

2015 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 CONTRACT	1/1/2012 - 12/26/2015	1/1/2012 - 12/26/2015	6/17/2012 - 12/26/2015		1/1/2012 - 12/26/2015		1/1/2012 - 12/26/2015	6/30/13-6/24/17	6/30/13-6/24/17		6/30/13-6/24/17	6/30/13-6/24/17	
2015 Health Contribution			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	\$851.36	\$881.78	\$1,723.72	\$715.47	\$1,723.72	\$715.47	\$715.47	\$898.01	\$1,751.47	\$898.01	\$898.01	\$898.01	
Two Party	\$1,702.72	\$1,763.56	\$1,723.72	\$1,430.94	\$1,723.72	\$1,430.94	\$1,430.94	\$1,796.01	\$1,751.47	\$1,796.01	\$1,796.01	\$1,796.01	
Family	\$2,213.53	\$2,292.63	\$1,723.72	\$1,860.22	\$1,723.72	\$1,860.22	\$1,860.22	\$2,334.81	\$1,751.47	\$2,334.81	\$2,334.81	\$2,334.81	
2015 Dental Coverage													
City Paid	\$2,600 pp/yr	\$2,100 pp/yr.	\$2,600 pp/yr.					\$2,600 pp/yr.					
Enrollment is mandatory	\$2,500 pp ortho life	\$2,000 pp ortho life	\$2,500 pp ortho life					\$2,500 pp ortho life					
	80% coverage	80% coverage	80% coverage					90% coverage					
	50% ortho	50% ortho	50% ortho					50% ortho					
	\$133.00 / month	\$85.20 / month	\$133.00 / month					\$154.40 / month					
2015 Vision Coverage													
Employee Paid	EE only- \$7.40												
Enrollment is voluntary	Two Party- \$14.30												
Provider- VSP	Family- \$22.70												
Life and AD&D Coverage													
City Paid	Basic Life		Basic Life				Basic Life		Basic Life			Basic Life	
Enrollment is mandatory	\$50,000		\$100,000				\$50,000		\$100,000			\$50,000	
	\$7.60/month		\$15.20/month				\$7.60/month		\$15.20/month			\$7.60/month	
	Rate- \$.152 per \$1,000		Rate- \$.152 per \$1,000				Rate-\$.152 per \$1K		Rate-\$.152 per \$1,000			Rate- \$.152 per \$1,000	
	AD&D Coverage		AD&D Coverage				AD&D Coverage		AD&D Coverage			AD&D Coverage	
	Rate- \$.38 per \$1,000		Rate- \$.38 per \$1,000				Rate-\$.38 per \$1K		Rate-\$.38 per \$1,000			Rate- \$.38 per \$1,000	
Supplement Life and AD&D													
Employee Paid	Supplemental Life Insurance												
Enrollment is voluntary	Guaranteed amount available 30 days from date of hire- \$240,000. Maximum amount \$500,000												
Provider: ING	Minimum \$10,000/Increments \$10,0000												
	Rates based on age of employee- Rate chart can be provided.												
	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												
	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												
	Voluntary AD&D												
	Rate-\$0.025 per \$1,000												
Flexible Spending Account													
Employee Paid	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												
New Provider:	Administrative Fee- \$4.75/month												
Discovery Benefits Inc.	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.												
Transportation Savings Acct													
Employee Paid	Maximum Monthly Pre-Tax Contribution												
Enrollment is voluntary	Parking-\$250/month												
New Provider:	Transit- \$130/month												
Discovery Benefits Inc.	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.												
Deferred Compensation - 457 Plan (Employee contribution only)													
Employee Paid	Current providers are ICMA, Nationwide, and CalPERS (ING)												
Enrollment is voluntary	Maximum Annual Pre-Tax amount- \$17,500/year; Additional "Catch-Up" provision \$5,000/year; Contribution changes can be made monthly by submitting a change form to the Payroll Department.												