

2024

# Benefits Guide



Health • Financial • Work-Life

January 1 - December 31, 2024

# Welcome

Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, your family and your way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

## Eligibility

Generally, all regular City employees are eligible to participate in the City of Escondido's benefit program. Eligible employees may also enroll their eligible dependents in the City's benefit plans. Your eligible dependents include:

- ▶ Your legally married spouse
- ▶ Your registered domestic partner (RDP) and/or his/her children, where applicable by state law
- ▶ Your children who are your biological children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

## When Coverage Begins

- ▶ **New Hires:** You must complete the enrollment process within 30 days of your date of hire. Coverage is effective the first day of the month following your date of hire. If hired on the first of the month, coverage will be effective on that date.
- ▶ If you fail to enroll on time, you will **NOT** have benefits coverage (except for company-paid benefits).
- ▶ **Open Enrollment:** Changes made during Open Enrollment are effective January 1 - December 31, 2024.

## Choose Carefully!

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualified life event during the year. Following are examples of the most common qualified life events:

- ▶ Marriage or divorce
- ▶ Birth or adoption of a child
- ▶ Child reaching the maximum age limit
- ▶ Death of a spouse, RDP, or child
- ▶ You lose coverage under your spouse's/RDP's plan
- ▶ You gain access to state coverage under Medicaid or CHIP

## Making Changes

**To make changes to your benefit elections, you must contact Employee Benefits within 30 days of the qualified life event (including newborns).** Be prepared to show documentation of the event such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

## Waiving Health Insurance

Employees who waive a level of City medical coverage with proof of coverage elsewhere, will receive a \$75 monthly waiver benefit. In the event two City employees are married and both employees waive a level of coverage, only one spouse will receive the \$75 monthly waiver. The various levels of medical coverage include employee only, employee plus one and family coverage.

- ▶ To receive the credit, you **are required to** complete a **Waiver of Coverage** form and submit it to Employee Benefits by the Enrollment deadline along with a copy of the insurance card.
- ▶ If completing a Waiver, participants must complete this form each year.

If you have waived coverage and the alternative medical coverage is lost during the year, notify Employee Benefits within 30 days so you may elect City coverage for the remainder year.

**Required Information**—When you enroll, you will be required to enter a Social Security number (SSN) for all covered dependents. The Affordable Care Act (ACA), otherwise known as health care reform, requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.

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# Enrollment

Please see applicable sections for specific enrollment directions. For questions, contact Human Resources

# Medical

We are proud to offer you a choice between two different medical plans that provide comprehensive medical and prescription drug coverage. The plans also offer many resources and tools to help you maintain a healthy lifestyle. Following is a brief description of each plan.

## Kaiser HMO

With this plan, you select a primary care physician (PCP) from the participating network of providers who will coordinate your health care needs, refer you to specialists (if needed) and approve further medical treatment. Services received outside of the HMO's network are not covered, except in the case of emergency medical care.

## Kaiser HDHP

The Kaiser High-Deductible Health Plan (HDHP) is an HMO plan. You will select a primary care physician (PCP) from the participating network of providers as detailed above. In addition, the HDHP comes with a health savings account (HSA) that allows you to save pre-tax dollars<sup>1</sup> to pay for any qualified health care expenses as defined by the IRS, including most out-of-pocket medical, prescription drug, dental and vision expenses. For a complete list of qualified health care expenses, visit [www.irs.gov/pub/irs-pdf/p502.pdf](http://www.irs.gov/pub/irs-pdf/p502.pdf).

Here's how the plan works:

- ▶ **Annual Deductible:** You must meet the entire annual deductible before the plan starts to pay for non-preventive medical and prescription drug expenses. **NOTE:** *If you enroll one or more family members, you must meet the full FAMILY deductible before the plan starts to pay expenses for any one individual.*
- ▶ **Coinsurance:** Once you've met the plan's annual deductible, you are responsible for a percentage of your medical expenses, which is called coinsurance. For example, the plan may pay 80 percent and you may pay 20 percent.
- ▶ **Out-of-Pocket Maximum:** Once your deductible and coinsurance add up to the plan's annual out-of-pocket maximum, the plan will pay 100 percent of all eligible covered services for the rest of the calendar year. **NOTE:** *If you enroll one or more family members, each covered family member is only required to meet the INDIVIDUAL out-of-pocket maximum before the plan starts to pay covered services at 100 percent for that individual. If you have other family members in this plan, they have to meet their own out of pocket maximum until the overall family maximum has been met.*
- ▶ **Health Savings Account (HSA):** You may contribute to your HSA through pre-tax payroll deductions to help offset your annual deductible and pay for qualified health care expenses. In addition, the City will contribute \$800 annually to your HSA if you enroll in employee-only coverage and \$1,600 annually if you enroll yourself and one or more family members. **To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs. See the plan documents for full details.**



**Important:** Your contributions, in addition to the company's contributions, may not exceed the annual IRS limits listed below.

HSA Contribution Limit	2024
Employee Only	\$4,150
Family (employee + 1 or more)	\$8,300
Catch-up (age 55+)	\$1,000

Your HSA is yours for life. The money is yours to spend or save, regardless of whether you change health plans<sup>2</sup>, retire or leave the company. There is no "use it or lose it" rule. Your account grows tax free over time as you continue to roll over unused dollars from year to year. You decide how or if you want to spend your HSA funds. You can use them to pay for you and your dependents' doctor's visits, prescriptions, braces, glasses—even laser vision correction surgery.

<sup>1</sup> Tax free under federal tax law; state taxation rules may apply

<sup>2</sup> You must be enrolled in a qualified health plan to contribute to an HSA.

# Medical

Following is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary Plan Description (SPD).

Key Medical Benefits	Kaiser HMO	Kaiser HDHP
	In-Network Only	In-Network Only
<b>Deductible</b> (per calendar year)		
Individual / Family	None	\$1,600 / \$3,200
<b>Out-of-Pocket Maximum</b> (per calendar year)		
Individual / Family	\$1,500 / \$3,000	\$3,200 / \$6,400
<b>Company Contribution to Your Health Savings Account (HSA)</b> (per calendar year; prorated for new hires/newly eligible)		
Individual / Family	N/A	\$800 / \$1,600
<b>Covered Services</b>		
Office Visits (physician/specialist)	\$15 copay	\$20 copay*
Routine Preventive Care	No charge	No charge
Outpatient Diagnostic (lab/X-ray)	No charge	\$10 copay*
Complex Imaging	No charge	\$50 copay*
Chiropractic	\$15 copay (30 visits)	\$15 copay (30 visits)*
Ambulance	\$50 copay	\$100 copay*
Emergency Room	\$100 copay	\$100 copay*
Urgent Care Facility	\$15 copay	\$20 copay*
Inpatient Hospital Stay	No charge	\$250 copay*
Outpatient Surgery	\$15 copay	\$150 copay*
<b>Prescription Drugs</b> (Generic / Brand)		
Retail Pharmacy (30-day supply)	\$10 / \$20	\$10* / \$30*
Mail Order (100-day supply)	\$10 / \$20	\$20* / \$60*

Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

\*Benefits with an asterisk ( \* ) require that the deductible be met before the Plan begins to pay.

To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs. See the plan documents for full details.

To enroll in a Medical, Dental or Vision plan, please fill out the [Benefits Enrollment Form](#).

# Dental

We are proud to offer you a choice between two different dental plans.

## Delta Dental DHMO

With this plan, you choose a primary dental provider to manage your care. There are no charges for most preventive services, no claim forms and no deductibles. Reduced, pre-set charges apply to other services.

## Delta Dental DPPO

This plan offers you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a dentist who participates in the Delta Dental network.

Following is a high-level overview of the coverage available.

Key Dental Benefits	DHMO	DPPO		
	In-Network Only	Delta Dental PPO	Delta Dental Premier	Out-of-Network <sup>1</sup>
<b>Deductible</b> (per calendar year)				
Individual / Family	None	\$25 / \$75	\$35 / \$105	\$35 / \$105
<b>Benefit Maximum</b> (per calendar year; preventive, basic, and major services combined)				
Per Individual	None	\$1,750	\$1,750	\$1,750
<b>Covered Services</b>				
<b>Preventive Services</b>	No charge	No charge	No charge	No charge
<b>Basic Services</b>	Various Copays, see Schedule	20%*	20%*	20%*
<b>Major Services</b>	Various Copays, see Schedule <sup>2</sup>	50%* <sup>3</sup>	50%* <sup>3</sup>	50%* <sup>3</sup>
<b>Orthodontia</b> (Child & Adult)	\$1,800 copay for adults / \$1,600 copay children up to age 19	50%; \$1,750 Max. Benefit	50%; \$1,750 Max. Benefit	50%; \$1,750 Max. Benefit

Coinurance percentages shown in the above chart represent what the member is responsible for paying.

\*Benefits with an asterisk ( \* ) require that the deductible be met before the Plan begins to pay.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.
2. Implants not covered.
3. \$1,000 Max. Benefit for Implants

# Vision

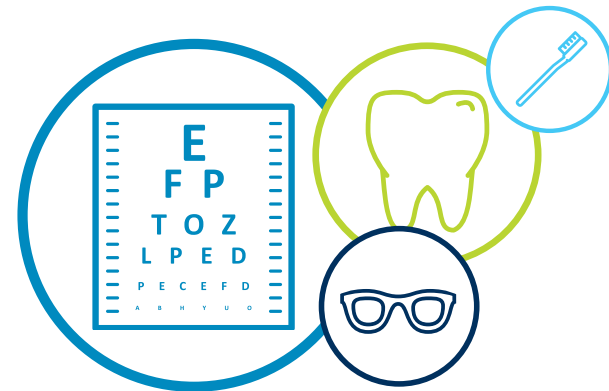
We are proud to offer you a vision plan.

The Anthem Blue View vision plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the Anthem Blue View network.

Following is a high-level overview of the coverage available.

Key Vision Benefits	In-Network	Out-of-Network Reimbursement
<b>Exam</b> (once every 12 months)	\$10	Up to \$40
<b>Materials Copay</b>	\$10	N/A
<b>Lenses</b> (once every 12 months)	No charge after materials copay	Up to \$40
Single Vision		Up to \$60
Bifocal Trifocal		Up to \$80
<b>Frames</b> (once every 24 months)	Covered up to \$130 then 20% off any remaining balance	Up to \$45
<b>Contact Lenses</b> (once every 12 months; in lieu of glasses)	Covered up to \$105 then 15% off any remaining balance	Up to \$105

To enroll in a Medical, Dental or Vision plan, please fill out the **Benefits Enrollment Form**.



# Voluntary Benefits

Our benefit plans are here to help you and your family live well—and stay well. But did you know that you can strengthen your coverage even further? It's true! Our voluntary benefits through Hartford are designed to complement your health care coverage and allow you to customize our benefits to you and your family's needs. The best part? Benefits from these plans are paid directly to you! Coverage is also available for your spouse and dependents.

You can enroll in these plans when you are hired and during Open Enrollment—they're completely voluntary, which means you are responsible for paying for coverage at affordable group rates. If interested in enrolling, visit Hartford's enrollment site to complete enrollment in these plans. Directions in the call out box below.

## Accident Insurance

Accident insurance can soften the financial impact of an accidental injury by paying a benefit to you to help cover the unexpected out-of-pocket costs related to treating your injuries.

## Critical Illness

Did you know that the average total out-of-pocket cost related to treating a critical illness is over \$7,000<sup>1</sup>? With critical illness insurance, you'll receive a lump-sum benefit if you are diagnosed with a covered condition that you can use however you would like, including to help pay for: treatment (e.g. experimental), prescriptions, travel, increased living expenses, and more.

## Hospital Indemnity

The average cost of a hospital stay is \$11,700—and the average length of a stay is 4.6 days<sup>2</sup>. Hospital indemnity insurance can help reduce costs by paying you or a covered dependent a benefit to help cover your deductible, coinsurance and other out-of-pocket costs due to a covered sickness or injury related hospitalization. Employees with the Kaiser HDHP medical plan are eligible for this benefit as it is HSA compatible.

1. MetLife Accident and Critical Illness Impact Study, October 2013

2. Overview of U.S. Hospital Stays in 2016: Variation by Geographic Region. HCUP Statistical Brief #246. December 2018. Agency for Healthcare Research and Quality, Rockville, MD.

### How to Enroll

To enroll in these plans please follow the instructions to the right.

On the site you will be able to review

- Benefit Summaries
- Rates
- Videos

This information will help you make an informed decision regarding these benefits.

### How to Login

Visit <https://enroll.thehartfordatwork.com/enroll> and log in using the information below:

#### Your User ID

Your initials followed by the last four #'s of your SSN.

#### Your Password

Your initials followed by your date of birth (MMDDYYYY).

You will be required to reset your password during your initial login.

#### Example User ID & Password

Jane Doe, born 01/05/1975 with last four #'s of her SSN has a login of jd1234, and password of jd01051975.



# Flexible Spending Accounts (FSAs)

We provide you with an opportunity to participate in up to two different flexible spending accounts (FSAs) administered through Tri-Ad. FSAs allow you to set aside a portion of your income, before taxes, to pay for qualified health care and/or dependent care expenses. Because that portion of your income is not taxed, you pay less in federal income, Social Security and Medicare taxes.

## Health Care FSA

For 2024, you may contribute up to \$3,050 (\$240 Minimum) to cover qualified health care expenses incurred by you, your spouse and your children up to age 26. Some qualified expenses include:

- ▶ Coinsurance
- ▶ Prescriptions
- ▶ Eye exams/eyeglasses
- ▶ Copayments
- ▶ Dental treatment
- ▶ Lasik eye surgery
- ▶ Deductibles
- ▶ Orthodontia

For a complete list of eligible expenses, visit [www.irs.gov/pub/irs-pdf/p502.pdf](http://www.irs.gov/pub/irs-pdf/p502.pdf).

## Dependent Care FSA

For 2024, you may contribute up to \$5,000 (per family) to cover eligible dependent care expenses (\$2,500 if you and your spouse file separate tax returns). Some eligible expenses include:

- ▶ Care of a dependent child under the age of 13 by babysitters, nursery schools, pre-school or daycare centers
- ▶ Care of a household member who is physically or mentally incapable of caring for him/herself and qualifies as your federal tax dependent

For a complete list of eligible expenses, visit [www.irs.gov/pub/irs-pdf/p503.pdf](http://www.irs.gov/pub/irs-pdf/p503.pdf).

For more Tri-Ad information, please click [here](#).

To enroll in a Flexible Spending Account, please fill out the [Applicable Enrollment Form](#).

# FSA Rules

## YOU MUST ENROLL EACH YEAR TO PARTICIPATE.

Because FSAs can give you a significant tax advantage, they must be administered according to specific IRS rules:

Unused funds will **NOT** be returned to you or carried over to the following year.

**You can incur expenses through March 15, 2025, and must file claims by March 31, 2025.**

*Maximum contribution amount is established by the IRS and your employer each year. See plan document for details.*

# Life and AD&D Insurance

**Life insurance** provides your named beneficiary(ies) with a benefit in the event of your death.

**Accidental Death and Dismemberment (AD&D) insurance** provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot or eye). In the event that your death occurs due to a covered accident, both the life and the AD&D benefit would be payable.

## Basic Life/AD&D (Company-paid)

This benefit is provided at **NO COST** to you through The Hartford.

<b>Benefit Amount</b>	Review your Benefit Summary to determine your coverage amount.
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To enroll in Supplemental Life, please visit Hartford's [Express Enroll](#) site to complete enrollment and update your beneficiaries.

## Supplemental Life/AD&D (Employee-paid)

If you determine you need more than the basic coverage, you may purchase additional coverage through The Hartford for yourself and your eligible family members.

	<b>Benefit Option</b>	<b>Guaranteed Issue*</b>
<b>Employee</b>	\$10,000 increments; minimum of \$10,000 up to \$500,000, not to exceed 5x your covered earnings	Lesser of \$200,000 or 2x your covered earnings
<b>Spouse/RDP</b>	\$5,000 increments; minimum of \$5,000 up to \$250,000, not to exceed 50% of your additional life coverage	\$20,000
<b>Child(ren)</b>	\$2,000 increments; minimum of \$2,000 up to \$10,000, not to exceed 50% of your additional life coverage	\$10,000

\*During your initial eligibility period only, you can receive coverage up to the Guaranteed Issue amounts without having to provide Evidence of Insurability (EOI, or information about your health). Coverage amounts that require EOI will not be effective unless approved by the insurance carrier.

# Disability Insurance

Disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness.

## Short-Term Disability

Provided to you through The Hartford.

<b>Benefit Percentage</b>	66.67%
<b>Weekly Benefit Maximum</b>	\$2,500
<b>When Benefits Begin</b>	After 7th calendar day of disability
<b>Maximum Benefit Duration</b>	12 weeks

## Long-Term Disability

Provided to you through The Hartford.

<b>Benefit Percentage</b>	60%
<b>Monthly Benefit Maximum</b>	\$12,000
<b>When Benefits Begin</b>	After 90th day of disability
<b>Maximum Benefit Duration</b>	Social Security Normal Retirement Age

# Employee Assistance Program

Life is full of challenges, and sometimes balancing it is difficult. We are proud to provide a confidential program dedicated to supporting the emotional health and well-being of our employees and their families. The employee assistance program (EAP) is provided at **NO COST** to you through Cigna.

The EAP can help with the following issues, among others:

- ▶ Mental health
- ▶ Relationships or marital conflicts
- ▶ Child and eldercare
- ▶ Substance abuse
- ▶ Grief and loss
- ▶ Legal or financial issues

## EAP Benefits

- ▶ Assistance for you and your household members
- ▶ Up to six (6) in-person sessions with a counselor per issue, per year, per individual
- ▶ Unlimited toll-free phone access and online resources

# Valuable Extras

We also offer the following additional benefits:

- ▶ Health Savings Account
- ▶ ARAG Group Legal Plan
- ▶ Hartford Travel Assistance & Identity Theft
- ▶ Pet Insurance
- ▶ 529 College Savings Plan
- ▶ Leave & Paid Time off
- ▶ Retirement Options (CalPERS, 401(k) Plan, 457 Plan, Roth IRA)

# Cost of Benefits

## What does it cost?

The City continues to pay the majority of the cost for your medical and dental coverage, and you pay competitive group rates for the voluntary plans.

## About Premiums

- ▶ Medical payroll deductions for employees (except Council members) are exempt from federal or state taxes. If you want to **waive** this tax advantage, contact Employee Benefits to request a pre-tax waiver form.
- ▶ Non-Sworn Police eligible for flex credits pay the full semi-monthly plan premium.
- ▶ Council members pay on a monthly basis.
- ▶ To view premiums, select the name of your Benefit Program in the box to the right
- ▶ Thinking about retiring? Retiree rates are available to help you plan your budget. Click [here](#) for rates.

## Benefit Deductions (monthly)

- ▶ [Administrative, Clerical & Engineering](#)
- ▶ [City Council](#)
- ▶ [Executive Management](#)
- ▶ [Fire Management](#)
- ▶ [Maintenance and Operations](#)
- ▶ [Non-Safety Fire](#)
- ▶ [Non-Sworn Police](#)
- ▶ [Police Management](#)
- ▶ [Safety Fire](#)
- ▶ [Supervisory](#)
- ▶ [Sworn Police](#)
- ▶ [Unclassified Clerical Technical](#)
- ▶ [Unclassified Management](#)
- ▶ [Interim Appointee - EMT](#)



# Contact Information

Coverage	Carrier	Phone #	Website/Email
Medical	Kaiser	(800) 464-4000 (English) / (800) 788-0616 (Spanish)	<a href="http://www.kp.org">www.kp.org</a>
Dental	Delta Dental	DPPO: (800) 765-6003; DHMO: (800) 422-4234	<a href="http://www.deltadentalins.com">www.deltadentalins.com</a>
Vision	Anthem Blue Cross	(866) 723-0515	<a href="http://www.anthem.com/ca">www.anthem.com/ca</a>
Flexible Spending Accounts (FSAs)	Tri-Ad	(888) 844-1372	<a href="http://www.tri-ad.com">www.tri-ad.com</a>
Life/AD&D	The Hartford	Customer Service: (800) 523-2233 Claims: (800) 563-1124	<a href="http://www.thehartford.com/employeebenefits">www.thehartford.com/employeebenefits</a>
Disability	The Hartford	Customer Service: (800) 523-2233 Claims: (800) 301-5615	<a href="http://www.thehartford.com/employeebenefits">www.thehartford.com/employeebenefits</a>
Employee Assistance Program (EAP)	Cigna	(877) 622-4327	<a href="http://www.mycigna.com">www.mycigna.com</a>
Voluntary Benefits	The Hartford	(866) 547-4205	<a href="http://www.thehartford.com/benefits/myclaim">www.thehartford.com/benefits/myclaim</a>
Pet Insurance	Spot	(800) 905-1595	<a href="https://spotpet.link/escondido">https://spotpet.link/escondido</a>

## Questions?

If you have additional questions, you may also contact:

Patrice Russell, Human Resources Manager  
(760) 839-4865 | [prussell@escondido.org](mailto:prussell@escondido.org)

Stephanie Lackerdas, Human Resources Analyst  
(760) 839-4856 | [slackerdas@escondido.org](mailto:slackerdas@escondido.org)

Cyndi Jackson, Human Resources Technician  
(760) 839-4533 | [cjackson@escondido.org](mailto:cjackson@escondido.org)

## Benefit Summaries

Click [here](#) to view Benefit Summaries.  
(Medical, Dental, Vision, Life/AD&D, and Disability Benefits)



**DISCLAIMER:** The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern.  
**Annual Notices:** ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The company will distribute all required notices annually.

