2024 Updated: 01/01/2024						
	BENEFIT	-		ELIGIBILITY	EFFECTIVE DATE	CONTACT
				Health and Wellness		
Medical Insurance Monthly Premiums				Employees with appointments that are at least 6 months and 1 day	Effective date is the first of the month following the date the enrollment form is	CalPERS: <u>www.calpers.ca.gov</u> 1-888-225-7377
Monthly Premiums	EE Only	EE + 1	Family	and half time or greater are	received by the Human	
*Anthem Select HMO	\$1,138.86	\$2,277.72	\$2,961.04	eligible to enroll. Enrollment must be requested within 60	Resources.	
Anthem Traditional HMO	\$1,339.70	\$2,679.40	\$3,483.22	days from the date of the		
Blue Shield Access+ HMO	\$1,076.84	\$2,153.68	\$2,799.78	qualifying appointment.		
*Blue Shield Trio HMO	\$946.84	\$1,893.68	\$2,461.78	Monthly City Contribution		
Kaiser	\$1,021.41	\$2,042.82	\$2,655.67	Amount		
United Healthcare Alliance HMO	\$1,091.13	\$2,182.26	\$2,836.94	\$1,085.91 (employee only) \$1,848.64 (employee + 1)		
*United Healthcare Harmony HMO	\$937.39	\$1,874.78	\$2,437.21	\$2,233.67 (family coverage)		
PERS Platinum PPO	\$1,314.27	\$2,628.54	\$3,417.10			
PERS Gold PPO	\$914.82	\$1,829.64	\$2,378.53			
*limited service areas; ch	eck plan ava	ailability for	your ZIP code	9		
Alternate Medical Benefit Program Employees who have medical health coverage (group coverage) through another source with benefits comparable to the City plan may waive City coverage. The City will pay the employee an amount equal to the current employee only contribution to the Section 125 Plan for each month that the employee continues to receive health insurance through their spouse or other source.			Employees eligible for medical coverage through CalPERS. Must complete "Waiver of City Sponsored Medical Benefits Form" and provide proof of other group health coverage.	First of the month following the date completed form and proof of group health coverage is received by Human Resources.	Human Resources	
Dental The Cities Group Dental Reimbursement Plan \$2,000 fiscal year maximum per person First \$400 of claims covered at 100% Next \$1,600 of claims covered at 80%			Regular full-time employees who work 30+ hours per week. Enrollment form required. The City pays the full monthly premium for employee and dependent coverage.	Coverage begins on the first day of the month following a 30-day waiting period.	The Cities Group Keith Chiu: 650-343-1428 <u>kchiu1@citiesgroup.net</u>	

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2024 Updated: 01/01/2024						
BENEFIT	ELIGIBILITY	EFFECTIVE DATE	CONTACT			
Vision Vision Service Plan (VSP) WellVision Exam - every 12 months Lenses - every 12 months Frames - every 12 months -or-	Employees with appointments that are at least 6 months and 1 day and half time or greater are eligible for coverage. No enrollment form needed. The City pays the full	Coverage begins on the first day of the month following a 30-day waiting period.	VSP <u>www.vsp.com</u> 1-800-877-7195			
Contact Lens Care - every 12 months Laser Vision Correction Discounts	monthly premium for employee only. Dependent coverage paid by employee.	EE only: \$0 EE+1: \$7.86/month EE+family: \$23.32/month				
Employee Assistance Program (EAP) Aetna Resources for Living Free, confidential referrals to professional counselors who can help resolve personal problems affecting your emotional health, family life, and work life: Counseling sessions - Face-to-Face, televideo or chat Telephone Consultations Online Resources	Employees with appointments that are at least 6 months and 1 day and half time or greater are eligible for coverage. No enrollment form needed. The City pays the full monthly premium.	Coverage begins on the first day of hire.	Aetna Resources for Living 1-800-342-8111 <u>https://www.resourcesforliving.com</u> Username: San Carlos Password: EAP			
Workers' Compensation The Cities Group Workers' Compensation Program If you are injured on the job, please notify your Supervisor immediately.	All employees are covered by Workers' Compensation. If medical treatment needed, you will be sent to one of our Industrial Injury Medical Clinics. You also have the option to pre- designate your personal physician for treatment. Pre-designation form must be submitted prior to injury.	Coverage begins on the first day of hire.	The Cities Group 650-343-1428			

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	Updated: 01/01/2024					
Retirement						
Retirement California Public Employees' Retirement System (CalPERS) 3 factors are multiplied together to calculate service retirement: Service Credit Benefit Factor Final Compensation Retirement Formulas: 2.0% @ 62 ("new" members as defined by CalPERS hired on or after 01/01/13) – 8% employee contribution 2.0% @ 55 (hired 04/23/12 – 12/31/12 or "classic members as defined by CalPERS) – 7% employee contribution 2.5% @ 55 (hired 03/16/09 – 04/22/12) – 8% employee contribution 2.7% @ 55 (hired before 03/16/09) – 8% employee contribution Employees also contribute to Social Security and Medicare.	 Eligibility: 1. Persons who are already members of CalPERS and are not excluded from membership because they are working less than full- time. 2. Position has one of the following conditions: a. Full-time continuous employment in excess of 6 months. b. Requires regular, part- time service for at least an average of 20 hours per week for one year or longer. 	Coverage begins on the first day of hire.	CalPERS: <u>www.calpers.ca.gov</u> 1-888-225-7377			
Retiree Dental & Vision Plans The City will allow the retiree only to stay on the City's dental and vision insurance plans provided the employee pays the full premium(s) plus a 2% administration fee	Employees who retire from San Carlos through CaIPERS and have at least 10 years of total City service.	Upon retirement	The Cities Group 650-343-1428			
Retiree Health Plan The City shall contribute the minimum amount required by law toward the monthly premium for hospital and medical care under the CalPERS (PEMHCA) Health Plan for individuals who retire from the City through CalPERS.	This option must be exercised at the time of retirement.	Upon retirement	CalPERS: www.calpers.ca.gov 1-888-225-7377			
Longevity Recognition Program Employee may be eligible for a monthly payment following retirement and continuing until the employee's death.	Employees hired before 1/1/09 who retire from the City through CalPERS and have completed at least 10 years continuous City service immediately preceding retirement may be	Upon retirement	Public Agency Retirement Services (PARS) 1-800-731-7884			

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	2024		
	eligible for a monthly payment in the amount equal to the City's current Section 125 Plan contribution for active employees selecting employee-only coverage.		Updated: 01/01/2024
Li	fe Insurance & Disability		
Life Insurance \$200,000 coverage Premium for the amount over \$50,000 is subject to Federal and State taxes. Accidental Death & Dismemberment Maximum benefit up to \$200,000 for employee	Any regularly-scheduled employee who works 20 hours or more per week. Beneficiary form required. The City pays the full monthly premium.	Coverage begins on the first day of the month following hire date.	The Cities Group 650-343-1428
Long Term Disability Insurance 45-day elimination period Maximum benefit up to \$6,000/month			
California Short Term Disability (SDI) State Disability Insurance (DI) and Paid Family Leave (PFL)	This program is paid by employees through a payroll tax withheld from earnings.	Upon date of hire	CA Employment Development Department (EDD) 1-866-333-4606 <u>www.edd.ca.gov</u>
	Additional Pay		
Auto Allowance \$250 monthly auto allowance	Administrative Services Director Assistant City Manager Building Official City Engineer Community Development Director Dir of Comm. Relations/City Clerk Economic Devel & Housing Mgr Parks & Recreation Director Public Works Director	Upon date of hire	

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	2027		Updated: 01/01/2024			
Tax Deferred Benefits						
 457(b) Deferred Compensation Optional enrollment. Employee only pre-tax contributions. 2024 Maximum Annual Contribution: \$23,000 Age 50 Catch-Up: \$7,500 The City shall provide a contribution to an employee's deferred compensation account in an amount equal to the employee's contribution at a ratio of 1:1, to a maximum of four hundred dollars (\$400) per month. 	Regular full-time employees	Upon date of hire	CalPERS 457 Supplemental Income 1-877-499-7832 www.calpers.gov VALIC John Lee 1-800-892-5558, Ext. 87363 john.lee@valic.com www.valic.com MissionSquare (formerly ICMA- RC) 1-800-669-7400 www.icmarc.org			
Health Care Reimbursement Account & Dependent Care Reimbursement Account Navia Benefit Solutions Optional enrollment. Employee elects an anticipated amount for eligible expenses. This amount is deducted in equal increments from employee's paycheck every pay period on a pre-tax basis. Reimbursement claims may be submitted to Navia when eligible expenses are incurred. Up to \$640 of the unused money in health care account can be carried over to the following plan year.	Any regularly-scheduled employee who works 20 hours or more per week Account Maximums: Health Care: \$3,200 per Plan Year Dependent Care: \$5,000 per Plan Year	Enroll within 30 days of hire date. Effective first of the month following hire date. May also enroll during Flexible Spending Account Open Enrollment period. Effective date would be January 1st.	Navia Benefit Solutions 1-800-669-3539 <u>www.naviabenefits.com</u>			
Commuter Benefits Navia Benefit Solutions Optional enrollment. Employees who use public transit or transit parking can use pre-tax income to pay for these expenses. The City will contribute up to \$225 per year per employee toward the commuter benefit program, subject to the IRS allowable maximums.	Employee who worked at least 20 hours per week within the previous calendar month, excluding employees who work 120 days of less within the calendar year.	Account Maximums: Transit vehicles/passes: \$315 per month Parking: \$315 per month Year-round enrollment	Navia Benefit Solutions 1-800-669-3539 <u>www.naviabenefits.com</u>			

2024

Updated: 01/01/2024

			Updated: 01/01/2024
	Paid Leave		
Vacation Employees accrue 12 - 25 days of vacation per year depending on length of service. Management employees can base accrual rates on prior service in PERS agencies. Employees from non-PERS agencies which have reciprocal agreements with PERS may be considered for this benefit.	Regular full-time employees	Upon date of hire	
If more than 2 years' vacation is accrued, the excess will be liquidated by monetary payment every year through payroll during the month of October.			
Vacation Cash Out An employee may make an irrevocable election to sell back to the City forty (40) hours in a calendar year of accumulated vacation at the employee's base rate of pay.	Sell back requests must be received by Payroll no later than December 31 for the following calendar year's elections.		
Sick Leave Employees accrue up to 12 days of sick leave per year. May use up to 6 of these 12 days to care for an eligible family member who is ill. May be accrued without limit. The City's PERS contract provides the option of allowing employees to convert unused sick leave to service credit upon retirement.	Regular full-time employees	Upon date of hire	
Float Time Employees are given up to 24 hours of float time per year. Hours must be used each calendar year or the balance is forfeited. Administrative Leave Employees are given 80 hours of admin. leave	Regular full-time employees New employees' float/admin. hours will be pro-rated based on number of payroll periods remaining in the year.	Upon date of hire	
Holiday Pay Employees are entitled to 11 paid holidays per year. See MOU for list.	Regular full-time employees	Upon date of hire	
Ec	ucation Reimbursement		
Tuition Reimbursement \$3,000 per year for expenses incurred in job-related educational programs	Regular full-time employees City Manager approval required	Upon date of hire	

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