

Name: _____

HR USE:
Cc. Payroll _____
Effective Date: _____



Memorandum Human Resources

To: CASA Benefited Part-Time Employees
From: Hanne Thordahl, Human Resources Manager
Subject: 2024 Annual Section 125 Plan Enrollment

OVERVIEW

The City of San Clemente offers you the opportunity to take advantage of current federal income tax laws regarding health insurance premiums. Under the law (Section 125 of the Internal Revenue Code), you may reduce your taxable income and redirect it to pay for your portion of health insurance premiums. The result is an immediate decrease in federal and state income tax, as well as an increase in your take home pay!

Your individual tax savings will depend on your wages, number of deductions claimed and premiums paid for the health insurance you have selected.

IMPORTANT ENROLLMENT INFORMATION

Your decision to pay for your insurance premiums, on a pre-tax basis, is extremely important! Once you elect to pay these premiums before taxes, you will only be able to change your election if you or your dependents experience a qualifying status change. A status change is defined as:

1. **Legal Marital Status:** Events that change a Participant's legal marital status, including marriage, death of spouse, divorce, legal separation, or annulment.
2. **Number of Dependents:** Events that change the Participants number of Dependents (as defined in Code Section 152), including birth, adoption, placement for adoption (as defined in Regulations under Code Section 9801), or death of a dependent.
3. **Employment Status:** Any of the following events that change the employment status of the employee, employee's spouse, or the employee's dependent: a termination or commencement of employment; a strike or lockout; a commencement of or return from an unpaid leave of absence; and a change in worksite. In addition, if the eligibility conditions of the cafeteria plan or other employee benefit plan of the employer of the employee, spouse, or dependent depend on the employment status of that individual and there is a change in that individual's employment status with the consequence that the individual becomes (or ceases to be) eligible under the plan, then that change constitutes a change of employment under this paragraph.
4. **Requirements For Unmarried Dependents:** An event that causes a Participant's dependent to satisfy or cease to satisfy the requirements for coverage due to attainment of age, student status, or any similar circumstance as provided in any accident or health plan identified in Schedule A under which the Participant received coverage.

5. Residence or Worksite: A change in the place of residence or work of the Participant or the Participant's spouse or dependent.
6. Enrollment in Health Coverage: A significant change in the cost or health coverage of the Participant or the Participant's spouse attributable to the spouse's employment, and such other events that the Administrator determines will permit the revocation of an election (and, if applicable, the filing of a new election) during a Period of Coverage under regulations and rulings of the Internal Revenue Service.

In order to revoke an election or file a new election under the Section 125 Plan, you complete the required enrollment forms and submit them to the City's Human Resources Office within 60 days of the family status change. The change(s) you make will become effective on the first of the month following the receipt of the new election and enrollment forms.

REMINDER: Unless you experience a status change as described above, you will not be able to make any changes to your group health coverage until the next open enrollment period.

You will need to complete the Section 125 election form which can be found on the Employee Dashboard whether you wish to participate or decline participation in the plan.

If you would like to opt out of medical coverage, you will need to provide proof of coverage to the Human Resources Office.

**CITY OF SAN CLEMENTE
SECTION 125
ELECTION FORM**

If you are making any changes to your current enrollment, additional documents are required (see table on pg. 4 for details). All additional enrollment and change forms are available on the Employee Dashboard. For comprehensive plan information and comparison, please review the CalPERS 2024 Health Benefit Summary on the CalPERS website at <https://www.calpers.ca.gov/docs/forms-publications/2024-health-benefit-summary.pdf>.

***** NOTE: INCORRECT OR INCOMPLETE FORMS WILL BE RETURNED FOR CORRECTION*****

- YES** – I do want to participate in Section 125 Plan. I authorize the City of San Clemente to deduct from my compensation on a pre-tax basis for my contributions for medical coverage. I understand that my election is for 12 months and that I cannot cancel or change the amount of my contribution unless I experience a status change, as described on Pages 1 and 2 of this form.

During open enrollment of each subsequent year, I may change my election for the following year. I understand that I will need to complete a Section 125 Plan Enrollment form each year during open enrollment, even if I am not making any changes. I understand that the Plan Administrator may increase, reduce or cancel the amount of my payroll deduction as determined by the administrator, or to satisfy current or future provisions of the Internal Revenue Code.

- NO** – I do not want to participate in the Section 125 Plan. I understand that if I choose not to participate in the Section 125 Plan, my health insurance contributions will be made on an after-tax basis.

- I am not currently enrolled in a health insurance plan** through the City of San Clemente. I have attached proof of medical coverage to this form in order to opt out of the City's medical plans.

2024 Health Rates

Below are rates for employees who live in the counties of: Orange, Imperial, and San Diego.
(Rates for LA, San Bernardino or Ventura counties are available on request)

Medical Plan	Medical Cost per Pay Period	CalPERS Mandatory Employer Contribution Per Pay Period*	Bi- Weekly Employee Cost
Anthem Blue Cross Select HMO			
Employee only	\$372.79	\$72.46	\$300.33
Employee + 1 Dependent	\$745.58	\$72.46	\$673.12
Family Coverage	\$969.25	\$72.46	\$896.79
Anthem Blue Cross Traditional HMO			
Employee only	\$477.41	\$72.46	\$404.95
Employee + 1 Dependent	\$954.81	\$72.46	\$882.35
Family Coverage	\$1,241.26	\$72.46	\$1,168.80
Blue Shield Access + HMO			
Employee only	\$401.14	\$72.46	\$328.68
Employee + 1 Dependent	\$802.28	\$72.46	\$729.82
Family Coverage	\$1,042.97	\$72.46	\$970.51
Blue Shield Trio HMO			
Employee only	\$373.96	\$72.46	\$301.50
Employee + 1 Dependent	\$747.91	\$72.46	\$675.45
Family Coverage	\$972.29	\$72.46	\$899.83
Health Net Salud y Mas HMO			
Employee only	\$316.05	\$72.46	\$243.59
Employee + 1 Dependent	\$632.09	\$72.46	\$559.63
Family Coverage	\$821.72	\$72.46	\$749.26
Kaiser Permanente California HMO			
Employee only	\$417.67	\$72.46	\$345.21
Employee + 1 Dependent	\$835.34	\$72.46	\$762.88
Family Coverage	\$1,085.94	\$72.46	\$1,013.48
Sharp Performance Plus HMO (San Diego County Only)			
Employee only	\$384.57	\$72.46	\$312.11
Employee + 1 Dependent	\$769.14	\$72.46	\$696.68
Family Coverage	\$999.89	\$72.46	\$927.43

United Healthcare Signature Alliance HMO			
Employee only	\$386.71	\$72.46	\$314.25
Employee + 1 Dependent	\$773.43	\$72.46	\$700.97
Family Coverage	\$1,005.46	\$72.46	\$933.00
United Healthcare Signature Harmony HMO			
Employee only	\$365.84	\$72.46	\$293.38
Employee + 1 Dependent	\$731.68	\$72.46	\$659.22
Family Coverage	\$951.18	\$72.46	\$878.72
PERS GOLD PPO			
Employee only	\$368.97	\$72.46	\$296.51
Employee + 1 Dependent	\$737.94	\$72.46	\$665.48
Family Coverage	\$959.33	\$72.46	\$886.87
PERS PLATINUM PPO			
Employee only	\$531.46	\$72.46	\$459.00
Employee + 1 Dependent	\$1,062.92	\$72.46	\$990.46
Family Coverage	\$1,381.80	\$72.46	\$1,309.34

***Note: CASA Benefited PT Employees pay 100% of medical, minus the CalPERS mandatory employer contribution (\$157 per month/\$72.46 per pay period for 2024).
CASA Benefited PT employees are not eligible for dental or vision coverage.**

I certify that the above is accurate, and that I understand that I am responsible for notifying the City of San Clemente, Human Resources Department if I experience a status change.

Employee Name (print) _____

Employee Signature _____ Date _____

PLAN CHANGES AND REQUIRED FORMS:

MEDICAL AND TIER CHANGES:

- Hbd-12 (CalPERS) Enrollment Form
- SC Enrollment Form
- Supporting documents (birth/marriage cert. etc.)

DENTAL AND VISION (NOT ELIGIBLE)

ADD OR DELETE DEPENDENTS (NO TIER CHANGE):

- SC Enrollment Form
- Supporting documents (birth/marriage cert. etc.)

OPT OUT OF MEDICAL COVERAGE

- OPT OUT FORM
- Proof of alternate coverage