <i>Anthem Blue Cross</i>	Employee	\$368.97	\$799.44	\$362.44	\$785.28
	Employee + 1	\$737.94	\$1,598.88	\$724.87	\$1,570.56
	Family	\$959.33	\$2,078.54	\$942.34	\$2,041.73
PERS Platinum PPO <i>Large Network - 90/10 Benefit</i> <i>Anthem Blue Cross</i>	Employee	\$531.46	\$1,151.50	\$522.22	\$1,131.47
	Employee + 1	\$1,062.92	\$2,303.00	\$1,044.43	\$2,262.94
	Family	\$1,381.80	\$2,993.90	\$1,357.76	\$2,941.82
PORAC PPO <i>Anthem Blue Cross</i> <i>For Fire, Fire/Police Mgt</i>	Employee	\$427.38	\$926.00	\$427.38	\$926.00
	Employee + 1	\$859.85	\$1,863.00	\$859.85	\$1,863.00
	Family	\$1,094.31	\$2,371.00	\$1,094.31	\$2,371.00

*Region 2: Orange, San Diego, & Other Southern Counties; Region 3: Los Angeles, Riverside, & San Bernardino Counties.

**Pre-tax deduction.

Life & AD&D Insurance

Plan	Death Benefit	Bi-Weekly Premium*	Monthly Premium
New York Life	\$50,000 Employee \$2,000 Dependents (Life Only)**	\$3.80	\$8.24

*Pre-tax deduction.

**Unmarried children eligible up to age 21, 21 to 24 who are full-time students and primarily supported by you, and age 21+ with medical disability certification.

Long-Term Disability Insurance

Employee Group	Plan	Elimination Period (Waiting Period)	Maximum Benefit Period	Benefit Percentage Of Earnings	Maximum Monthly Benefit	Bi-Weekly Premium*	Monthly Premium
City Council CMCEA Confidential Management Police Mgt.	New York Life	60 days from date of disability**	If age 62 or younger: to age 65 or the date the 42 nd monthly benefit is payable, if later; if age 63 or older: based on a sliding scale – see summary for details	66.67%	\$7,000	.0060 x salary	.0060 x salary
Fire	California Association of Professional Firefighters (CAPF)	30 days***	Lifetime for sickness, accident, and pregnancy	100% catastrophic for up to 30 months; 80% non-industrial; 70% industrial	\$10,000	\$13.62	\$29.50
Police	California Law Enforcement Association (CLEA)	30/60 days****	Lifetime for sickness, accident, and pregnancy (non-industrial and industrial cause); 2 years for "own occupation" – see benefit summary for details	100% catastrophic for up to 30 months; 85% non-industrial; 70% industrial	\$10,000	\$14.77	\$32.00

*After-tax deduction.

**Excludes pre-existing conditions (including pregnancy) when they occur during a 3-month period before the most recent effective date of insurance. This limitation will not apply to a period of disability that begins after coverage for at least 12 months after your most recent effective date of insurance. Please see policy summary/certificate for further details.

***Elimination period may be reduced based on lack of personal leave down to zero days with a reduced benefit.

****30 calendar days – if less than 60 days of personal leave, may receive 70% of wages after 30 days. Otherwise, 60 calendar days.

Retirement Health Savings Plan

Plan	Group	Employee's Tax-Free Contribution	City's Contribution
MissionSquare Retirement	Police	1% of bi-weekly base salary	1% of base salary

Optional Benefit Premiums

Accident Insurance

Plan	Coverage	Bi-Weekly Premium*	Monthly Premium
Lincoln Financial Group	Employee	\$4.51	\$9.78
	Employee + Spouse/Partner	\$7.68	\$16.65
	Employee + Children**	\$8.59	\$18.61
	Family**	\$11.66	\$25.26

*After-tax deduction.

**Children eligible through age 25.

Critical Illness Insurance

Plan	Coverage*		Employee / + Children		Family	
	Age Bracket	Benefit**	Bi-Weekly Premium***	Monthly Premium	Bi-Weekly Premium***	Monthly Premium
Lincoln Financial Group	Under 29	\$10,000	\$3.17	\$6.87	\$5.64	\$12.23
	30-39	\$10,000	\$4.46	\$9.67	\$8.22	\$17.82
	40-49	\$10,000	\$7.62	\$16.50	\$14.54	\$31.50
	50-59	\$10,000	\$13.53	\$29.31	\$26.36	\$57.11
	60-69	\$10,000	\$23.58	\$51.08	\$46.46	\$100.66
	70+	\$10,000	\$30.00	\$65.01	\$59.31	\$128.50
	Under 29	\$20,000	\$6.34	\$13.74	\$11.29	\$24.46
	30-39	\$20,000	\$8.93	\$19.34	\$16.45	\$35.64
	40-49	\$20,000	\$15.23	\$33.00	\$29.08	\$63.00
	50-59	\$20,000	\$27.06	\$58.62	\$52.72	\$114.22
	60-69	\$20,000	\$47.15	\$102.16	\$92.92	\$201.32
	70+	\$20,000	\$60.01	\$130.02	\$118.62	\$257.00
	Under 29	\$30,000	\$9.51	\$20.61	\$16.93	\$36.69
	30-39	\$30,000	\$13.39	\$29.01	\$24.67	\$53.46
	40-49	\$30,000	\$22.85	\$49.50	\$43.62	\$94.50
	50-59	\$30,000	\$40.58	\$87.93	\$79.08	\$171.33
	60-69	\$30,000	\$70.73	\$153.24	\$139.38	\$301.98
	70+	\$30,000	\$90.01	\$195.03	\$177.92	\$385.50

*Employee must be under age 65 to apply for coverage. Children eligible through age 25.

**Children have 50% of employee's initial benefit.

***After-tax deduction. No premium for children. When the employee reaches the next age bracket, the premium increases on January 1.

Dental Insurance

Plan	Coverage*	Bi-Weekly Premium**	Monthly Premium
DeltaCare USA HMO	Employee	\$7.75	\$16.80
	Employee + 1	\$13.80	\$29.90
	Family	\$20.22	\$43.80
Delta Dental PPO Low Plan: \$1,000	Employee	\$20.68	\$44.80
	Employee + 1	\$40.57	\$87.90
	Family	\$64.98	\$140.80
Delta Dental PPO High Plan: \$2,000	Employee	\$23.58	\$51.10
	Employee + 1	\$46.34	\$100.10
	Family	\$74.26	\$160.90

*Children eligible through age 25 and those with medical disability certification.

**Pre-tax deduction.

Flexible Savings Account (FSA)

Administrator	Account Type	Annual Maximum Contribution*	Plan Year Period**	Expense Period***	Claims Filing Period****
Navia Benefit Solutions	Dependent Care	\$5,000	1/1/2024 through 12/31/2024	1/1/2024 through 3/15/2025	1/1/2024 through 3/31/2025
	Health FSA	\$3,200			

*Pre-tax salary contributions (contributions do not come from the City's Flexible Benefit Contribution).

**For new hires, the plan year begins on the 1st day of the month following their hire dates through 12/31/2024.

***For new hires, the expense period begins on the 1st day of the month following their hire dates through 3/15/2025.

****Employees must submit claims no later than 90 days after the end of the plan year. However, a former employee must submit all claims within 90 days after the last day of employment. All claims submitted after that time will not be reimbursable.

Legal Services

Plan	Coverage	Bi-Weekly Premium*	Monthly Premium
MetLife Legal	Employee/+ Family	\$9.00	\$19.50
	Employee/+ Family + Parents**	\$11.77	\$25.50

*After-tax deduction.

**Also includes stepparents, parents in-law, and stepparents in-law.

Short-Term Disability Insurance

Plan	Weekly Benefit	Monthly Benefit	Minimum Annual Income Requirement	Bi-Weekly Premium*	Monthly Premium
Lincoln Financial Group	\$400	\$1,600	\$39,648	\$14.95	\$32.40
	\$500	\$2,000	\$51,648	\$18.69	\$40.50
	\$600	\$2,400	\$59,736	\$22.43	\$48.60
	\$700	\$2,800	\$69,300	\$26.17	\$56.70
	\$800	\$3,200	\$77,388	\$29.91	\$64.80
	\$900	\$3,600	\$85,932	\$33.65	\$72.90
	\$1,000	\$4,000	\$87,216	\$37.38	\$81.00

*After-tax deduction.

Vision Insurance

Plan Name	Coverage*	Bi-Weekly Premium*	Monthly Premium
VSP	Employee	\$6.18	\$13.40
	Employee + 1	\$12.23	\$26.50
	Family	\$19.48	\$42.20

*Children eligible through age 25 and those with medical disability certification.

**Pre-tax deduction.

Voluntary Life Insurance*

Employee's Age	Monthly Premium Per \$10,000 Unit	*After-tax deduction. The monthly premium for children is \$1.80 for \$10,000 coverage. One premium insures all eligible children. Maximum Coverage: Employee – the lesser of 5 times your annual salary or \$500,000 Spouse/Partner – 50% of employee's coverage amount Children – \$10,000 Calculate Your Monthly Premium: Premium increases on January 1 when the employee reaches the next age bracket 1. Find your age group in the table; 2. Multiply the rate by the desired number of coverage units; 3. Using your age, calculate the premium for your spouse/partner; 4. Add the premiums for you, your spouse/partner, and your children to get your total monthly premium.
Under 30	\$0.90	
30 to 34	\$1.00	
35 to 39	\$1.40	
40 to 44	\$2.10	
45 to 49	\$3.70	
50 to 54	\$6.20	
55 to 59	\$10.50	
60 to 64	\$13.20	
65 to 69	\$22.90	
70 to 74	\$44.80	
75 & over	\$76.70	

Deferred Compensation

401(a) Deferred Compensation

For designated positions only, annual maximum based on IRS rules

Group/Position	Employee's Bi-weekly Contribution	City's Contribution
At-Will Executives & Department Directors	Optional	\$15,000 annual contribution
Confidential Managers	Optional	0.5% bi-weekly contribution for any executive whose management group elects to participate; contribution will be reflected in annual total compensation calculation
Division Managers	Optional	0.5% bi-weekly contribution for any executive whose management group elects to participate; contribution will be reflected in annual total compensation calculation
Police Captain	Optional	0.5% bi-weekly contribution

457 Deferred Compensation

Maximum Contribution:

- ✓ **Employees Less Than Age 50 @ \$23,000**
- ✓ **Employees Age 50+ @ \$30,500**

Deferred compensation participation is available to all full-time employees. The City's contribution to deferred compensation is specified by Resolution or Memorandum of Understanding for positions/designated groups as follows:

Group/Position	Employee's Contribution	City's Contribution
City Manager	Not applicable	IRS maximum allowable including applicable catch-up provisions
CMCEA	Optional	Contingent upon employee's contribution, the City annually contributes up to 0.5% of annual base salary for the payroll calendar year; if the City's contribution is over the IRS allowable maximum, the overage is instead paid as earnings
Confidential	Optional	Contingent upon employee's contribution, the City annually contributes up to 0.5% of annual base salary for the payroll calendar year; if the City's contribution is over the IRS allowable maximum, the overage is instead paid as earnings
Police	Optional	Effective 7/14/2024, 0.5% of base salary; contributions are per year only and expire on the last payroll of the calendar year

2024 Payroll Dates

PAYROLL	1ST DAY OF PAY PERIOD	LAST DAY OF PAY PERIOD	PAYDAY
24-01	12/17/2023	12/30/2023	1/5/2024
24-02	12/31/2023	1/13/2024	1/19/2024
24-03	1/14/2024	1/27/2024	2/2/2024
24-04	1/28/2024	2/10/2024	2/16/2024
24-05	2/11/2024	2/24/2024	3/1/2024
24-06	2/25/2024	3/9/2024	3/15/2024
24-07	3/10/2024	3/23/2024	3/29/2024
24-08	3/24/2024	4/6/2024	4/12/2024
24-09	4/7/2024	4/20/2024	4/26/2024
24-10	4/21/2024	5/4/2024	5/10/2024
24-11	5/5/2024	5/18/2024	5/24/2024
24-12	5/19/2024	6/1/2024	6/7/2024
24-13	6/2/2024	6/15/2024	6/21/2024
24-14	6/16/2024	6/29/2024	7/5/2024
24-15	6/30/2024	7/13/2024	7/19/2024
24-16	7/14/2024	7/27/2024	8/2/2024
24-17	7/28/2024	8/10/2024	8/16/2024
24-18	8/11/2024	8/24/2024	8/30/2024
24-19	8/25/2024	9/7/2024	9/13/2024
24-20	9/8/2024	9/21/2024	9/27/2024
24-21	9/22/2024	10/5/2024	10/11/2024
24-22	10/6/2024	10/19/2024	10/25/2024
24-23	10/20/2024	11/2/2024	11/8/2024
24-24	11/3/2024	11/16/2024	11/22/2024
24-25	11/17/2024	11/30/2024	12/6/2024
24-26	12/1/2024	12/14/2024	12/20/2024