

## 2016 Benefits Summary

	ACEA(Misc)	IBEW(Misc)	EXME(Misc)		MCEA/AMPU/EUPA(Misc)		PANS(Misc)	APMA(Safety)	AFCA(Safety)		IAFF(Safety)	APOA(Safety)	
<b>TERM OF CONTRACT</b>	Upon Ratification-12/27/18	Still in Negotiations*	12/27/15-12/26/18		12/27/15-12/26/18		12/27/15-12/26/18	11/1/15-12/15/21	11/1/15-12/15/21	11/1/15-12/15/21	11/1/15-12/15/21	11/1/15-12/15/21	
<b>2016 Flexible Benefit Amount (FBA)*</b>			<b>Plan A</b> (EEs hired prior to 11/14/06)	<b>Plan B</b>	<b>Plan A</b> (EEs hired prior to 11/14/06)	<b>Plan B</b>			<b>Plan A</b> (EEs hired prior to 11/14/06)	<b>Plan B</b>			
Waive Health Coverage	\$230/cash back	\$230/cash back	\$869.43/cash back	\$230/cash back	\$869.43/cash back	\$230/cash back	\$230/cash back	\$230/cash back	\$1262.52/cash back	\$230/cash back	\$230/cash back	\$230/cash back	
Employee Only	\$895.02	\$947.26	\$1,765.35	\$867.37	\$1,765.35	\$867.37	\$867.37	\$922.02	\$1,822.23	\$922.02	\$922.02	\$922.02	
Two Party	\$1,790.03	\$1,894.53	\$1,765.35	\$1,734.74	\$1,765.35	\$1,734.74	\$1,734.74	\$1,844.04	\$1,822.23	\$1,844.04	\$1,844.04	\$1,844.04	
Family	\$2,327.04	\$2,462.89	\$1,765.35	\$2,255.15	\$1,765.35	\$2,255.15	\$2,255.15	\$2,397.25	\$1,822.23	\$2,397.25	\$2,397.25	\$2,397.25	
<b>2016 Dental Coverage</b>													
Enrollment is mandatory	\$2,600 pp/yr	\$2,100 pp/yr.			\$2,600 pp/yr.					\$2,600 pp/yr.			
City Paid	\$2,500 pp ortho life 80% coverage 50% ortho \$128.50 / month	\$2,000 pp ortho life 80% coverage 50% ortho \$82.30 / month			\$2,500 pp ortho life 80% coverage 50% ortho \$128.50 / month					\$2,500 pp ortho life 90% coverage 50% ortho \$149.20 / month			
<b>2016 Vision Coverage</b>													
Provider- VSP			EE Only- \$7.40/monthly						EE Only- \$7.40/month				
Employee Paid			Two party- \$14.30/month						Two party- \$14.30/month				
			Family- \$22.70/month						Family- \$22.70/month				
									Effective 01/01/16- City will split cost 50/50 with member				
<b>Life and AD&amp;D Coverage</b>													
City Paid	<b>Basic Life- \$50,000</b> \$7.60/month (\$ .114 per \$1,000)		<b>Basic Life- \$100,000</b> \$15.20/month (\$ .114 per \$1,000)		<b>Basic Life- \$50,000</b> \$7.60/mo (.114 per \$1K)		<b>Basic Life- \$100,000</b> \$15.20/month (\$ .114 per \$1,000)		<b>Basic Life- \$50,000</b> \$7.60/month (\$ .152 per \$1,000)		<b>Basic Life- \$50,000</b> \$7.60/month (\$ .152 per \$1,000)		
	<b>AD&amp;D Coverage</b> Rate- \$.38 per \$1,000		<b>AD&amp;D Coverage</b> Rate- \$.38 per \$1,000		<b>AD&amp;D Coverage</b> Rate-\$.38 per \$1K		<b>AD&amp;D Coverage</b> Rate-\$.38 per \$1,000		<b>AD&amp;D Coverage</b> Rate- \$.38 per \$1,000		<b>AD&amp;D Coverage</b> Rate- \$.38 per \$1,000		
<b>Supplement Life and AD&amp;D</b>													
Enrollment is voluntary	<b>Supplemental Life Insurance</b>												
Employee Paid	Guaranteed amount available 30 days from date of hire- \$240,000. Maximum amount \$500,0000												
Provider- ING/VOYA	Minimum \$10,000/Increments \$10,0000												
	Rates based on age of employee- Rate chart can be provided.												
	<b>Spousal Life Insurance</b>												
	Only available if EE purchases supplemental life insurance. Cannot exceed half of employees's supplemental life insurance. Guaranteed amount available 30 days from date of hire- \$30,000. Maximum amount \$100,000												
	Minimum \$5,000/Increments \$5,000												
	Rates based on age of spouse- Rate chart can be provided												
	<b>Dependent Child(ren) Benefit</b>												
	Only available if EE purchases supplemental life insurance. Guaranteed Amount for child(ren) age 14 days - 6 months-\$1,000, for child(ren) 6 months-19 yrs ( or 25 yrs if full-time student)-\$10,000												
	\$2.00/child/month												
	<b>Voluntary AD&amp;D</b>												
	Rate-\$0.038 per \$1,000												
<b>Flexible Spending Account</b>													
<b>Discovery Benefits Inc.</b>	Dependent Care Maximum Annual Contribution- \$5,000 per calendar year (if filing jointly)/\$2,500 per calendar year (if filing separately)												
Enrollment is voluntary	Health Care Maximum Annual Contribution-\$2,500/calendar year												
Employee Paid	Administrative Fee- \$4.75/month (Administrative Fee is reduced to \$4.00/month, if also a participant in the Commuter Check Program)												
	Annual pre-tax election cannot be modified unless a qualifying event occurs. All funds not used at the end of the 90 day grace period, will be forfeited.												
<b>Transportation Savings Acct</b>													
<b>Discovery Benefits Inc.</b>	Maximum Monthly Pre-Tax Contribution												
Enrollment is voluntary	Parking-\$255/month												
Employee Paid	Transit- \$255/month												
	Administrative Fee- Paid by City												
	Enrollment can be month to month or ongoing												
	Deadline to submit enrollment form is the 10th of every month, for benefit effective date of the 1st of the following month.												
<b>Deferred Compensation Plan</b>													
457 Plan	Current providers are ICMA, Nationwide, and CalPERS 457 SIP												
Employee contribution only	Maximum Annual Pre-Tax amount- \$18,000/year; Additional "Catch-Up" provision \$5,000/year; Contribution changes can be made monthly by submitting a change form to the Payroll Department.												

\* Negotiations are currently under way with IBEW, the City contribution towards health benefits currently could potentially change effective the ratification of the new contract.