

2017 Open Enrollment Benefits Summary

| | ACEA(Misc) | IBEW(Misc) | EXME(Misc) | | MCEA/AMPU/EUPA(Misc) | | PANS(Misc) | APMA(Safety) | AFCA(Safety) | | IAFF(Safety) | APOA(Safety) |
|---|--|-------------------|---|-----------------|---|---|--|--|---|-------------------|---|-------------------|
| TERM OF CONTRAC | Upon Ratification- 12/27/18 | 12/27/15-12/26/18 | 12/27/15-12/26/18 | | 12/27/15-12/26/18 | | 12/27/15-12/26/18 | 11/01/15-12/15/21 | 11/01/15-12/15/21 | 11/01/15-12/15/21 | 11/01/15-12/15/21 | 11/01/15-12/15/21 |
| 2017 City Flexible Benefit Amout (FBA)* | | | Plan A (EEs hired prior to 11/14/06) | Plan B | Plan A (EEs hired prior to 11/14/06) | Plan B | | | Plan A (EEs hired prior to 11/14/06) | Plan 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 | \$928.87 | \$947.26 | \$1,765.35 | \$928.87 | \$1,765.35 | \$928.87 | \$928.87 | \$922.02 | \$1,822.23 | \$922.02 | \$922.02 | \$922.02 |
| Two Party | \$1,857.74 | \$1,894.53 | \$1,765.35 | \$1,857.74 | \$1,765.35 | \$1,857.74 | \$1,857.74 | \$1,844.04 | \$1,822.23 | \$1,844.04 | \$1,844.04 | \$1,844.04 |
| Family | \$2,415.06 | \$2,462.89 | \$1,765.35 | \$2,415.06 | \$1,765.35 | \$2,415.06 | \$2,415.06 | \$2,397.25 | \$1,822.23 | \$2,397.25 | \$2,397.25 | \$2,397.25 |
| Dental Coverage | | | | | | | | | | | | |
| Enrollment is mandatory City Paid | \$2,600 pp/yr \$2,500 pp ortho life 80% coverage 50% ortho \$123.80 / month | | | | | | \$2,600 pp/yr. \$2,500 pp ortho life 90% coverage 50% ortho \$149.20 / month | | | | | |
| Vision Coverage | | | | | | | | | | | | |
| Provider- VSP Employee Paid | EE Only- \$7.40/monthly Two party- \$14.30/month Family- \$22.70/month | | | | | | EE Only- \$7.40/month Two party- \$14.30/month Family- \$22.70/month Effective 01/01/16- City will split cost 50/50 with member | | | | | |
| Life and AD&D Coverage | | | | | | | | | | | | |
| City Paid | Basic Life- \$50,000 \$7.60/month (\$.114 per \$1,000) AD&D Coverage Rate- \$.38 per \$1,000 | | Basic Life- \$100,000 \$15.20/month (\$.114 per \$1,000) AD&D Coverage Rate- \$.38 per \$1,000 | | | Basic Life- \$50,000 \$7.60/mo (.114 per \$1K) AD&D Coverage Rate-\$.38 per \$1K | | Basic Life- \$100,000 \$15.20/month (\$.114 per \$1,000) AD&D Coverage Rate-\$.38 per \$1,000 | | | Basic Life- \$50,000 \$7.60/month (\$.152 per \$1,000) AD&D Coverage Rate- \$.38 per \$1,000 | |
| Supplement Life and AD&D | | | | | | | | | | | | |
| Enrollment is voluntary Employee Paid Provider- ING | <p>Supplemental Life Insurance Guaranteed amount available 30 days from date of hire- \$240,000. Maximum amount \$500,000 Minimum \$10,000/Increments \$10,000 Rates based on age of employee- Rate chart can be provided.</p> <p>Spousal Life Insurance 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</p> <p>Dependent Child(ren) Benefit 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</p> <p>Voluntary AD&D Rate-\$0.038 per \$1,000</p> | | | | | | | | | | | |
| Flexible Spending Account (FSA) | | | | | | | | | | | | |
| Discovery Benefits Inc. Enrollment is voluntary Employee Paid | <p>Dependent Care Maximum Annual Contribution- \$5,000 per calendar year (if filing jointly)/\$2,500 per calendar year (if filing separately) Health Care Maximum Annual Contribution-\$2,500/calendar year Administrative Fee- \$4.75/month (Administrative Fee is reduced to \$4.00/month, if a participant in the Commuter Check Program also) 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.</p> | | | | | | | | | | | |
| Transportation Savings Acct (TSA) | | | | | | | | | | | | |
| Discovery Benefits Inc. Enrollment is voluntary Employee Paid | <p>Maximum Monthly Pre-Tax Contribution Parking-\$250/month Transit- \$130/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.</p> | | | | | | | | | | | |
| Deferred Compensation Plan | | | | | | | | | | | | |
| 457 Plan Employee contrib. only | <p>Current providers are ICMA, Nationwide, and CalPERS (ING) 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.</p> | | | | | | | | | | | |

* 2017 FBAs were calculated as agreed to in the negotiated contracts. If no increase or a decrease in the Kaiser premium occurred in the following calendar year, the FBA remained at the current rate.