

AFSCME Group – Benefits Summary 2019

Updated: 07/01/2019

BENEFIT	ELIGIBILITY	EFFECTIVE DATE	CONTACT																																				
Health and Wellness																																							
<p>Medical Insurance <i>Monthly Premiums</i></p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr style="background-color: #cccccc;"> <th style="text-align: left;">Monthly Premiums</th> <th style="text-align: center;">EE Only</th> <th style="text-align: center;">EE + 1</th> <th style="text-align: center;">Family</th> </tr> </thead> <tbody> <tr> <td>*Anthem Select HMO</td> <td style="text-align: center;">\$831.44</td> <td style="text-align: center;">\$1,662.88</td> <td style="text-align: center;">\$2,161.74</td> </tr> <tr> <td>Anthem Traditional HMO</td> <td style="text-align: center;">\$1,111.13</td> <td style="text-align: center;">\$2,222.26</td> <td style="text-align: center;">\$2,888.94</td> </tr> <tr> <td>*Blue Shield Access +</td> <td style="text-align: center;">\$970.90</td> <td style="text-align: center;">\$1,941.80</td> <td style="text-align: center;">\$2,524.34</td> </tr> <tr> <td>*Heath Net SmartCare</td> <td style="text-align: center;">\$901.55</td> <td style="text-align: center;">\$1,803.10</td> <td style="text-align: center;">\$2,344.03</td> </tr> <tr> <td>Kaiser</td> <td style="text-align: center;">\$768.25</td> <td style="text-align: center;">\$1,536.50</td> <td style="text-align: center;">\$1,997.45</td> </tr> <tr> <td>PERS Choice</td> <td style="text-align: center;">\$866.27</td> <td style="text-align: center;">\$1,732.54</td> <td style="text-align: center;">\$2,252.30</td> </tr> <tr> <td>PERS Select</td> <td style="text-align: center;">\$543.19</td> <td style="text-align: center;">\$1,086.38</td> <td style="text-align: center;">\$1,412.29</td> </tr> <tr> <td>PERS Care</td> <td style="text-align: center;">\$1,131.68</td> <td style="text-align: center;">\$2,263.36</td> <td style="text-align: center;">\$2,942.37</td> </tr> </tbody> </table> <p><i>*limited service areas; check plan availability for your ZIP code</i></p>	Monthly Premiums	EE Only	EE + 1	Family	*Anthem Select HMO	\$831.44	\$1,662.88	\$2,161.74	Anthem Traditional HMO	\$1,111.13	\$2,222.26	\$2,888.94	*Blue Shield Access +	\$970.90	\$1,941.80	\$2,524.34	*Heath Net SmartCare	\$901.55	\$1,803.10	\$2,344.03	Kaiser	\$768.25	\$1,536.50	\$1,997.45	PERS Choice	\$866.27	\$1,732.54	\$2,252.30	PERS Select	\$543.19	\$1,086.38	\$1,412.29	PERS Care	\$1,131.68	\$2,263.36	\$2,942.37	<p>Employees with appointments that are at least 6 months and 1 day and half time or greater are eligible to enroll. Enrollment must be requested within 60 days from the date of the qualifying appointment.</p> <p><u>Monthly City Contribution Amount</u> \$863.30 (employee only) \$1,469.68 (employee + 1) \$1,775.78 (family coverage)</p>	<p>Effective date is the first of the month following the date the enrollment form is received by the Human Resources.</p>	<p>CalPERS: www.calpers.ca.gov 1-888-225-7377</p>
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<p>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.</p>	<p>Employees eligible for medical coverage through CalPERS. Must complete "Waiver of City Sponsored Medical Benefits Form" and provide proof of other group health coverage.</p>	<p>First of the month following the date completed form and proof of group health coverage is received by Human Resources.</p>	<p>Human Resources</p>																																				
<p>Dental <i>The Cities Group Dental Reimbursement Plan</i> \$2,000 fiscal year maximum per person</p> <p>First \$400 of claims covered at 100% Next \$1,600 of claims covered at 80%</p>	<p>Regular full-time employees who work 30+ hours per week. Enrollment form required.</p> <p>The City pays the full monthly premium for employee and dependent coverage.</p>	<p>Coverage begins on the first day of the month following a 30-day waiting period.</p>	<p>The Cities Group Barbara Rau: 650-343-1428 brau1@citiesgroup.net</p>																																				

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<p>Vision <i>Vision Service Plan (VSP)</i></p> <p>WellVision Exam - every 12 months Lenses - every 12 months Frames - every 12 months -or- Contact Lens Care - every 12 months</p> <p>Laser Vision Correction Discounts</p>	<p>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.</p> <p>The City pays the full monthly premium for employee only. Dependent coverage paid by employee.</p>	<p>Coverage begins on the first day of the month following a 30-day waiting period.</p> <p>EE only: \$0 EE+1: \$8.02/month EE+family: \$23.79/month</p>	<p>VSP www.vsp.com 1-800-877-7195</p>
<p>Employee Assistance Program (EAP) <i>Managed Health Network (MHN)</i></p> <p>Free, confidential referrals to professional counselors who can help resolve personal problems affecting your emotional health, family life, and work life: Face-to-Face EAP Counseling Telephone Consultations Online Member Services</p>	<p>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.</p> <p>The City pays the full monthly premium.</p>	<p>Coverage begins on the first day of hire.</p>	<p>Managed Health Network (MHN) 1-800-227-1060 www.mhn.com (company code: sancarlos)</p>
<p>Workers' Compensation <i>The Cities Group Workers' Compensation Program</i></p> <p>If you are injured on the job, please notify your Supervisor immediately.</p>	<p>All employees are covered by Workers' Compensation.</p> <p>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.</p>	<p>Coverage begins on the first day of hire.</p>	<p>The Cities Group 650-343-1428</p>

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Retirement			
<p>Retirement <i>California Public Employees' Retirement System (CalPERS)</i> 3 factors are multiplied together to calculate service retirement: Service Credit Benefit Factor Final Compensation</p> <p>Retirement Formulas: 2.0% @ 62 ("new" members as defined by CalPERS hired on or after 01/01/13) – 7% employee contribution</p> <p>2.0% @ 55 (hired 04/23/12 – 12/31/12 or "classic members as defined by CalPERS) – 7% employee contribution</p> <p>2.5% @ 55 (hired 03/16/09 – 04/22/12) – 8% employee contribution</p> <p>2.7% @ 55 (hired before 03/16/09) – 8% employee contribution</p> <p>Employees also contribute to Social Security and Medicare.</p>	<p>Eligibility: 1. Persons who are already members of CalPERS and are not excluded from membership because they are working less than full-time.</p> <p>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.</p>	<p>Coverage begins on the first day of hire.</p>	<p>CalPERS: www.calpers.ca.gov 1-888-225-7377</p>
<p>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</p>	<p>Employees who retire from San Carlos through CalPERS and have at least 10 years of total City service.</p>	<p>Upon retirement</p>	<p>The Cities Group 650-343-1428</p>
<p>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.</p>	<p>This option must be exercised at the time of retirement.</p>	<p>Upon retirement</p>	<p>CalPERS: www.calpers.ca.gov 1-888-225-7377</p>

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<p>Longevity Recognition Program Employee may be eligible for a monthly payment following retirement and continuing until the employee's death.</p>	<p>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 eligible for a monthly payment in the amount equal to the City's current Section 125 Plan contribution for active employees selecting employee-only medical coverage.</p> <p>Former AFSCME Clerical employees hired on or after 1/1/09 but before 02/28/11 and former AFSCME Mid-Management employees hired on or after 1/1/09 but before 12/13/10 with at least 15 years of continuous City service immediately preceding retirement may be eligible for a monthly payment of \$350. This amount shall not change after retirement.</p>	<p>Upon retirement</p>	<p>Public Agency Retirement Services (PARS) 1-800-731-7884</p>
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Life Insurance & Disability

<p>Life Insurance \$200,000 coverage Premium for the amount over \$50,000 is subject to Federal and State taxes.</p> <p>Accidental Death & Dismemberment Maximum benefit up to \$200,000 for employee</p> <p>Long Term Disability Insurance 45-day elimination period Maximum benefit up to \$6,000/month</p>	<p>Any regularly-scheduled employee who works 20 hours or more per week. Beneficiary form required.</p> <p>The City pays the full monthly premium.</p>	<p>Coverage begins on the first day of the month following hire date.</p>	<p>The Cities Group 650-343-1428</p>
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Tax Deferred Benefits

<p>457(b) Deferred Compensation Optional enrollment. Employee only pre-tax contributions.</p> <p>2019 Maximum Annual Contribution: \$19,000 Age 50 Catch-Up: \$25,000</p>	<p>Regular full-time employees</p>	<p>Upon date of hire</p>	<p>CalPERS 457 Supplemental Income 1-877-499-7832 www.calpers.gov</p> <p>VALIC John Lee 1-800-892-5558, Ext. 87363 john.lee@valic.com www.valic.com</p> <p>ICMA-Retirement Corporation 1-800-669-7400 www.icmarc.org</p>
<p>Health Care Reimbursement Account & Dependent Care Reimbursement Account <i>Navia Benefit Solutions</i> 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.</p>	<p>Any regularly-scheduled employee who works 20 hours or more per week</p>	<p>Enroll within 30 days of hire date. Effective first of the month following hire date.</p> <p>May also enroll during Flexible Spending Account</p>	<p>Navia Benefit Solutions 1-800-669-3539 www.naviabenefits.com</p>

The preceding information is not intended for use as a summary plan description, nor designed to serve as an Evidence of Coverage. For more information, refer to the summary plan description for the plan or contact Human Resources. For benefits not administered through a plan, refer to the Personnel Policies Manual or MOU, as appropriate. The City is an Equal Opportunity Employer.

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<p>Reimbursement claims may be submitted to Navia when eligible expenses are incurred. Money in reimbursement account must be used by the end of the calendar year. Up to \$500 of the unused money in health care account can be carried over to the following plan year.</p>	<p>Account Maximums: Health Care: \$2,700 per Plan Year Dependent Care: \$5,000 per Plan Year</p>	<p>Open Enrollment period. Effective date would be January 1st.</p>	
<p>Commuter Benefits <i>Navia Benefit Solutions</i> Optional enrollment. Employees who use public transit or transit parking can use pre-tax income to pay for these expenses.</p>	<p>Employee who worked at least 20 hours per week within the previous calendar month, excluding employees who work 120 days or less within the calendar year.</p>	<p>Account Maximums: Transit vehicles/passes: \$260 per month Parking: \$260 per month Year-round enrollment</p>	<p>Navia Benefit Solutions 1-800-669-3539 www.naviabenefits.com</p>
Paid Leave			
<p>Vacation Employees accrue 12 - 25 days of vacation per year depending on length of service. 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.</p>	<p>Regular full-time employees</p>	<p>Upon date of hire</p>	
<p>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.</p>	<p>Regular full-time employees</p>	<p>Upon date of hire</p>	
<p>Float Time Employees are given up to 40 hours of float time per year. Hours must be used each calendar year or the balance is forfeited. Administrative Leave Sr. Systems Analyst, Recreation Supervisor, Recreation Coordinator, Assistant Public Works Superintendent, Associate Planner and Associate Engineer are given 60 hours of admin. leave due to exempt status.</p>	<p>Regular full-time employees New employees' float/admin. hours will be pro-rated based on number of payroll periods remaining in the year.</p>	<p>Upon date of hire</p>	

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Holiday Pay Employees are entitled to 10 paid holidays per year. See MOU for list.	Regular full-time employees	Upon date of hire	
Education Reimbursement			
Tuition Reimbursement \$1,250 per year for expenses incurred in job-related educational programs	Regular full-time employees City Manager approval required	After probationary period	