



HR Alert



Employee Payroll Deductions for 2015

Make sure to check the payroll deductions listed on your 1/9/15 paycheck to make sure that the following are correct for 2015:

- The deduction for the medical and dental plans you are enrolled in as of 1/1/15. (Please see the attached health rate sheets and look at the

plans you are enrolled in, and compare that to the deduction information in the box on your paycheck.) The health rates can also be found on the Employee Dashboard website, or you can refer to your copy of your 2015 Cafeteria Plan Form.

- Your deferral amount for the ICMA deferred compensation plans (if applicable); and
- Your PayFlex Section 125 Flexible Spending election(s) (if applicable).

Issue 2015-01

January 9, 2015

City of San Clemente
Human Resources

Sam Penrod
Human Resources Manager
361-8313
PenrodS@san-clemente.org

Julie Schmidt
Human Resources Analyst II
361-8324
SchmidtJ@san-clemente.org

Hanne Thordahl
Human Resources Analyst II
361-8203
ThordahlJ@san-clemente.org

Meredith Scott
Human Resources Technician
361-8353
Scottm@san-clemente.org

Transition to CalPERS Retirement

On June 9, 2014, the City transitioned all active full-time, job-share, and benefited part-time City employees to the California Public Employees' Retirement System (CalPERS).

As of June 9, 2014 eligible active City employees became members of CalPERS for the City's defined benefit retirement plan.

CalPERS also provides the City's medical plans for eligible employees.

You can create an online account to access your CalPERS retirement information and medical insurance information via <https://my.calpers.ca.gov>.

If you have any questions about your CalPERS

retirement account or online access, please contact CalPERS at (888) CalPERS or (888) 225-7377.



Check Your Address on Your Pay Stub - IMPORTANT

Check the address listed on your direct deposit pay stub dated 1/9/15 to make sure it is correct. This is the address that will be used to mail your

W2 information for filing your taxes. If it is not correct, print the Employee Change Form from the Employee

Dashboard website, and send it over to HR immediately.



Inside this issue:

Health Rate Changes for 2015	2
2015 Cafeteria Plan Allowance	2
New ID Cards for Changes	2
Maintaining Accurate Health Enrollment	3
Life Changes and the PayFlex Flexible Spending Plans	3
Using Your Health Benefits	3
Finding a Provider	3
IRS Mileage Rate Change	3
Employee Dashboard Website	4
2015 Health Rates	5

Health Rate Changes for 2015

The City's health rates changed effective January 1, 2015. The 2015 deductions for your coverage will show on your paycheck dated January 9, 2015.

The monthly Cafeteria Plan Allowance for medical and dental insurance for full-time employees for 2015 is shown in the table below.

If you have any questions, or the information shown on your paycheck is incorrect, please contact Julie Schmidt in Human Resources at ext. 324.

The Cafeteria Plan Allowance the City provides eligible employees for medical and dental insurance remained unchanged from 2014.

Please refer to the attached rate sheets for information about the Health Rates for the City's benefited part-time and job-share employees.

Vision insurance remains City-paid for 2015 for eligible employees.

2015 Cafeteria Plan Allowance Per Pay Period for Full-Time Employees for Medical & Dental Insurance

NOTE: This does not include costs for VSP Vision as this remains City-paid for Eligible Employees for 2015 and is not part of the Cafeteria Plan

Coverage Tier	2015 Cafeteria Plan Allowance Per Pay Period For Full-time Employees For Medical & Dental Insurance
Employee Only	\$262.72
Employee + 1 Dependent	\$516.20
Employee + Family	\$684.52

If You Made A Change to Your Medical and/or Dental Plans for 2015, Make Sure You Received Your New ID Card(s)

If you made a change during open enrollment to your medical and/or dental plan for 2015, make sure you and your dependents have received new ID cards from the provider(s).

If you did not receive your card(s), make sure to contact the carrier using the contact information found on the Employee Dashboard website.

Remember that the VSP vision plan does not provide ID cards.



Employee Responsibility for Maintaining Accurate Enrollment

As an employee, remember that it is **your responsibility** to ensure that the medical, dental, vision and other benefit enrollment information about you and your dependents is accurate and that you report any necessary changes to Human Resources immediately.



Dependents eligible to be covered under the City's health plans are: spouse; registered domestic partner; children to age 26; and certified disabled dependent children over age 26. Former spouses cannot be covered under the City's plans under any circumstances.

Changes you need to report

immediately to HR include: address and/or phone number changes; marital status; death of a spouse or dependent; dependent turning age 26; or any other events that would effect the enrollment in the City's medical, dental, or vision plans for you or any of your dependents. **It's against the law to enroll or cover ineligible dependents under the City's health plans. Failure to maintain current and accurate health enrollment information will result in you being liable to reimburse the City for retroactive premiums and pay the carriers for any claims that have occurred.**

Remember, if you have a life change (marriage, birth, etc.) you have 60 days

from the event date to enroll new dependents in your coverage outside of the annual open enrollment period. After the 60 day period, they will be subject to a 90 day waiting period for benefits to begin starting on the date HR receives the completed enrollment forms and the proper documentation regarding the change.

Below is contact information for our medical and dental providers if you would like to contact them to verify your dependent enrollment information.

- CalPERS (888) 225-7377
- Delta Dental Premier (888) 335-8227
- Delta Care HMO (800) 422-4234

Life Changes and the PayFlex Flexible Spending Plans

Your annual election under the Health Care or Dependent Care Flexible Spending Plans is irrevocable unless you experience certain life events during the year (change in marital status, number of dependents,

dependent loss of eligibility, change in employment status, etc.).

If you experience a life change, the Plan allows a 60 day period from the date of the life change in which employees can enroll or make changes

to their elections. It is your responsibility to notify Julie Schmidt in Human Resources when you have a life change if you'd like to enroll or change your elections under the PayFlex Flexible Spending Plans.

Using your Medical, Dental & Vision Benefits

The City's medical and dental plans provide individual insurance cards for employees and all enrolled dependents. Present these cards when using your medical and dental benefits.

Remember that the City's vision plan, VSP, does not provide insurance cards. Employees and enrolled dependents use the primary subscriber's (the City employee's) social security number to use the benefit.

If you need to order new insurance cards for the medical or dental plans, please contact the providers by using the contact information found on the Employee Dashboard website.

Finding a Provider for the Medical, Dental & Vision Plans

The Employee Dashboard website contains links to all of the various websites to find providers for the City's insurance plans. This can be found on

the Employee Dashboard website under "Benefits Information". For instructions on accessing the

Employee Dashboard, please see page 4 of this Alert.



IRS Mileage Rate Change Effective January 2015

The Internal Revenue Service issued the 2015 standard mileage rates which the City follows. Beginning for travel on or after January 1, 2015, the standard

mileage rate for the use of your vehicle will be 57.5 cents per mile (\$.575) for business miles driven. The rate for business miles driven during 2015

increased one and one-half cent from the 2014 rate. Please use the new rate accordingly.



**City of San Clemente
Human Resources
Department**

100 Avenida Presidio
San Clemente, CA 92672

Phone: 949-361-8353
Fax: 949-361-8300

Remember that HR Alerts contain important information about your benefits. Make sure you pay special attention to them and also share the information with any family members that are covered under your benefits.

We Value Your Comments & Feedback!

Please feel free to contact any of us in the HR office if you have any suggestions or comments about the HR processes or if there's anything we can do to meet your HR-related needs.

Employee Dashboard (Formerly Called the "HR Intranet")

Check out the Employee Dashboard that's full of useful information for employees!

Remember that HR administrative forms need to be downloaded from the Employee Dashboard because the latest versions are there. Make sure you are getting all of your HR forms from the Employee Dashboard to avoid having the form returned because it is outdated.

You can access the Employee Dashboard to: view information about open enrollment; find information about various benefit plans; find providers in the various health plans; and gain access to lots of other HR- related information.

We hope the Employee Dashboard provides you with a great deal of useful information.

Please contact HR if you have an idea of something helpful to be added to the Employee Dashboard.

The following items are accessible on the Employee Dashboard for your review and use:

- Benefits Information
- City Apparel Information
- Employee Forms
- Employee Training
- Leave of Absence Information
- Personnel Rules & Policies
- Promotional Opportunities
- Safety Program Forms & Information
- Wellness Program Forms & Information

Instructions for Accessing the Employee Dashboard:

- The "City Employee Dashboard" is available by visiting the City's website at <http://san-clemente.org/> and clicking on "I AM A... > City Employee (Restricted Access)".

- A login screen will appear and you will need to use the following login credentials:

Email: scemployee@san-clemente.org

Password: 100Presidio

- This will open up the Dashboard, which will provide you access to the restricted HR menu items.



MEDICAL & DENTAL RATES EFFECTIVE 1/1/15

For employees who live in the counties of: Riverside, Orange, Imperial, and San Diego.

Note: Make sure the plan you choose is available in your area.

If you live in LA or San Bernardino County contact HR for rates.

Note: These Rates DO NOT Include the VSP Vision Costs as those are City-paid

Coverage Tier	Plans	Medical Cost Per Pay Period	Dental Cost Per Pay Period	Total Cost Per Pay Period For Medical & Dental	Cafeteria Plan Allowance for Medical & Dental ONLY Per Pay Period (City Contribution)	Bi-Wkly Employee Cost Per Pay Period	Bi-Weekly City Cost Per Pay Period
	<u>Anthem Blue Cross Select HMO</u>						
Employee Only	Employee only (FT) w/Delta Dental Premier	301.83	34.20	336.03	262.72	73.31	262.72
	Employee only (FT) w/Delta Care Dental HMO	301.83	7.35	309.18	262.72	46.46	262.72
	Employee only (Job Share) w/Delta Dental Premier	301.83	34.20	336.03	262.72	73.31	262.72
	Employee only (Job Share) w/Delta Care Dental HMO	301.83	7.35	309.18	262.72	46.46	262.72
	Employee only (Ben PT) w/Delta Dental Premier	301.83	34.20	336.03	262.72	73.31	262.72
	Employee only (Ben PT) w/Delta Care Dental HMO	301.83	7.35	309.18	262.72	46.46	262.72
Employee + 1 Dependent	Employee (FT) + 1 Dependent w/Delta Dental Premier	603.66	58.90	662.56	516.20	146.36	516.20
	Employee (FT) + 1 Dependent w/Delta Care Dental HMO	603.66	13.20	616.86	516.20	100.66	516.20
	Employee (Job Share) + 1 Dependent w/Delta Dental Premier	603.66	58.90	662.56	341.22	321.34	341.22
	Employee (Job Share) + 1 Dependent w/Delta Care Dental HMO	603.66	13.20	616.86	341.22	275.64	341.22
	Employee (Ben PT) + 1 Dependent w/Delta Dental Premier	603.66	58.90	662.56	259.68	402.88	259.68
	Employee (Ben PT) + 1 Dependent w/Delta Care Dental HMO	603.66	13.20	616.86	259.68	357.18	259.68
Employee + Family	Family Coverage (FT) w/Delta Dental Premier	784.76	88.92	873.68	684.52	189.16	684.52
	Family Coverage (FT) w/Delta Care Dental HMO	784.76	19.53	804.29	684.52	119.77	684.52
	Family Coverage (Job Share) w/Delta Dental Premier	784.76	88.92	873.68	334.51	539.18	334.51
	Family Coverage (Job Share) w/Delta Care Dental HMO	784.76	19.53	804.29	334.51	469.78	334.51
	Family Coverage (Ben PT) w/Delta Dental Premier	784.76	88.92	873.68	252.97	620.71	252.97
	Family Coverage (Ben PT) w/Delta Care Dental HMO	784.76	19.53	804.29	252.97	551.32	252.97
	<u>Anthem Blue Cross Traditional HMO</u>						
Employee Only	Employee only (FT) w/Delta Dental Premier	342.98	34.20	377.18	262.72	114.46	262.72
	Employee only (FT) w/Delta Care Dental HMO	342.98	7.35	350.33	262.72	87.61	262.72
	Employee only (Job Share) w/Delta Dental Premier	342.98	34.20	377.18	262.72	114.46	262.72
	Employee only (Job Share) w/Delta Care Dental HMO	342.98	7.35	350.33	262.72	87.61	262.72
	Employee only (Ben PT) w/Delta Dental Premier	342.98	34.20	377.18	262.72	114.46	262.72
	Employee only (Ben PT) w/Delta Care Dental HMO	342.98	7.35	350.33	262.72	87.61	262.72
Employee + 1 Dependent	Employee (FT) + 1 Dependent w/Delta Dental Premier	685.96	58.90	744.85	516.20	228.66	516.20
	Employee (FT) + 1 Dependent w/Delta Care Dental HMO	685.96	13.20	699.15	516.20	182.95	516.20
	Employee (Job Share) + 1 Dependent w/Delta Dental Premier	685.96	58.90	744.85	341.22	403.64	341.22
	Employee (Job Share) + 1 Dependent w/Delta Care Dental HMO	685.96	13.20	699.15	341.22	357.93	341.22
	Employee (Ben PT) + 1 Dependent w/Delta Dental Premier	685.96	58.90	744.85	259.68	485.17	259.68
	Employee (Ben PT) + 1 Dependent w/Delta Care Dental HMO	685.96	13.20	699.15	259.68	439.47	259.68
Employee + Family	Family Coverage (FT) w/Delta Dental Premier	891.74	88.92	980.66	684.52	296.14	684.52
	Family Coverage (FT) w/Delta Care Dental HMO	891.74	19.53	911.27	684.52	226.75	684.52
	Family Coverage (Job Share) w/Delta Dental Premier	891.74	88.92	980.66	334.51	646.16	334.51
	Family Coverage (Job Share) w/Delta Care Dental HMO	891.74	19.53	911.27	334.51	576.76	334.51
	Family Coverage (Ben PT) w/Delta Dental Premier	891.74	88.92	980.66	252.97	727.69	252.97
	Family Coverage (Ben PT) w/Delta Care Dental HMO	891.74	19.53	911.27	252.97	658.30	252.97

Coverage Tier	Plans	Medical Cost Per Pay Period	Dental Cost Per Pay Period	Total Cost Per Pay Period For Medical & Dental	Cafeteria Plan Allowance for Medical & Dental ONLY Per Pay Period (City Contribution)	Bi-Wkly Employee Cost Per Pay Period	Bi-Weekly City Cost Per Pay Period
	Blue Shield Access + HMO						
Employee Only	Employee only (FT) w/Delta Dental Premier	276.30	34.20	310.50	262.72	47.78	262.72
	Employee only (FT) w/Delta Care Dental HMO	276.30	7.35	283.66	262.72	20.94	262.72
	Employee only (Job Share) w/Delta Dental Premier	276.30	34.20	310.50	262.72	47.78	262.72
	Employee only (Job Share) w/Delta Care Dental HMO	276.30	7.35	283.66	262.72	20.94	262.72
	Employee only (Ben PT) w/Delta Dental Premier	276.30	34.20	310.50	262.72	47.78	262.72
	Employee only (Ben PT) w/Delta Care Dental HMO	276.30	7.35	283.66	262.72	20.94	262.72
Employee + 1 Dependent	Employee (FT) + 1 Dependent w/Delta Dental Premier	552.61	58.90	611.51	516.20	95.31	516.20
	Employee (FT) + 1 Dependent w/Delta Care Dental HMO	552.61	13.20	565.80	516.20	49.61	516.20
	Employee (Job Share) + 1 Dependent w/Delta Dental Premier	552.61	58.90	611.51	341.22	270.29	341.22
	Employee (Job Share) + 1 Dependent w/Delta Care Dental HMO	552.61	13.20	565.80	341.22	224.59	341.22
	Employee (Ben PT) + 1 Dependent w/Delta Dental Premier	552.61	58.90	611.51	259.68	351.83	259.68
	Employee (Ben PT) + 1 Dependent w/Delta Care Dental HMO	552.61	13.20	565.80	259.68	306.12	259.68
Employee + Family	Family Coverage (FT) w/Delta Dental Premier	718.39	88.92	807.31	684.52	122.79	684.52
	Family Coverage (FT) w/Delta Care Dental HMO	718.39	19.53	737.92	684.52	53.40	684.52
	Family Coverage (Job Share) w/Delta Dental Premier	718.39	88.92	807.31	334.51	472.81	334.51
	Family Coverage (Job Share) w/Delta Care Dental HMO	718.39	19.53	737.92	334.51	403.41	334.51
	Family Coverage (Ben PT) w/Delta Dental Premier	718.39	88.92	807.31	252.97	554.34	252.97
	Family Coverage (Ben PT) w/Delta Care Dental HMO	718.39	19.53	737.92	252.97	484.95	252.97
	Blue Shield NetValue HMO						
Employee Only	Employee only (FT) w/Delta Dental Premier	258.96	34.20	293.16	262.72	30.44	262.72
	Employee only (FT) w/Delta Care Dental HMO	258.96	7.35	266.32	262.72	3.60	262.72
	Employee only (Job Share) w/Delta Dental Premier	258.96	34.20	293.16	262.72	30.44	262.72
	Employee only (Job Share) w/Delta Care Dental HMO	258.96	7.35	266.32	262.72	3.60	262.72
	Employee only (Ben PT) w/Delta Dental Premier	258.96	34.20	293.16	262.72	30.44	262.72
	Employee only (Ben PT) w/Delta Care Dental HMO	258.96	7.35	266.32	262.72	3.60	262.72
Employee + 1 Dependent	Employee (FT) + 1 Dependent w/Delta Dental Premier	517.93	58.90	576.83	516.20	60.63	516.20
	Employee (FT) + 1 Dependent w/Delta Care Dental HMO	517.93	13.20	531.12	516.20	14.93	516.20
	Employee (Job Share) + 1 Dependent w/Delta Dental Premier	517.93	58.90	576.83	341.22	235.61	341.22
	Employee (Job Share) + 1 Dependent w/Delta Care Dental HMO	517.93	13.20	531.12	341.22	189.91	341.22
	Employee (Ben PT) + 1 Dependent w/Delta Dental Premier	517.93	58.90	576.83	259.68	317.15	259.68
	Employee (Ben PT) + 1 Dependent w/Delta Care Dental HMO	517.93	13.20	531.12	259.68	271.44	259.68
Employee + Family	Family Coverage (FT) w/Delta Dental Premier	673.31	88.92	762.23	684.52	77.70	684.52
	Family Coverage (FT) w/Delta Care Dental HMO	673.31	19.53	692.83	684.52	8.31	684.52
	Family Coverage (Job Share) w/Delta Dental Premier	673.31	88.92	762.23	334.51	427.72	334.51
	Family Coverage (Job Share) w/Delta Care Dental HMO	673.31	19.53	692.83	334.51	358.33	334.51
	Family Coverage (Ben PT) w/Delta Dental Premier	673.31	88.92	762.23	252.97	509.26	252.97
	Family Coverage (Ben PT) w/Delta Care Dental HMO	673.31	19.53	692.83	252.97	439.86	252.97

Coverage Tier	Plans	Medical Cost Per Pay Period	Dental Cost Per Pay Period	Total Cost Per Pay Period For Medical & Dental	Cafeteria Plan Allowance for Medical & Dental ONLY Per Pay Period (City Contribution)	Bi-Wkly Employee Cost Per Pay Period	Bi-Weekly City Cost Per Pay Period
	Health Net Salud y Mas HMO						
Employee Only	Employee only (FT) w/Delta Dental Premier	240.27	34.20	274.47	262.72	11.75	262.72
	Employee only (FT) w/Delta Care Dental HMO	240.27	7.35	247.62	262.72	-15.10	262.72
	Employee only (Job Share) w/Delta Dental Premier	240.27	34.20	274.47	262.72	11.75	262.72
	Employee only (Job Share) w/Delta Care Dental HMO	240.27	7.35	247.62	262.72	-15.10	262.72
	Employee only (Ben PT) w/Delta Dental Premier	240.27	34.20	274.47	262.72	11.75	262.72
	Employee only (Ben PT) w/Delta Care Dental HMO	240.27	7.35	247.62	262.72	-15.10	262.72
Employee + 1 Dependent	Employee (FT) + 1 Dependent w/Delta Dental Premier	480.54	58.90	539.44	516.20	23.24	516.20
	Employee (FT) + 1 Dependent w/Delta Care Dental HMO	480.54	13.20	493.74	516.20	-22.46	516.20
	Employee (Job Share) + 1 Dependent w/Delta Dental Premier	480.54	58.90	539.44	341.22	198.22	341.22
	Employee (Job Share) + 1 Dependent w/Delta Care Dental HMO	480.54	13.20	493.74	341.22	152.52	341.22
	Employee (Ben PT) + 1 Dependent w/Delta Dental Premier	480.54	58.90	539.44	259.68	279.76	259.68
	Employee (Ben PT) + 1 Dependent w/Delta Care Dental HMO	480.54	13.20	493.74	259.68	234.06	259.68
Employee + Family	Family Coverage (FT) w/Delta Dental Premier	624.71	88.92	713.63	684.52	29.10	684.52
	Family Coverage (FT) w/Delta Care Dental HMO	624.71	19.53	644.23	684.52	-40.29	684.52
	Family Coverage (Job Share) w/Delta Dental Premier	624.71	88.92	713.63	334.51	379.12	334.51
	Family Coverage (Job Share) w/Delta Care Dental HMO	624.71	19.53	644.23	334.51	309.73	334.51
	Family Coverage (Ben PT) w/Delta Dental Premier	624.71	88.92	713.63	252.97	460.66	252.97
	Family Coverage (Ben PT) w/Delta Care Dental HMO	624.71	19.53	644.23	252.97	391.26	252.97
	Health Net SmartCare HMO						
Employee Only	Employee only (FT) w/Delta Dental Premier	267.64	34.20	301.84	262.72	39.12	262.72
	Employee only (FT) w/Delta Care Dental HMO	267.64	7.35	274.99	262.72	12.27	262.72
	Employee only (Job Share) w/Delta Dental Premier	267.64	34.20	301.84	262.72	39.12	262.72
	Employee only (Job Share) w/Delta Care Dental HMO	267.64	7.35	274.99	262.72	12.27	262.72
	Employee only (Ben PT) w/Delta Dental Premier	267.64	34.20	301.84	262.72	39.12	262.72
	Employee only (Ben PT) w/Delta Care Dental HMO	267.64	7.35	274.99	262.72	12.27	262.72
Employee + 1 Dependent	Employee (FT) + 1 Dependent w/Delta Dental Premier	535.27	58.90	594.17	516.20	77.97	516.20
	Employee (FT) + 1 Dependent w/Delta Care Dental HMO	535.27	13.20	548.47	516.20	32.27	516.20
	Employee (Job Share) + 1 Dependent w/Delta Dental Premier	535.27	58.90	594.17	341.22	252.95	341.22
	Employee (Job Share) + 1 Dependent w/Delta Care Dental HMO	535.27	13.20	548.47	341.22	207.25	341.22
	Employee (Ben PT) + 1 Dependent w/Delta Dental Premier	535.27	58.90	594.17	259.68	334.49	259.68
	Employee (Ben PT) + 1 Dependent w/Delta Care Dental HMO	535.27	13.20	548.47	259.68	288.79	259.68
Employee + Family	Family Coverage (FT) w/Delta Dental Premier	695.86	88.92	784.78	684.52	100.26	684.52
	Family Coverage (FT) w/Delta Care Dental HMO	695.86	19.53	715.38	684.52	30.86	684.52
	Family Coverage (Job Share) w/Delta Dental Premier	695.86	88.92	784.78	334.51	450.27	334.51
	Family Coverage (Job Share) w/Delta Care Dental HMO	695.86	19.53	715.38	334.51	380.88	334.51
	Family Coverage (Ben PT) w/Delta Dental Premier	695.86	88.92	784.78	252.97	531.81	252.97
	Family Coverage (Ben PT) w/Delta Care Dental HMO	695.86	19.53	715.38	252.97	462.42	252.97

Coverage Tier	Plans	Medical Cost Per Pay Period	Dental Cost Per Pay Period	Total Cost Per Pay Period For Medical & Dental	Cafeteria Plan Allowance for Medical & Dental ONLY Per Pay Period (City Contribution)	Bi-Wkly Employee Cost Per Pay Period	Bi-Weekly City Cost Per Pay Period
	<u>Kaiser Permanente California HMO</u>						
Employee Only	Employee only (FT) w/Delta Dental Premier	267.60	34.20	301.80	262.72	39.08	262.72
	Employee only (FT) w/Delta Care Dental HMO	267.60	7.35	274.95	262.72	12.23	262.72
	Employee only (Job Share) w/Delta Dental Premier	267.60	34.20	301.80	262.72	39.08	262.72
	Employee only (Job Share) w/Delta Care Dental HMO	267.60	7.35	274.95	262.72	12.23	262.72
	Employee only (Ben PT) w/Delta Dental Premier	267.60	34.20	301.80	262.72	39.08	262.72
	Employee only (Ben PT) w/Delta Care Dental HMO	267.60	7.35	274.95	262.72	12.23	262.72
Employee + 1 Dependent	Employee (FT) + 1 Dependent w/Delta Dental Premier	535.20	58.90	594.10	516.20	77.90	516.20
	Employee (FT) + 1 Dependent w/Delta Care Dental HMO	535.20	13.20	548.40	516.20	32.20	516.20
	Employee (Job Share) + 1 Dependent w/Delta Dental Premier	535.20	58.90	594.10	341.22	252.88	341.22
	Employee (Job Share) + 1 Dependent w/Delta Care Dental HMO	535.20	13.20	548.40	341.22	207.18	341.22
	Employee (Ben PT) + 1 Dependent w/Delta Dental Premier	535.20	58.90	594.10	259.68	334.42	259.68
	Employee (Ben PT) + 1 Dependent w/Delta Care Dental HMO	535.20	13.20	548.40	259.68	288.72	259.68
Employee + Family	Family Coverage (FT) w/Delta Dental Premier	695.76	88.92	784.68	684.52	100.16	684.52
	Family Coverage (FT) w/Delta Care Dental HMO	695.76	19.53	715.29	684.52	30.77	684.52
	Family Coverage (Job Share) w/Delta Dental Premier	695.76	88.92	784.68	334.51	450.17	334.51
	Family Coverage (Job Share) w/Delta Care Dental HMO	695.76	19.53	715.29	334.51	380.78	334.51
	Family Coverage (Ben PT) w/Delta Dental Premier	695.76	88.92	784.68	252.97	531.71	252.97
	Family Coverage (Ben PT) w/Delta Care Dental HMO	695.76	19.53	715.29	252.97	462.32	252.97
	<u>Sharp Performance Plus HMO (San Diego County Only)</u>						
Employee Only	Employee only (FT) w/Delta Dental Premier	260.57	34.20	294.77	262.72	32.05	262.72
	Employee only (FT) w/Delta Care Dental HMO	260.57	7.35	267.92	262.72	5.20	262.72
	Employee only (Job Share) w/Delta Dental Premier	260.57	34.20	294.77	262.72	32.05	262.72
	Employee only (Job Share) w/Delta Care Dental HMO	260.57	7.35	267.92	262.72	5.20	262.72
	Employee only (Ben PT) w/Delta Dental Premier	260.57	34.20	294.77	262.72	32.05	262.72
	Employee only (Ben PT) w/Delta Care Dental HMO	260.57	7.35	267.92	262.72	5.20	262.72
Employee + 1 Dependent	Employee (FT) + 1 Dependent w/Delta Dental Premier	521.14	58.90	580.04	516.20	63.84	516.20
	Employee (FT) + 1 Dependent w/Delta Care Dental HMO	521.14	13.20	534.34	516.20	18.14	516.20
	Employee (Job Share) + 1 Dependent w/Delta Dental Premier	521.14	58.90	580.04	341.22	238.82	341.22
	Employee (Job Share) + 1 Dependent w/Delta Care Dental HMO	521.14	13.20	534.34	341.22	193.12	341.22
	Employee (Ben PT) + 1 Dependent w/Delta Dental Premier	521.14	58.90	580.04	259.68	320.36	259.68
	Employee (Ben PT) + 1 Dependent w/Delta Care Dental HMO	521.14	13.20	534.34	259.68	274.66	259.68
Employee + Family	Family Coverage (FT) w/Delta Dental Premier	677.48	88.92	766.40	684.52	81.88	684.52
	Family Coverage (FT) w/Delta Care Dental HMO	677.48	19.53	697.01	684.52	12.49	684.52
	Family Coverage (Job Share) w/Delta Dental Premier	677.48	88.92	766.40	334.51	431.90	334.51
	Family Coverage (Job Share) w/Delta Care Dental HMO	677.48	19.53	697.01	334.51	362.50	334.51
	Family Coverage (Ben PT) w/Delta Dental Premier	677.48	88.92	766.40	252.97	513.43	252.97
	Family Coverage (Ben PT) w/Delta Care Dental HMO	677.48	19.53	697.01	252.97	444.04	252.97

Coverage Tier	Plans	Medical Cost Per Pay Period	Dental Cost Per Pay Period	Total Cost Per Pay Period For Medical & Dental	Cafeteria Plan Allowance for Medical & Dental ONLY Per Pay Period (City Contribution)	Bi-Wkly Employee Cost Per Pay Period	Bi-Weekly City Cost Per Pay Period
	<u>UnitedHealthcare Alliance HMO</u>						
Employee Only	Employee only (FT) w/Delta Dental Premier	207.28	34.20	241.48	262.72	-21.24	262.72
	Employee only (FT) w/Delta Care Dental HMO	207.28	7.35	214.63	262.72	-48.09	262.72
	Employee only (Job Share) w/Delta Dental Premier	207.28	34.20	241.48	262.72	-21.24	262.72
	Employee only (Job Share) w/Delta Care Dental HMO	207.28	7.35	214.63	262.72	-48.09	262.72
	Employee only (Ben PT) w/Delta Dental Premier	207.28	34.20	241.48	262.72	-21.24	262.72
	Employee only (Ben PT) w/Delta Care Dental HMO	207.28	7.35	214.63	262.72	-48.09	262.72
Employee + 1 Dependent	Employee (FT) + 1 Dependent w/Delta Dental Premier	414.55	58.90	473.45	516.20	-42.75	516.20
	Employee (FT) + 1 Dependent w/Delta Care Dental HMO	414.55	13.20	427.75	516.20	-88.45	516.20
	Employee (Job Share) + 1 Dependent w/Delta Dental Premier	414.55	58.90	473.45	341.22	132.23	341.22
	Employee (Job Share) + 1 Dependent w/Delta Care Dental HMO	414.55	13.20	427.75	341.22	86.53	341.22
	Employee (Ben PT) + 1 Dependent w/Delta Dental Premier	414.55	58.90	473.45	259.68	213.77	259.68
	Employee (Ben PT) + 1 Dependent w/Delta Care Dental HMO	414.55	13.20	427.75	259.68	168.07	259.68
Employee + Family	Family Coverage (FT) w/Delta Dental Premier	538.92	88.92	627.84	684.52	-56.68	684.52
	Family Coverage (FT) w/Delta Care Dental HMO	538.92	19.53	558.45	684.52	-126.07	684.52
	Family Coverage (Job Share) w/Delta Dental Premier	538.92	88.92	627.84	334.51	293.33	334.51
	Family Coverage (Job Share) w/Delta Care Dental HMO	538.92	19.53	558.45	334.51	223.94	334.51
	Family Coverage (Ben PT) w/Delta Dental Premier	538.92	88.92	627.84	252.97	374.87	252.97
	Family Coverage (Ben PT) w/Delta Care Dental HMO	538.92	19.53	558.45	252.97	305.48	252.97
	<u>PERS Choice PPO (Anthem Blue Cross)</u>						
Employee Only	Employee only (FT) w/Delta Dental Premier	274.34	34.20	308.54	262.72	45.82	262.72
	Employee only (FT) w/Delta Care Dental HMO	274.34	7.35	281.69	262.72	18.97	262.72
	Employee only (Job Share) w/Delta Dental Premier	274.34	34.20	308.54	262.72	45.82	262.72
	Employee only (Job Share) w/Delta Care Dental HMO	274.34	7.35	281.69	262.72	18.97	262.72
	Employee only (Ben PT) w/Delta Dental Premier	274.34	34.20	308.54	262.72	45.82	262.72
	Employee only (Ben PT) w/Delta Care Dental HMO	274.34	7.35	281.69	262.72	18.97	262.72
Employee + 1 Dependent	Employee (FT) + 1 Dependent w/Delta Dental Premier	548.68	58.90	607.57	516.20	91.38	516.20
	Employee (FT) + 1 Dependent w/Delta Care Dental HMO	548.68	13.20	561.87	516.20	45.67	516.20
	Employee (Job Share) + 1 Dependent w/Delta Dental Premier	548.68	58.90	607.57	341.22	266.36	341.22
	Employee (Job Share) + 1 Dependent w/Delta Care Dental HMO	548.68	13.20	561.87	341.22	220.65	341.22
	Employee (Ben PT) + 1 Dependent w/Delta Dental Premier	548.68	58.90	607.57	259.68	347.89	259.68
	Employee (Ben PT) + 1 Dependent w/Delta Care Dental HMO	548.68	13.20	561.87	259.68	302.19	259.68
Employee + Family	Family Coverage (FT) w/Delta Dental Premier	713.28	88.92	802.20	684.52	117.68	684.52
	Family Coverage (FT) w/Delta Care Dental HMO	713.28	19.53	732.81	684.52	48.29	684.52
	Family Coverage (Job Share) w/Delta Dental Premier	713.28	88.92	802.20	334.51	467.69	334.51
	Family Coverage (Job Share) w/Delta Care Dental HMO	713.28	19.53	732.81	334.51	398.30	334.51
	Family Coverage (Ben PT) w/Delta Dental Premier	713.28	88.92	802.20	252.97	549.23	252.97
	Family Coverage (Ben PT) w/Delta Care Dental HMO	713.28	19.53	732.81	252.97	479.84	252.97

Coverage Tier	Plans	Medical Cost Per Pay Period	Dental Cost Per Pay Period	Total Cost Per Pay Period For Medical & Dental	Cafeteria Plan Allowance for Medical & Dental ONLY Per Pay Period (City Contribution)	Bi-Wkly Employee Cost Per Pay Period	Bi-Weekly City Cost Per Pay Period
	PERS Select PPO (Anthem Blue Cross)						
Employee Only	Employee only (FT) w/Delta Dental Premier	270.27	34.20	304.47	262.72	41.75	262.72
	Employee only (FT) w/Delta Care Dental HMO	270.27	7.35	277.62	262.72	14.90	262.72
	Employee only (Job Share) w/Delta Dental Premier	270.27	34.20	304.47	262.72	41.75	262.72
	Employee only (Job Share) w/Delta Care Dental HMO	270.27	7.35	277.62	262.72	14.90	262.72
	Employee only (Ben PT) w/Delta Dental Premier	270.27	34.20	304.47	262.72	41.75	262.72
	Employee only (Ben PT) w/Delta Care Dental HMO	270.27	7.35	277.62	262.72	14.90	262.72
Employee + 1 Dependent	Employee (FT) + 1 Dependent w/Delta Dental Premier	540.54	58.90	599.43	516.20	83.23	516.20
	Employee (FT) + 1 Dependent w/Delta Care Dental HMO	540.54	13.20	553.73	516.20	37.53	516.20
	Employee (Job Share) + 1 Dependent w/Delta Dental Premier	540.54	58.90	599.43	341.22	258.21	341.22
	Employee (Job Share) + 1 Dependent w/Delta Care Dental HMO	540.54	13.20	553.73	341.22	212.51	341.22
	Employee (Ben PT) + 1 Dependent w/Delta Dental Premier	540.54	58.90	599.43	259.68	339.75	259.68
	Employee (Ben PT) + 1 Dependent w/Delta Care Dental HMO	540.54	13.20	553.73	259.68	294.05	259.68
Employee + Family	Family Coverage (FT) w/Delta Dental Premier	702.70	88.92	791.62	684.52	107.10	684.52
	Family Coverage (FT) w/Delta Care Dental HMO	702.70	19.53	722.22	684.52	37.70	684.52
	Family Coverage (Job Share) w/Delta Dental Premier	702.70	88.92	791.62	334.51	457.11	334.51
	Family Coverage (Job Share) w/Delta Care Dental HMO	702.70	19.53	722.22	334.51	387.72	334.51
	Family Coverage (Ben PT) w/Delta Dental Premier	702.70	88.92	791.62	252.97	538.65	252.97
	Family Coverage (Ben PT) w/Delta Care Dental HMO	702.70	19.53	722.22	252.97	469.26	252.97
	PERS Care PPO (Anthem Blue Cross)						
Employee Only	Employee only (FT) w/Delta Dental Premier	303.38	34.20	337.58	262.72	74.86	262.72
	Employee only (FT) w/Delta Care Dental HMO	303.38	7.35	310.73	262.72	48.01	262.72
	Employee only (Job Share) w/Delta Dental Premier	303.38	34.20	337.58	262.72	74.86	262.72
	Employee only (Job Share) w/Delta Care Dental HMO	303.38	7.35	310.73	262.72	48.01	262.72
	Employee only (Ben PT) w/Delta Dental Premier	303.38	34.20	337.58	262.72	74.86	262.72
	Employee only (Ben PT) w/Delta Care Dental HMO	303.38	7.35	310.73	262.72	48.01	262.72
Employee + 1 Dependent	Employee (FT) + 1 Dependent w/Delta Dental Premier	606.76	58.90	665.65	516.20	149.46	516.20
	Employee (FT) + 1 Dependent w/Delta Care Dental HMO	606.76	13.20	619.95	516.20	103.75	516.20
	Employee (Job Share) + 1 Dependent w/Delta Dental Premier	606.76	58.90	665.65	341.22	324.44	341.22
	Employee (Job Share) + 1 Dependent w/Delta Care Dental HMO	606.76	13.20	619.95	341.22	278.73	341.22
	Employee (Ben PT) + 1 Dependent w/Delta Dental Premier	606.76	58.90	665.65	259.68	405.97	259.68
	Employee (Ben PT) + 1 Dependent w/Delta Care Dental HMO	606.76	13.20	619.95	259.68	360.27	259.68
Employee + Family	Family Coverage (FT) w/Delta Dental Premier	788.78	88.92	877.70	684.52	193.18	684.52
	Family Coverage (FT) w/Delta Care Dental HMO	788.78	19.53	808.31	684.52	123.79	684.52
	Family Coverage (Job Share) w/Delta Dental Premier	788.78	88.92	877.70	334.51	543.20	334.51
	Family Coverage (Job Share) w/Delta Care Dental HMO	788.78	19.53	808.31	334.51	473.80	334.51
	Family Coverage (Ben PT) w/Delta Dental Premier	788.78	88.92	877.70	252.97	624.73	252.97
	Family Coverage (Ben PT) w/Delta Care Dental HMO	788.78	19.53	808.31	252.97	555.34	252.97

Notes:

- 1) Employees can opt out of dental coverage and receive the balance of the Cafeteria Plan amount.
- 2) See MOU for opt out information for employees who are married.
- 3) Rebate for opting out of Medical for FT Employees is \$200/month (\$92.31 biweekly); for Job Share & Benefited Part-time \$100/month (\$46.15 biweekly). Employee must remain in Vision.
- 4) Rebate for opting out of medical and dental for FT Employees is \$215.93/month (\$99.66 biweekly); for Job Share & Benefited Part-time \$115.93/month (\$53.50 biweekly). Employee must remain in Vision.
- 5) There are 26 pay periods per year.
- 6) The rates listed on this sheet do not include the VSP Vision costs as these are City-paid and not part of the Cafeteria Plan.