

CITY OF COSTA MESA 2020 EMPLOYEE BENEFIT PROGRAMS

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

FLEXIBLE BENEFIT CONTRIBUTION ⁽¹⁾		
EMPLOYEE GROUP	BI-WEEKLY ⁽¹⁾ 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 ⁽²⁾	\$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 ⁽³⁾	\$978.00	\$2,119.00
Police – Sworn ⁽⁴⁾	\$978.00	\$2,119.00

⁽¹⁾ 26 pay periods in 2020. Please note, if an employee uses time without pay (ABS), the City’s Flexible Benefit Contribution will turn off for that pay period.

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

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

⁽⁴⁾ 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 Insurance Long-Term Disability (LTD) Insurance Health Insurance Employee Assistance Program (City Provided)	Aflac – Accident Insurance Aflac – Cancer Insurance Aflac – Short-Term Disability (STD) Insurance Dental HMO & PPO Insurance Flexible Spending Account (FSA) – Dependent Care Account Flexible Spending Account (FSA) – Health Flexible Spending Account Hyatt Legal Membership Long-Term Care Voluntary Supplemental Life Insurance VSP Vision Insurance

-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 the employer of your spouse/domestic partner/parent 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
Life and Accidental Death & Dismemberment (AD&D) Insurance <ul style="list-style-type: none"> • \$50,000 - Employee • \$2,000 - Spouse/Partner & Children 	\$3.80	\$8.24 per month

*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 nd 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

*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).

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

HEALTH INSURANCE*

HEALTH PLAN	COVERAGE	REGION 2 BI-WEEKLY*	REGION 2 MONTHLY	REGION 3 BI-WEEKLY*	REGION 3 MONTHLY
ANTHEM SELECT HMO	Employee Only	\$301.86	\$654.04	\$286.12	\$619.93
	Employee + 1	\$603.73	\$1,308.08	\$572.24	\$1,239.86
	Employee + 2 or more	\$784.85	\$1,700.50	\$743.92	\$1,611.82
ANTHEM TRADITIONAL HMO	Employee Only	\$431.52	\$934.95	\$416.60	\$902.63
	Employee + 1	\$863.03	\$1,869.90	\$833.20	\$1,805.26
	Employee + 2 or more	\$1,121.94	\$2,430.87	\$1,083.16	\$2,346.84
BLUE SHIELD ACCESS+ HMO	Employee Only	\$419.94	\$909.87	\$375.31	\$813.17
	Employee + 1	\$839.88	\$1,819.74	\$750.62	\$1,626.34
	Employee + 2 or more	\$1,091.84	\$2,365.66	\$975.80	\$2,114.24
BLUE SHIELD TRIO HMO <i>(New plan available in Los Angeles County only)</i>	Employee Only	N/A	N/A	\$288.43	\$624.93
	Employee + 1			\$576.86	\$1,249.86
	Employee + 2 or more			\$749.92	\$1,624.82
HEALTH NET SALUD Y MÁS HMO	Employee Only	\$200.83	\$435.14	\$181.07	\$392.31
	Employee + 1	\$401.67	\$870.28	\$362.13	\$784.62
	Employee + 2 or more	\$522.17	\$1,131.36	\$470.77	\$1,020.01
HEALTH NET SMARTCARE HMO	Employee Only	\$331.97	\$719.26	\$299.27	\$648.42
	Employee + 1	\$663.93	\$1,438.52	\$598.54	\$1,296.84
	Employee + 2 or more	\$863.11	\$1,870.08	\$778.10	\$1,685.89
KAISER PERMANENTE HMO	Employee Only	\$297.80	\$645.24	\$306.64	\$664.39
	Employee + 1	\$595.61	\$1,290.48	\$613.28	\$1,328.78
	Employee + 2 or more	\$774.29	\$1,677.62	\$797.27	\$1,727.41
SHARP PERFORMANCE PLUS HMO <i>(Coverage only in San Diego and the southern part of the Inland Empire)</i>	Employee Only	\$279.70	\$606.02	N/A	N/A
	Employee + 1	\$559.40	\$1,212.04		
	Employee + 2 or more	\$727.22	\$1,575.65		
UNITEDHEALTHCARE HMO	Employee Only	\$309.97	\$671.60	\$308.45	\$668.31
	Employee + 1	\$619.94	\$1,343.20	\$616.90	\$1,336.62
	Employee + 2 or more	\$805.92	\$1,746.16	\$801.97	\$1,737.61
PERS CHOICE PPO <i>(Anthem Blue Cross)</i>	Employee Only	\$339.82	\$736.28	\$327.83	\$710.29
	Employee + 1	\$679.64	\$1,472.56	\$655.65	\$1,420.58
	Employee + 2 or more	\$883.54	\$1,914.33	\$852.35	\$1,846.75
PERS SELECT PPO <i>(Anthem Blue Cross)</i>	Employee Only	\$208.40	\$451.54	\$201.11	\$435.74
	Employee + 1	\$416.81	\$903.08	\$402.22	\$871.48
	Employee + 2 or more	\$541.85	\$1,174.00	\$522.89	\$1,132.92
PERSCARE PPO <i>(Anthem Blue Cross)</i>	Employee Only	\$455.38	\$986.66	\$429.75	\$931.12
	Employee + 1	\$910.76	\$1,973.32	\$859.50	\$1,862.24
	Employee + 2 or more	\$1,183.99	\$2,565.32	\$1,117.34	\$2,420.91
PORAC PPO*** <i>(Anthem Blue Cross)</i>	Employee Only	\$345.69	\$749.00	\$322.62	\$699.00
	Employee + 1	\$691.85	\$1,499.00	\$645.69	\$1,399.00
	Employee + 2 or more	\$904.62	\$1,960.00	\$874.15	\$1,894.00

*Region 2: Orange, San Diego, and Other Southern Counties.

*Region 3: Los Angeles, Riverside, and San Bernardino Counties.

**26 pay periods in 2020.

***Available to CMFA, CMFMA, and CMPMA.

-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**	\$2,700.00

*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>Calculate Your Monthly Costs</p> <ol style="list-style-type: none"> 1. Find your age group in the table; 2. Multiply the rate by the desired number of coverage units; 3. Calculate the cost of coverage for your spouse/partner, using your age; 4. Add the premiums for you, your spouse/partner, and your children to get your total monthly cost.
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*

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

*Effective February 1, 2019.

*Pre-tax deductions.

AFLAC – SHORT-TERM DISABILITY INSURANCE*

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

*Effective July 1, 2015. This is the current Short-Term Disability Insurance for non-industrial disabilities offered by Aflac. This benefit has a six-month duration period. For non-industrial accidents, there is no waiting period. For non-industrial sickness, there is a 14-day waiting period.

**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.

2020 PAYROLL DATES

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

*Payday adjusted due to holiday