



**COUNTY OF SAN DIEGO
SUMMARY OF BENEFITS**

**NON-MANAGEMENT BENEFIT PROGRAM
(NCM)**

Employees in job classifications designated as CM are eligible for basic benefits in accordance with Section 5.1.2 of the County Compensation Ordinance.

FLEXIBLE BENEFIT PLAN (Section 5.1.6 - Compensation Ordinance)

The County's flexible benefit program gives you the freedom to choose from a menu of benefits. These benefits are paid on a pre-tax basis (excluding ancillary plans and supplemental life insurance). Adult dependents covered under a parent's plan can stay covered through the end of the month in which they turn 26 years old.

FLEXIBLE CREDIT (Section 5.1.6 - Compensation Ordinance)

Flex Credits are a County provided contribution toward the health care premium costs. The Flex Credit amount is offered to employees based on their job classification, and the level of medical coverage the employee selects, on a pay period basis.

Employee Only	Employee + 1 Dependent	Employee + 2 or More Dependents
\$351.50	\$534.00	\$777.00

MEDICAL INSURANCE (Section 5.1.6 - Compensation Ordinance)

Employees may elect coverage under any of the health plans offered by UnitedHealthcare SignatureValue Performance HMO Network 1, UnitedHealthcare SignatureValue Performance HMO Network 2, UnitedHealthcare SignatureValue Alliance HMO, UnitedHealthcare Select Plus PPO and UnitedHealthcare Select Plus HDHP/HSA or Kaiser Permanente (Traditional HMO and High Deductible Health Plan). There is also an option to waive County's health insurance; a waiver form must be submitted.

DENTAL INSURANCE (Section 5.1.6 - Compensation Ordinance)

The County provides a choice of dental plans for you and your eligible family members. Coverage includes a wide range of services from routine preventive care to oral surgery. The plans are offered by Delta Dental (Delta Dental PPO/Premier or DeltaCare USA-DHMO).

VISION INSURANCE (Section 5.1.6 - Compensation Ordinance)

The Vision Service Plan is a preferred-provider organization (PPO); benefits include eye vision examinations, corrective lenses and frames.

PLAN COSTS (Section 5.1.6 - Compensation Ordinance)

Listed below are the pay period deductions for each Medical, Dental and Vision plan offered by the County of San Diego:

	Plan Name	Employee Only	Employee + 1 Dependent	Employee + 2 or more Dependents
Medical	UHC Sig. Value Perf. HMO NW1	\$359.78	\$719.29	\$1,017.59
	UHC Sig. Value Perf. HMO NW2	\$461.28	\$922.26	\$1,304.75
	UHC Sig. Value Alliance HMO	\$345.21	\$690.14	\$976.36
	UHC Select Plus PPO	\$629.72	\$1,259.42	\$1,782.10
	UHC Select Plus HDHP/HSA	\$514.56	\$1,029.09	\$1,456.17
	Kaiser Permanente Health Plan	\$292.93	\$585.86	\$828.99
	Kaiser High Deductible Plan	\$228.67	\$457.34	\$647.13

	Plan Name	Employee Only	Employee + 1 Dependent	Employee + 2 or more Dependents
Dental	Delta Dental DHMO	\$7.92	\$14.31	\$18.33
	Delta Dental PPO	\$25.13	\$50.25	\$71.75
Vision	Vision Service Plan	\$4.67	\$10.79	\$14.63

LIFE INSURANCE (Section 5.3.1 - Compensation Ordinance)

The County provides a basic coverage of \$10,000 term Life insurance for each employee and \$2,000 coverage for a legal spouse and each child from birth to 26 years of age. Supplemental employee coverage of 1 to 6 times annual salary is available up to a maximum of \$2,000,000 under the County's flexible benefit plan. These plans are underwritten by MetLife.

ACCIDENTAL DEATH & DISMEMBERMENT (Section 5.4.1 - Compensation Ordinance)

The County provides a basic coverage of \$10,000 Accidental Death and Dismemberment insurance coverage for each employee. Supplemental employee coverage of 1, 2, or 3 times annual salary is available up to a maximum of \$1,000,000 under the County's flexible benefit plan. Family coverage is also available at the same level of coverage. These plans are underwritten by MetLife.

FLEXIBLE SPENDING ACCOUNTS (FSA) (Section 5.1.6 - Compensation Ordinance)

Employees can get reimbursed for qualified health care and dependent day care expenses with tax-free dollars under the County's Flexible Spending Account. The Health Care Flexible Spending Account (HCFSA) is used to pay for qualified medical, dental and vision expenses that are not covered by a health plan. The Dependent Care Flexible Spending Account (DCFSA) is used to pay for childcare or care for other eligible dependent family member(s). Up to \$550 of unused contributions can be rolled over to the next plan year.

HEALTH SAVINGS ACCOUNT (HSA)

This account can only be selected in conjunction with a High Deductible Health Plan. An HSA account can be used to pay for qualified health expenses. Unused funds roll over and accumulate year after year.

LIMITED PURPOSE FLEXIBLE SPENDING ACCOUNT (LPFSA)

Employees can use a LPFSA in conjunction with a Health Savings Account (HSA). The program allows you to put away money on a tax-free basis to pay for qualified dental and vision expenses not covered by insurance. Up to \$550 of unused contributions can be rolled over to the next plan year.

HEALTH REIMBURSEMENT ACCOUNT (HRA) (Section 5.1.6 - Compensation Ordinance)

The Health Reimbursement Account (HRA) is only funded through excess Flex Credits offered by the County. This includes a combined annual rollover total of \$550 between the FSA & HRA. The HRA reimburses employees for out-of-pocket qualified medical, dental and vision expenses.

EMPLOYEE ASSISTANCE PROGRAM (EAP):

From time to time virtually everyone encounters problems and conflicts which are difficult to handle alone. The County has provided the services of Anthem Blue Cross, which offers confidential consultation and referral services to help benefit eligible employees and their families. You may contact Anthem Blue Cross EAP at (888) 777-6665 for information.

For San Diego County Sheriff employees, this service is provided by The Counseling Team International. Please contact them at (800) 222-9691 for additional information.

RETIREMENT (Section 5.6.1 & 5.6.2 - Compensation Ordinance)

The San Diego County Employees Retirement Association (SDCERA) provides a defined benefit pension plan. Permanent employees automatically become members and contribute to their benefit from each biweekly paycheck. Contact SDCERA at (619) 515-6800 or visit www.sdcera.org for additional information.

DEFERRED COMPENSATION

Employees may elect to defer a portion of their compensation to a 457 Plan and/or a 401A Plan. The administrator of both plans is Nationwide Retirement Solutions. Contact Deferred Compensation at (619) 531-5840 for additional information.

MEMBERSHIP FEES, TRAVEL REIMBURSEMENT, TUITION (Sections 492 - 495 - County Administrative Code)

These types of expenses may be advanced or reimbursed in which approval is based on an individual basis. Guidelines for reimbursements and allowances are available under the County Administrative Code.

TRANSIT PASS PROGRAM (Section 495 - Administrative Code)

County contributes up to \$85 monthly towards purchase of a bus, trolley or Coaster Pass.

VACATION (Section 4.2.1 - Compensation Ordinance)

Accruals are credited on a biweekly basis and available for use as it is accrued: 10 days (1 through 4 years of service), 15 days (5 through 14 years of service), 20 days (15 years of service and over). Year to year carry-over accruals are limited to twice the employee's annual rate.

SICK LEAVE (Section 4.2.2 - Compensation Ordinance)

Accruals are credited on a biweekly basis and available for employee use once credited. Employees accrue 13 days of sick leave each year.

HOLIDAYS (Section 5.9.1 & 5.9.2 - Compensation Ordinance)

There are eleven regular holidays annually: New Year's Day, Martin Luther King Day, Cesar Chavez Day, Presidents Day, Memorial Day, Independence Day, Labor Day, Veterans Day, Thanksgiving (2 days), Christmas Day. Employees who have paid service during the second pay period of the fiscal year will receive 16 hours of floating holiday hours to use at their discretion (with supervisory approval). A maximum of 24 floating holiday hours may be accrued.

MISCELLANEOUS PAID LEAVES (Sections 4.2.3; 4.2.4; 4.2.5 & 4.5.6 - Compensation Ordinance)

Injury Leave - 75% of normal salary when unable to work due to work-related injury; Military Leave - 30 days/fiscal year to report for active or inactive duty; Bereavement Leave - 3 days for the death and/or funeral of immediate family member; Jury Duty - when required by court order to act as juror/prospective juror.

ADDITIONAL VOLUNTARY BENEFITS MAY BE SELECTED

SHORT TERM DISABILITY (STD)

When a non-work-related illness or injury makes it impossible for you to work for a short period of time, your income may be continued under the Short-Term Disability (STD) plan. Under the plan, if you are disabled, you could receive a benefit to replace a portion of your income until you are able to return to work. Coverage is offered through Lincoln Financial Group. This plan pays a benefit up to 25% of your weekly covered earnings to a maximum of \$1,000 per week.

LONG TERM DISABILITY (LTD)

When a non-work-related illness or injury makes it impossible for you to work for an extended period of time, your income may be continued under the County's LTD plan. For those in the covered class, if you are disabled for the greater of your accumulated sick leave or 180 days, you may be eligible to receive a benefit of 60% of your basic monthly pay (up to \$5,000 per month) until you are able to return to work. Coverage is offered through Lincoln Financial Group.

CRITICAL ILLNESS

Critical Illness insurance pays a one-time, lump sum benefit on top of any health insurance benefits that you currently receive upon the diagnosis of a covered disease or illness such as Cancer, Heart Attack or Stroke. Employees can elect coverages in the amount of \$10,000, \$20,000 or \$30,000. Spouse and child(ren) are covered at 50% of the employee's benefit. Coverage is offered through Allstate.

STATE OF CALIFORNIA BENEFITS – DISABILITY INSURANCE AND PAID FAMILY LEAVE

STATE DISABILITY INSURANCE (SDI) – YOUR CLASSIFICATION PAYS INTO SDI

The State Disability Insurance (SDI) program is managed by the State of California, Employee Development Department (EDD), which is responsible for program eligibility requirements, benefit determinations and disability payments. If you become disabled, you may be eligible for benefits. SDI, a worker-funded program, provides benefits up to a maximum of 52 weeks to workers who are unable to work due to non-work-related illness, injury, or pregnancy. Your weekly benefit amount is approximately 60 to 70 percent of your wages, up to the maximum benefit allowance. The first seven days of your SDI claim are a non-payable waiting period.

The State of California, EDD, prohibits a combination of the use of sick leave balances and SDI when it exceeds 100% of an employee's weekly salary. For this reason, employees must integrate these benefits to comply with the SDI regulations. Failure to integrate these benefits will jeopardize an employee's SDI eligibility and may create overpayment issues. Integration of SDI benefits and sick leave balance usage is required by the State Unemployment Insurance Code, and it has the effect of extending employees' County paid status. This can have a positive impact on leave accruals, health insurance status and other benefits. See DHR's State Disability Insurance [Policy Number 504](#) for more information.

Employees covered by SDI pay premiums through payroll taxes (which include PFL premiums). SDI/PFL premiums are deducted from your paycheck on a bi-weekly basis.

For general information regarding State Disability Insurance, contact EDD at (858) 689-6700 or (800) 480-3287 or at www.edd.ca.gov/disability.

PAID FAMILY LEAVE (PFL)

Paid Family Leave is a component of SDI. Premiums for PFL are included with SDI premiums, deducted from your paycheck bi-weekly. The State of California Paid Family Leave provides up to 8 weeks of partial pay to employees who take time off from work to care for a seriously ill family member (child, parent, parent-in-law, grandparent, grandchild, sibling, spouse, or registered domestic partner) or to bond with a new child entering the family through birth, adoption, or foster care placement.

Your weekly benefit amount is approximately 60 to 70 percent (depending on income) of wages up to the maximum weekly benefit amount. You may receive up to 8 weeks of Paid Family Leave (PFL) benefits in a 12-month period. Your weekly benefit payment amount may vary if you receive other income (such as sick leave pay, paid time off, etc.) while receiving PFL benefits from EDD.

If you have questions regarding PFL please call, EDD at (877) 238-4373 or visit the website www.edd.ca.gov/disability.