ADMINISTRATIVE, CLERICAL & ENGINEERING

2024 BENEFIT SUMMARY

Benefit/Provider		Monthly Contributio	ns
<u> </u>	Coverage Level	City Pays	Employee Pays
Kaiser HMO	Employee Only	\$501.40	\$136.02
	Employee + 1	\$1,002.80	\$272.04
	Family	\$1,416.24	\$387.62
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Kaiser HDHP w/HSA	Employee Only	\$409.76	\$104.42
Note: The City will contribute	Employee + 1	\$819.50	\$208.86
to an employee's HSA: \$800 for Employee Only coverage;	Family	\$1,157.12	\$297.98
\$1,600 for Employee + 1 or			
Family coverage			
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
	Two Parent Family	n/a	\$21.19
Hospital Indemnity Plan	Employee Only	n/a	Rates vary based on age
(The Hartford)	Employee + Spouse	n/a	and coverage
	One Parent Family	n/a	
	Two Parent Family	n/a	40.00
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	Basic Life and AD&D: \$50,0	00 City pays full cost	No cost to employee
(The Hartford)	Dependent Life: \$1,000		
Section 125	Provider: TRI-AD		
Pre-tax Premiums,	Employee may set aside tax-free FSA \$		
Medical and Dependent	Annual minimum (both FS/		
Care Flexible Spending	Medical FSA annual max:	\$3,050	
Accounts	Dependent FSA annual max	k: \$5,000	

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Benefit/Provider	Description		
Short Term Disability (The Hartford)	Employee pays .715% of salary		
Long Term Disability (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	10 per year		
Sick Leave Accrual	9 hours per month, no maximum accrual		
Annual Vacation Accrual	Years of Service Accrual 1 to 5 96 hours 6 to 10 136 hours 11 to 15 176 hours 16 to 20 216 hours Plus, an additional 4 hours credited each October		
Work-Life Benefits	Employee Assistance Program (EAP) – counseling services The Hartford – Travel Assistance & Identity Theft Program 529 College Savings Plan		
Tuition Reimbursement	Up to \$1500 per fiscal year (a maximum of \$8,000 will be allotted for all ECEA members)		
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		

Revision Date: October 1, 2023