

2016 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	1/1/12 - 12/26/15	1/1/12 - 12/26/15	6/17/12 - 12/26/15		1/1/12 - 12/26/15		1/1/12 - 12/26/15	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
2016 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	\$947.26	\$1,723.72	\$715.47	\$1,723.72	\$715.47	\$715.47	\$922.02	\$1,822.23	\$922.02	\$922.02	\$922.02
Two Party	\$1,702.72	\$1,894.53	\$1,723.72	\$1,430.94	\$1,723.72	\$1,430.94	\$1,430.94	\$1,844.04	\$1,822.23	\$1,844.04	\$1,844.04	\$1,844.04
Family	\$2,213.53	\$2,462.89	\$1,723.72	\$1,860.22	\$1,723.72	\$1,860.22	\$1,860.22	\$2,397.25	\$1,822.23	\$2,397.25	\$2,397.25	\$2,397.25
2016 Dental Coverage												
Enrollment is mandatory City Paid	\$2,600 pp/yr \$2,500 pp ortho life 80% coverage 50% ortho \$128.50 / month	\$2,100 pp/yr. \$2,000 pp ortho life 80% coverage 50% ortho \$82.30 / month					\$2,600 pp/yr. \$2,500 pp ortho life 80% coverage 50% ortho \$128.50 / month					\$2,600 pp/yr. \$2,500 pp ortho life 90% coverage 50% ortho \$149.20 / month
2016 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 \$500,0000 Minimum \$10,000/Increments \$10,0000 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												
Discovery Benefits Inc. Enrollment is voluntary Employee Paid	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.											
Transportation Savings Acct												
Discovery Benefits Inc. Enrollment is voluntary Employee Paid	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.											
Deferred Compensation Plan												
457 Plan Employee contribution only	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.											

* All Miscellaneous Contracts are scheduled to expire 12/26/15; Negotiations are currently under way, the City contribution towards health benefits currently could potentially change effective the new calendar year.