

## CITY OF COSTA MESA 2019 EMPLOYEE BENEFIT PROGRAMS

The City contributes the following towards employee benefits (Health, Life Insurance, and Long-Term Disability) on a monthly basis:

FLEXIBLE BENEFIT CONTRIBUTION <sup>(1)</sup>		
EMPLOYEE GROUP	BI-WEEKLY <sup>(1)</sup> CITY CONTRIBUTION	MONTHLY CITY CONTRIBUTION
City Council	\$993.23	\$2,152.00
At-Will & Department Directors	\$993.23	\$2,152.00
Division Managers	\$983.08	\$2,130.00
Police Management <sup>(2)</sup>	\$978.00	\$2,119.00
General Employees	\$646.15	\$1,400.00
Confidential	\$646.15	\$1,400.00
Fire Management	\$983.08	\$2,130.00
Fire – Sworn <sup>(3)</sup>	\$978.00	\$2,119.00
Police – Sworn <sup>(4)</sup>	\$978.00	\$2,119.00

<sup>(1)</sup> 26 pay periods in 2019. Please note, if an employee uses time without pay (ABS), the City's Flexible Benefit Contribution will turn off for that pay period.

<sup>(2)</sup> Effective 12/23/2018, Police Management employees may receive up to \$1,060.00 (\$489.23 per paycheck) in cash.

<sup>(3)</sup> Effective 10/29/2017, Fire-Sworn employees may receive up to \$1,060.00 (\$489.23 per paycheck) in cash.

<sup>(4)</sup> Effective 7/1/2019, Police-Sworn employees may receive up to \$1,060.00 (\$489.23 per paycheck) in cash.

MANDATORY BENEFITS	OPTIONAL BENEFITS
Life & AD&D Long-Term Disability (LTD) Health EAP (City Provided)	Aflac – Accident Aflac – Cancer Aflac – Short-Term Disability (STD) Dental HMO & PPO FSA – Dependent Care Account FSA – Health Flexible Spending Account Hyatt Legal Long-Term Care Voluntary Supplemental Life VSP Vision

# -MANDATORY BENEFITS-

All full-time City employees must enroll in these City’s mandatory benefits:

Life & AD&D Insurance  
 Long-Term Disability (LTD) Insurance  
 Health Insurance

An employee may waive health insurance with proof of outside group insurance. Acceptable proof is a letter from your spouse’s/domestic partner’s employer stating that you have insurance under their group policy or a letter from the military health plan (TRICARE) or a copy of your group health insurance ID card.

## LIFE & AD&D INSURANCE\*

COVERAGE	BI-WEEKLY COST	MONTHLY PREMIUM
\$50,000 Life and Accidental Death & Dismemberment (AD&D) Insurance	\$3.80 (Includes AD&D cost)	\$8.24 per month (Includes AD&D cost)

\*Life Insurance Provider: CIGNA.

## LONG-TERM DISABILITY (LTD) INSURANCE

EMPLOYEE GROUP	ELIMINATION PERIOD (WAITING PERIOD)	MAXIMUM PERIOD	PERCENTAGE OF EARNINGS	MAXIMUM MONTHLY BENEFIT	MONTHLY PREMIUM
Confidential General Management Police Management**	60 days from date of disability	If age 62 or younger: to age 65 or the date the 42 <sup>nd</sup> monthly benefit is payable, if later; if age 63 or older: based on a sliding scale – see summary for details	66.67%	\$7,000	.0060 x salary
Fire***	30 days	Lifetime for sickness, accident, and pregnancy	100% catastrophic for up to 30 months; 80% non-industrial; 70% industrial	\$10,000	\$29.50/mo
Police****	30/60 days*	Lifetime for sickness, accident, and pregnancy (non-industrial and industrial cause)	100% catastrophic for up to 30 months; 85% non-industrial; 70% industrial	\$10,000	\$24.50/mo

\*30 calendar days – if less than 60 days of personal leave, may receive 70% of wages after 30 days. Otherwise, 60 calendar days.

\*\*Insurance administered through Cigna.

\*\*\*Insurance administered through California Association of Professional Firefighters (CAPF). Elimination period may be reduced based on lack of personal leave down to zero days with a reduced benefit.

\*\*\*\*Insurance administered through California Law Enforcement Association (CLEA).

HEALTH INSURANCE

PLAN NAME	COVERAGE	OTHER SOUTHERN REGION BI-WEEKLY COST	OTHER SOUTHERN REGION MONTHLY PREMIUM*	LA REGION BI-WEEKLY COST	LA REGION MONTHLY PREMIUM*
Anthem Select HMO	Employee Only	\$288.49	\$625.07	\$289.42	\$627.07
	Employee + 1	\$576.99	\$1,250.14	\$578.83	\$1,254.14
	Employee + 2 or more	\$750.08	\$1,625.18	\$752.48	\$1,630.38
Anthem Traditional HMO	Employee Only	\$383.49	\$830.89	\$405.45	\$878.48
	Employee + 1	\$766.98	\$1,661.78	\$810.90	\$1,756.96
	Employee + 2 or more	\$997.07	\$2,160.31	\$1,054.18	\$2,284.05
Blue Shield Access+ HMO	Employee Only	\$350.79	\$760.04	\$309.12	\$669.75
	Employee + 1	\$701.58	\$1,520.08	\$618.23	\$1,339.50
	Employee + 2 or more	\$912.05	\$1,976.10	\$803.70	\$1,741.35
Health Net Salud y Mas HMO	Employee Only	\$197.45	\$427.81	\$164.54	\$356.50
	Employee + 1	\$394.90	\$855.62	\$329.08	\$713.00
	Employee +2 or more	\$513.37	\$1,112.31	\$427.80	\$926.90
Health Net Smart Care HMO	Employee Only	\$296.64	\$642.71	\$269.66	\$584.27
	Employee + 1	\$593.27	\$1,285.42	\$539.33	\$1,168.54
	Employee + 2 or more	\$771.25	\$1,671.05	\$701.12	\$1,519.10
Kaiser Permanente HMO	Employee Only	\$290.14	\$628.63	\$285.53	\$618.64
	Employee + 1	\$580.27	\$1,257.26	\$571.05	\$1,237.28
	Employee + 2 or more	\$754.36	\$1,634.44	\$742.37	\$1,608.46
Sharp Performance Plus HMO <i>(Coverage only in San Diego and the southern part of the Inland Empire)</i>	Employee Only	\$274.00	\$593.66		
	Employee + 1	\$547.99	\$1,187.32	N/A	N/A
	Employee + 2 or more	\$712.39	\$1,543.52		
UnitedHealthcare HMO	Employee Only	\$298.45	\$646.65	\$309.05	\$669.61
	Employee + 1	\$596.91	\$1,293.30	\$618.10	\$1,339.22
	Employee + 2 or more	\$775.98	\$1,681.29	\$803.53	\$1,740.99
PERS Choice PPO	Employee Only	\$332.82	\$721.11	\$302.08	\$654.50
	Employee + 1	\$665.64	\$1,442.22	\$604.15	\$1,309.00
	Employee + 2 or more	\$865.33	\$1,874.89	\$785.40	\$1,701.70
PERS Select PPO	Employee Only	\$213.56	\$462.71	\$194.20	\$420.77
	Employee + 1	\$427.12	\$925.42	\$388.40	\$841.54
	Employee + 2 or more	\$555.25	\$1,203.05	\$504.92	\$1,094.00
PERSCare PPO	Employee Only	\$418.75	\$907.29	\$389.44	\$843.78
	Employee + 1	\$837.50	\$1,814.58	\$778.87	\$1,687.56
	Employee + 2 or more	\$1,088.75	\$2,358.95	\$1,012.54	\$2,193.83
PORAC PPO** <i>Fire &amp; CMPMA Safety Members Only</i>	Employee Only	\$357.23	\$774.00	\$357.23	\$774.00
	Employee + 1	\$749.08	\$1,623.00	\$749.08	\$1,623.00
	Employee + 2 or more	\$958.15	\$2,076.00	\$958.15	\$2,076.00

\*Rates effective 1/1/2019, please refer to the CalPERS 2019 Health Benefits Summary for complete coverage details at

<https://www.calpers.ca.gov/docs/forms-publications/2019-health-benefit-summary.pdf>.

\*\*PORAC PPO – only available to sworn Fire and CMPMA employees (members) who are in good standing with the Public Safety Association. Effective September 30, 2016, the City of Costa Mesa Police Association (CMPA) terminated their contract with PORAC and, as a result, CMPA members are no longer eligible to participate in the PORAC health insurance plan.

# -OPTIONAL BENEFITS-

## DENTAL INSURANCE

PLAN NAME	COVERAGE	BI-WEEKLY COST	MONTHLY PREMIUM*
DeltaCare USA HMO	Employee Only	\$7.75	\$16.80
	Employee + 1	\$13.80	\$29.90
	Family	\$20.22	\$43.80
Delta Dental PPO Low Plan: \$1,000	Employee Only	\$20.72	\$44.90
	Employee + 1	\$40.66	\$88.10
	Family	\$65.22	\$141.30
Delta Dental PPO High Plan: \$2,000	Employee	\$23.68	\$51.30
	Employee + 1	\$46.48	\$100.70
	Family	\$74.58	\$161.60

## VISION INSURANCE

PLAN NAME	COVERAGE	BI-WEEKLY COST	MONTHLY PREMIUM*
Vision Service Plan (VSP)	Employee Only	\$6.18	\$13.40
	Employee + 1	\$12.23	\$26.50
	Family	\$19.48	\$42.20

## HYATT LEGAL

COVERAGE	BI-WEEKLY COST	MONTHLY PREMIUM
Employee	\$9.00	\$19.50

## FLEXIBLE SAVINGS ACCOUNT (FSA)

PLAN NAME	ANNUAL MAXIMUM CONTRIBUTION*
Dependent Care Account**	\$5,000.00
Health Flexible Spending Account**	\$2,650.00

\*Pre-tax deductions/contributions.

\*\*For the Health Flexible Spending Account and Dependent Care Account, you must submit claims no later than 90 days after the end of the Plan Year. However, if you terminate employment during the Plan Year, you must submit all Health Flexible Spending Account and/or Dependent Care Account claims within 90 days after your last day of employment. All claims submitted after that time will not be reimbursable.

## VOLUNTARY SUPPLEMENTAL LIFE INSURANCE\*

EMPLOYEE AGE	EMPLOYEE MONTHLY COST PER \$10,000 UNIT	SPOUSE/PARTNER MONTHLY COST PER \$10,000 UNIT	
Under 30	\$0.90	\$0.90	<p>*The monthly cost for children is \$1.80 for \$10,000 coverage. One premium will insure all your eligible children, regardless of the number of children.</p> <p>Maximum Coverage: Employee – the lesser of five times your annual salary or \$500,000; Spouse/Partner – 50% of employee’s coverage amount; Children – \$10,000.</p> <p><i>Costs are subject to change.</i></p> <p><b>Calculate Your Monthly Costs</b></p> <ol style="list-style-type: none"> <li>1. Find your age group in the table;</li> <li>2. Multiply the rate by the desired number of coverage units;</li> <li>3. Calculate the cost of coverage for your spouse/partner, using your age;</li> <li>4. Add the premiums for you, your spouse/partner, and your children to get your total monthly cost.</li> </ol>
30 to 34	\$1.00	\$1.00	
35 to 39	\$1.40	\$1.40	
40 to 44	\$2.10	\$2.10	
45 to 49	\$3.70	\$3.70	
50 to 54	\$6.20	\$6.20	
55 to 59	\$10.50	\$10.50	
60 to 64	\$13.20	\$13.20	
65 to 69	\$22.90	\$22.90	
70 to 74	\$44.80	\$44.80	
75 & over	\$76.70	\$76.70	

## AFLAC – GROUP ACCIDENT INSURANCE

COVERAGE*	BI-WEEKLY COST	MONTHLY PREMIUM**
Employee Only	\$5.82	\$12.61
Employee + Spouse	\$8.52	\$18.46
One-Parent Family	\$11.94	\$25.87
Two-Parent Family	\$14.64	\$31.72

\* Please note you must be under age 65 to sign up for this benefit.

\*\*Pre-tax deductions.

## AFLAC – CANCER PROTECTION ASSURANT\* Effective 2/1/2019

COVERAGE	BI-WEEKLY COST	MONTHLY PREMIUM*
Employee Only	\$18.63	\$40.37
Family – Single Parent	\$18.63	\$40.37
Family	\$33.51	\$72.61

\*Pre-tax deductions.

## AFLAC – SHORT-TERM DISABILITY INSURANCE\* Effective 7/1/2015

MONTHLY BENEFIT	ANNUAL INCOME REQUIREMENT	AGE	BI-WEEKLY COST	MONTHLY PREMIUM**
\$1,000	\$22,000 or more	18-49	\$15.60	\$33.80
		50-64	\$17.40	\$37.70
\$1,500	\$34,000 or more	18-49	\$23.40	\$50.70
		50-64	\$26.10	\$56.55
\$2,000	\$45,000 or more	18-49	\$31.20	\$67.60
		50-64	\$34.80	\$75.40
\$2,500	\$57,000 or more	18-49	\$39.00	\$84.50
		50-64	\$43.50	\$94.25

\*This is the current Short-Term Disability Insurance offered by Aflac. This benefit has a six-month duration period. For non-industrial accidents, there is no waiting period. For sickness, there is a 14-day waiting period. This Aflac Short-Term Disability Policy complies with the California Mental Parity Law.

\*\*After-tax deductions.

## LONG-TERM CARE INSURANCE

CalPERS Long-Term Care and the National Peace Officers and Firefighters Benefit Association (NPOFBA) are accepting applications for long-term care (LTC). All employees and their family members (between ages 18 and 79) may submit applications to CalPERS Long-Term Care. NPOFBA accepts applications from safety and non-safety employees (under age 60 – including spouses and domestic partners) in reporting relationships assigned to the Fire Department or Police Department. See LTC brochures for details.

## 2019 PAYROLL DATES

PAYROLL	PAY PERIOD	DUE IN PERSONNEL	PAYDAY	
19-01	23-Dec-18	5-Jan-19	28-Dec-18	11-Jan-19
19-02	6-Jan-19	19-Jan-19	11-Jan-19	25-Jan-19
19-03	20-Jan-19	2-Feb-19	25-Jan-19	8-Feb-19
19-04	3-Feb-19	16-Feb-19	8-Feb-19	22-Feb-19
19-05	17-Feb-19	2-Mar-19	22-Feb-19	8-Mar-19
19-06	3-Mar-19	16-Mar-19	8-Mar-19	22-Mar-19
19-07	17-Mar-19	30-Mar-19	22-Mar-19	5-Apr-19
19-08	31-Mar-19	13-Apr-19	5-Apr-19	19-Apr-19
19-09	14-Apr-19	27-Apr-19	19-Apr-19	3-May-19
19-10	28-Apr-19	11-May-19	3-May-19	17-May-19
19-11	12-May-19	25-May-19	17-May-19	31-May-19
19-12	26-May-19	8-Jun-19	31-May-19	14-Jun-19
19-13	9-Jun-19	22-Jun-19	14-Jun-19	28-Jun-19
19-14	23-Jun-19	6-Jul-19	28-Jun-19	12-Jul-19
19-15	7-Jul-19	20-Jul-19	12-Jul-19	26-Jul-19
19-16	21-Jul-19	3-Aug-19	26-Jul-19	9-Aug-19
19-17	4-Aug-19	17-Aug-19	9-Aug-19	23-Aug-19
19-18	18-Aug-19	31-Aug-19	23-Aug-19	6-Sep-19
19-19	1-Sep-19	14-Sep-19	6-Sep-19	20-Sep-19
19-20	15-Sep-19	28-Sep-19	20-Sep-19	4-Oct-19
19-21	29-Sep-19	12-Oct-19	4-Oct-19	18-Oct-19
19-22	13-Oct-19	26-Oct-19	18-Oct-19	1-Nov-19
19-23	27-Oct-19	9-Nov-19	1-Nov-19	15-Nov-19
19-24	10-Nov-19	23-Nov-19	15-Nov-19	29-Nov-19
19-25	24-Nov-19	7-Dec-19	29-Nov-19	13-Dec-19
19-26	8-Dec-19	21-Dec-19	13-Dec-19	27-Dec-19