



The City contributes the following towards employee benefits (Health, Life & AD&D, and Long-Term Disability Insurance) as follows:

FLEXIBLE BENEFIT CONTRIBUTION EFFECTIVE DECEMBER 18, 2022		
EMPLOYEE GROUP	BI-WEEKLY CITY CONTRIBUTION*	MONTHLY CITY CONTRIBUTION
At-Will & Department Directors	\$1,355.08	\$2,936.00
City Council	\$1,355.08	\$2,936.00
CMCEA Employees**	\$715.38	\$1,550.00
Confidential**	\$715.38	\$1,550.00
Confidential Management	\$1,343.08	\$2,910.00
Division Managers	\$1,343.08	\$2,910.00
Fire Management	\$1,343.08	\$2,910.00
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 2023. 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 for details.

\*\*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
Health Life & AD&D Long-Term Disability  Employee Assistance Program (City Paid)	Accident Critical Illness Dental Flexible Spending Account MetLife Legal Short-Term Disability Vision Voluntary Life

## -MANDATORY BENEFITS-

Full-time employees must enroll in these mandatory benefits:

- Health
- Life & AD&D
- Long-Term Disability

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.

### LIFE & AD&D INSURANCE

PROVIDER	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	PROVIDER	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 <sup>nd</sup> 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	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	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	\$12.46	\$27.00

\*After-tax deduction.

\*\*Excludes pre-existing conditions (including pregnancy) when they occur during a three-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.

## CALPERS HEALTH INSURANCE

PROVIDER	COVERAGE*	REGION 2 BI-WEEKLY PREMIUM *	REGION 2 MONTHLY PREMIUM	REGION 3 BI-WEEKLY PREMIUM*	REGION 3 MONTHLY PREMIUM
ANTHEM SELECT HMO Small Network	Employee	\$353.25	\$765.37	\$340.57	\$737.91
	Employee + 1	\$706.50	\$1,530.74	\$681.15	\$1,475.82
	Family	\$918.44	\$1,989.96	\$885.49	\$1,918.57
ANTHEM TRADITIONAL HMO Large Network	Employee	\$431.59	\$935.12	\$435.11	\$942.73
	Employee + 1	\$863.19	\$1,870.24	\$870.21	\$1,885.46
	Family	\$1,122.14	\$2,431.31	\$1,131.28	\$2,451.10
BLUE SHIELD ACCESS+ HMO Large Network	Employee	\$388.90	\$842.61	\$340.75	\$738.29
	Employee + 1	\$777.79	\$1,685.22	\$681.50	\$1,476.58
	Family	\$1,011.13	\$2,190.79	\$885.95	\$1,919.55
BLUE SHIELD TRIO HMO Small Network	Employee	\$351.10	\$760.71	\$305.30	\$661.49
	Employee + 1	\$702.19	\$1,521.42	\$610.61	\$1,322.98
	Family	\$912.85	\$1,977.85	\$793.79	\$1,719.87
HEALTH NET SALUD Y MÁS HMO Small Network	Employee	\$322.57	\$698.91	\$279.85	\$606.34
	Employee + 1	\$645.15	\$1,397.82	\$559.70	\$1,212.68
	Family	\$838.69	\$1,817.17	\$727.61	\$1,576.48
HEALTH NET SMARTCARE HMO Large Network	Employee	\$385.22	\$834.65	\$348.60	\$755.29
	Employee + 1	\$770.45	\$1,669.30	\$697.19	\$1,510.58
	Family	\$1,001.58	\$2,170.09	\$906.35	\$1,963.75
KAISER PERMANENTE HMO Full Service	Employee	\$349.02	\$756.21	\$348.30	\$754.64
	Employee + 1	\$698.04	\$1,512.42	\$696.59	\$1,509.28
	Family	\$907.45	\$1,966.15	\$905.57	\$1,962.06
SHARP PERFORMANCE PLUS HMO Large Network San Diego/Southern Inland Empire	Employee	\$353.06	\$764.96	N/A	N/A
	Employee + 1	\$706.12	\$1,529.92		
	Family	\$917.95	\$1,988.90		
UNITEDHEALTHCARE SIGNATURE VALUE ALLIANCE HMO Large Network	Employee	\$366.29	\$793.63	\$364.83	\$790.46
	Employee + 1	\$732.58	\$1,587.26	\$729.66	\$1,580.92
	Family	\$952.36	\$2,063.44	\$948.55	\$2,055.20
UNITEDHEALTHCARE SIGNATURE VALUE HARMONY HMO Small Network	Employee	\$360.73	\$781.58	\$329.33	\$713.55
	Employee + 1	\$721.46	\$1,563.16	\$658.66	\$1,427.10
	Family	\$937.90	\$2,032.11	\$856.26	\$1,855.23
PERS GOLD PPO Small Network - 80/20 Benefit Anthem Blue Cross	Employee	\$321.20	\$695.93	\$314.02	\$680.37
	Employee + 1	\$642.40	\$1,391.86	\$628.03	\$1,360.74
	Family	\$835.12	\$1,809.42	\$816.44	\$1,768.96
PERS PLATINUM PPO Large Network - 90/10 Benefit Anthem Blue Cross	Employee	\$468.37	\$1,014.80	\$458.12	\$992.59
	Employee + 1	\$936.74	\$2,029.60	\$916.24	\$1,985.18
	Family	\$1,217.76	\$2,638.48	\$1,191.11	\$2,580.73
PORAC PPO Anthem Blue Cross For Fire, Fire/Police Mgmt.	Employee	\$378.46	\$820.00	\$378.46	\$820.00
	Employee + 1	\$761.54	\$1,650.00	\$738.46	\$1,600.00
	Family	\$969.23	\$2,100.00	\$969.23	\$2,100.00

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

Region 2: Orange, San Diego, and Other Southern Counties.

Region 3: Los Angeles, Riverside, and San Bernardino Counties.

## -OPTIONAL BENEFITS-

### ACCIDENT INSURANCE

PROVIDER	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

PROVIDER	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 a 50% Initial Benefit.

\*\*\*After-tax deduction. There is no additional premium for children. When the employee reaches the next age bracket, premium increases on January 1.

### DENTAL INSURANCE

PROVIDER/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	\$21.37	\$46.30
	Employee + 1	\$41.95	\$90.90
	Family	\$67.20	\$145.60
Delta Dental PPO High Plan: \$2,000	Employee	\$24.37	\$52.80
	Employee + 1	\$47.91	\$103.80
	Family	\$76.80	\$166.40

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

\*\*Pre-tax deduction.

## FLEXIBLE SAVINGS ACCOUNT (FSA)

PLAN NAME	ANNUAL MAXIMUM CONTRIBUTION*	CLAIMS 3 <sup>RD</sup> PARTY ADMINISTRATOR	PLAN YEAR	EXPENSE PERIOD	CLAIMS FILING PERIOD**
Dependent Care Account	\$ 5,000.00	Navia Benefit Solutions	1/01/2023 to 12/31/2023	1 <sup>st</sup> of next month to 3/15/2024	1 <sup>st</sup> of next month to 3/31/2024
Health FSA	\$ 3,050.00				

\*Pre-tax salary contributions.

\*\*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.

## METLIFE LEGAL

COVERAGE	BI-WEEKLY PREMIUM*	MONTHLY PREMIUM
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

PROVIDER	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**
Vision Service Plan (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	
Under 30	\$0.90	<p>*After-tax deduction. The monthly premium for children is \$1.80 for \$10,000 coverage. One premium insures all eligible children.</p> <p><b>Maximum Coverage:</b>                      Employee – the lesser of 5 times your annual salary or \$500,000                      Spouse/Partner – 50% of employee's coverage amount                      Children – \$10,000</p> <p><b>Calculate Your Monthly Premium:</b> Premium increases on January 1 when the employee reaches the next age bracket</p> <ol style="list-style-type: none"> <li>Find your age group in the table;</li> <li>Multiply the rate by the desired number of coverage units;</li> <li>Using your age, calculate the premium for your spouse/partner;</li> <li>Add the premiums for you, your spouse/partner, and your children to get your total monthly premium.</li> </ol>
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	

## 2023 PAYROLL DATES

PAYROLL	1ST DAY OF PAY PERIOD	LAST DAY OF PAY PERIOD	PAYDAY
23-01	18-Dec-22	31-Dec-22	6-Jan-23
23-02	1-Jan-23	14-Jan-23	20-Jan-23
23-03	15-Jan-23	28-Jan-23	3-Feb-23
23-04	29-Jan-23	11-Feb-23	17-Feb-23
23-05	12-Feb-23	25-Feb-23	3-Mar-23
23-06	26-Feb-23	11-Mar-23	17-Mar-23
23-07	12-Mar-23	25-Mar-23	31-Mar-23

23-08	26-Mar-23	8-Apr-23	14-Apr-23
23-09	9-Apr-23	22-Apr-23	28-Apr-23
23-10	23-Apr-23	6-May-23	12-May-23
23-11	7-May-23	20-May-23	26-May-23
23-12	21-May-23	3-Jun-23	9-Jun-23
23-13	4-Jun-23	17-Jun-23	23-Jun-23

23-14	18-Jun-23	1-Jul-23	7-Jul-23
23-15	2-Jul-23	15-Jul-23	21-Jul-23
23-16	16-Jul-23	29-Jul-23	4-Aug-23
23-17	30-Jul-23	12-Aug-23	18-Aug-23
23-18	13-Aug-23	26-Aug-23	1-Sep-23
23-19	27-Aug-23	9-Sep-23	15-Sep-23
23-20	10-Sep-23	23-Sep-23	29-Sep-23

23-21	24-Sep-23	7-Oct-23	13-Oct-23
23-22	8-Oct-23	21-Oct-23	27-Oct-23
23-23	22-Oct-23	4-Nov-23	10-Nov-23
23-24	5-Nov-23	18-Nov-23	24-Nov-23
23-25	19-Nov-23	2-Dec-23	8-Dec-23
23-26	3-Dec-23	16-Dec-23	22-Dec-23