INTERIM APPOINTEE - EMT

2024 BENEFIT SUMMARY

Benefit/Provider	1	Monthly Contributions		
	Coverage Level	City Pays	Employee Pays	
Kaiser HMO	Employee Only	\$529.16	\$108.26	
	Employee + 1	\$1,058.34	\$216.50	
	Family	\$1,494.46	\$309.40	
Kaiser HDHP w/HSA	Employee Only	\$435.46	\$78.72	
Note: The City will contribute	Employee + 1	\$870.90	\$157.46	
to an employee's HSA: \$800 for Employee Only coverage; \$1,600 for Employee + 1 or Family coverage	Family	\$1,229.46	\$225.64	
Delta Preferred PPO	Employee Only	\$37.34	\$0.00	
	Employee + 1	\$36.02	\$37.44	
	Family	\$33.24	\$92.72	
DeltaCare DMO	Employee Only	\$22.16	\$0.64	
	Employee + 1	\$22.16	\$18.70	
	Family	\$22.16	\$38.34	
Anthem BlueView Vision	Employee Only	n/a	\$7.11	
	Employee + 1	n/a	\$12.72	
	Family	n/a	\$21.08	
Critical Illness (The	Employee Only	n/a	Rates vary based on age	
Hartford)	Employee + Spouse	n/a	and coverage-See	
	One Parent Family	n/a	Benefits	
	Two Parent Family	n/a		
Accident –Low Plan	Employee Only	n/a	\$5.20	
(The Hartford)	Employee + Spouse	n/a	\$8.18	
	Employee + Children	n/a	\$8.55	
	Two Parent Family	n/a	\$13.51	
Accident – High Plan	Employee Only	n/a	\$8.09	
(The Hartford)	Employee + Spouse	n/a	\$12.74	
	Employee + Children	n/a	\$13.46	
Hospital Indemnity Plan	Two Parent Family Employee Only	n/a n/a	\$21.19	
(The Hartford)	Employee + Spouse	n/a	Rates vary based on age and coverage	
(The Hartiord)	One Parent Family	n/a	and coverage	
	Two Parent Family	n/a		
ARAG – Legal Plan	Plan Membership	n/a	\$24.25	
Supplemental Life	Age rated coverage for self	, n/a	Rates vary based on	
Insurance (The Hartford)	spouse and children	.,,	coverage	
Group Life Insurance (The Hartford)	Basic Life and AD&D: \$50,0 Dependent Life: \$1,000	OO City pays full cost	No cost to employee	
Section 125	Provider: TRI-AD			
Pre-tax Premiums,	Employee may set aside tax-free FSA \$			
Medical and Dependent	Annual minimum (both FSA	As): \$240		
Care Flexible Spending	Medical FSA annual max:	\$3,050		
Accounts	Dependent FSA annual max	c: \$5,000		

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Benefit/Provider	Description		
Short Term Disability	Provider: The Hartford Employee pays .715% of salary		
Long Term Disability	Provider The Hartford Employee pays .50% of salary		
Retirement Plan (CalPERS Defined Benefit Plan)	Employee and Employer share the cost Tier 1 Classic: 3% @ 60 Employee contribution rate = 8% Single Highest Year Tier 2 Classic: 2% @ 60 Employee contribution rate = 7% 3 Year Highest Avg Tier 3 PEPRA: 2% @ 62 Employee contribution rate = 7.75% 3 Year Highest Avg		
401 (k), 457 and Payroll Roth IRA Plans (MissionSquare Retirement)	Employee contributions to plans are optional		
Health Insurance Waiver Rebate	\$75 per month for waiving at least one level of health insurance		
Holidays in Lieu	124 hours credited on a monthly basis		
Sick Leave Accrual	9 hours per month, no maximum accrual		
Annual Vacation Accrual	Years of Service 1 to 5		
Work-Life Benefits	Employee Assistance Program (EAP) – counseling services The Hartford – Travel Assistance & Identity Theft Program 529 College Savings Plan		
Employee Discounts	Gym Membership Dell Computers Apple Products AT&T, T-Mobile and Verizon Cellphones Working Advantage Program – entertainment discounts Fun Express – entertainment discounts Education Discounts: National University, Grand Canyon University and Waldorf University		