



**City of Milpitas**  
CALIFORNIA

# BENEFITS ORIENTATION

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2016 PLAN YEAR

# Human Resources

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# MOU

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As an employee of the City of Milpitas, you have a comprehensive program of benefits available to you and, in many instances, your family. Each Unit has slightly different details in their benefits package. See the documents below for the details of the program and your specific Unit.

[Fire](#)

[Mid-Mgmt./Confidential](#)

[MEA](#)

[Police](#)

[PROTECH](#)

# General Info

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New Employees have 30 days from date of hire to enroll

Benefits are effective the first of the month following date of hire

City of Milpitas does not participate in the social security system

You will need names, birth dates and social security numbers of any dependents you wish to enroll

You will be required to provide proof of eligibility for your dependents

## Dependents

- Spouse
- Domestic partner who meet certain criteria
- Children up to age 26 or older if disabled or incapable of self-support

# Enrollment Opportunities

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30 Days from Employment

Open Enrollment

Qualified Event

# Health HMO

Health Plan	Plan Code	Enrolled Employees & Eligible Dependents	2016 Total Monthly Premium	Monthly Amount Paid by Employee
Anthem Blue Cross Select HMO	454	Employee Only	\$721.79	\$0.00
		Employee +1	\$1,443.58	\$0.00
		Employee +2 or more	\$1,876.65	\$0.00
Anthem Blue Cross Traditional HMO	450	Employee Only	\$855.42	\$108.95
		Employee +1	\$1,710.84	\$217.90
		Employee +2 or more	\$2,224.09	\$283.27
Blue Shield Access+	102	Employee Only	\$1,016.18	\$269.71
		Employee +1	\$2,032.36	\$539.42
		Employee +2 or more	\$2,642.07	\$701.25
Blue Shield Net Value	124	Employee Only	\$1,033.86	\$287.39
		Employee +1	\$2,067.72	\$574.78
		Employee + 2 or more	\$2,688.04	\$747.22
United Healthcare Alliance HMO	426	Employee Only	\$955.44	\$208.97
		Employee +1	\$1,910.88	\$417.94
		Employee +2 or more	\$2,484.14	\$543.32
Kaiser	104	Employee Only	\$746.47	\$0.00
		Employee +1	\$1,492.94	\$0.00
		Employee +2 or more	\$1,940.82	\$0.00

# Health PPO

Health Plan	Plan Code	Enrolled Employees & Eligible Dependents	2016 Total Monthly Premium	Monthly Amount Paid by Employee
PERS Care	122	Employee Only	\$889.27	\$142.80
		Employee +1	\$1,778.54	\$285.60
		Employee +2 or more	\$2,312.10	\$371.28
PERS Choice	106	Employee Only	\$798.36	\$51.89
		Employee +1	\$1,596.72	\$103.78
		Employee +2 or more	\$2,075.74	\$134.92
PERS Select	126	Employee Only	\$730.07	\$0.00
		Employee +1	\$1,460.14	\$0.00
		Employee +2 or more	\$1,898.18	\$0.00
PORAC*	207	Employee Only	\$699.00	\$0.00
		Employee +1	\$1,399.00	\$0.00
		Employee +2 or more	\$1,789.00	\$0.00

# Health Insurance Marketplace

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Designed to help you find health insurance that meets your needs and fits your budget.

[Health Insurance Marketplace Form](#)

# Medical Waiver

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Allows you to waive City of Milpitas medical insurance coverage in exchange for cash, provided you have other health insurance coverage

\$125 per month

Treated as taxable income and subject to payroll taxes

You must complete Medical Waiver form

You must provide proof of alternate coverage

# Dental

Plan	BU	Enrolled Employees & Eligible Dependents	2016 Total Monthly Premium	Monthly Amount Paid by Employee
Dental Plan				
Delta Dental PPO	LIUNA, MEA, MSA, PROTECH UNREP		\$220.17	\$0.00
	POLICE			
		Employee Only	\$89.12	\$0.00
		Employee +1 or more	\$214.78	\$0.00

# Delta Dental (02998)

Maximums	Year	Employee	Family
	1	\$1,500.00	\$3,000.00
	2	\$2,000.00	\$8,000.00
	3	\$3,000.00	\$12,000.00
	4	\$3,500.00	\$14,000.00
No Waiting Period for Basic, Major, Prosthodontic and Orthodontics			
Benefits and covered services	Delta Dental Dentist	Non Delta Dental Dentist	
Diagnostic and Preventative	100%	100%	
Basic	100%	100%	
Endodontic	100%	100%	
Periodontics	100%	100%	
Oral Surgery	100%	100%	
Major Services	100%	100%	
Prosthodontics	100%	100%	
Orthodontic Benefits	100%	100%	
Orthodontic maximums	\$3500 lifetime max/person	\$3500 lifetime max/person	

# Delta Dental (00103)

Benefit	Delta Dental and Non Delta Dental
Annual Deductible	\$25/person
Waive for Preventative Services	Yes
Calendar Year maximum	\$2000/ person
Diagnostic and preventative Services	70-100%
Basic Services	70-100%
Crown and Cast Restorations	80%
Prosthodontics	70%
Orthodontia Services	50%
Orthodontia Lifetime Maximum	\$2000/person

# Dental (Firefighters Dental Fund)

Plan	BU	Enrolled Employees & Eligible Dependents	2016 Total Monthly Premium	Monthly Amount Paid by Employee
Dental Plan				
Firefighters Dental Fund	FIRE		\$150.00	\$0.00

- The Milpitas Firefighters Dental Fund is a reimbursement dental plan offered to qualified members of the Fire Department and their families.
- Dental Claims can be submitted to the dental claims box located at Station One.
- The Dental Committee reviews claims monthly. The member(s) are then reimbursed based on usual and customary fees for procedures performed by their dentists or orthodontist.

# Vision (MES)

Medical Eye Services (MES)		Employee Only	\$6.80	\$0.00
		Employee +1	\$13.50	\$0.00
		Employee +2 or more	\$17.40	\$0.00

- Comprehensive Exam      Every 12 Months
- Lenses                      Every 24 Months
- Frame                      Every 24 Months (max \$120 in network \$40 out of network)
- Contacts                    Every 24 months

# Flexible Spending Accounts (FSA)

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FSA's help you save money on health and dependent care expenses by paying for eligible expenses with tax free dollars. **You must re-enroll in the account every year**

Health- up to \$2500 each year

Dependent Care- up to \$ 5,000 each year

- Children under the age of 13

Pay out of pocket and submit for reimbursement

Use it or lose it!

# LTD

## (LIUNA, MEA, MSA, PROTECH, UNREP)

The City offers a Core long-term disability plan through The Lincoln National Life Insurance Company. All Employees (excluding safety employees) working at least 20 hours per week are eligible for this benefit.

<b>Benefit Highlights</b>	<b>Lincoln Financial Group</b>
Elimination Period	60-Days
Monthly Benefit Percentage	60% of Base Monthly Earnings
Maximum Monthly Benefit	
Core LTD	\$1,500
Buy-Up LTD <sup>1</sup>	\$6,000
Definition of Disability	24-Months; Own Occupation
Mental Health/Substance Abuse Limitations	24-Months
Survivor Income Benefit	3-Months
Maximum Benefit Duration	Later of Age 65 or SSNRA
Pre-Existing Condition Limitation	3-Months Prior/ 12-Months Insured
Waiver of Premium	Yes

# LTD (Milpitas POA)

Benefit Highlights	Milpitas POA
Percent of Wages Protected**	100% of Wages for Catastrophic Disabilities* for 18 months, then 80% (70% if IOD) 80% of Wages Non-Industrial Causes 70% of Wages Industrial Causes (No worker's Compensation permanent disability offsets)
Maximum Benefit	\$6,500 Per Month, Tax Free
Waiting Period	30 Days - If less than 60 days of personal leave, you may receive 50% of wages after 30 days. Otherwise, 60 calendar days.
Benefits Period	Lifetime coverage for Sickness, Accident, Pregnancy (Industrial Disability & Non-Industrial Disabilities)
Cost of Living (COLA)	4% compounded per year (Years 3-8); Thereafter, CPI increase to age 65 and then continued lifetime
Return to Work Incentive Benefit	\$1,000 Per Month for Non-Industrial Catastrophic Total Disability if a Member Returns to Gainful Employment
Waiver of Premium	After 60 Calendar Days and Receiving Benefits
Freeze of Personal Leave Option	After 60 Calendar Days
Personal Leave Integration Benefit	After 60 days: You may use 50% Personal Leave and receive a 50% Benefit from Plan or You may use 100% Personal Leave and receive \$1,000 Per Month
Benefits Payable During Challenged Worker's Compensation Cases	After 60 days: 70% of Wages to a Maximum Benefit of \$6,500 Per Month (Repayable only if settled in your favor)
Minimum Monthly Benefits	\$1,000 Per Month - Paid in Addition to Personal Leave After 60 Calendar Days (\$500 Per Month for Disputed Workers' Compensation Claims)
Disability Pension Advance	Plan May Advance, Interest Free, Actual Retirement Benefits Not to Exceed \$6,500 Per Month.
Survivorship Benefits	Six Months Addition Benefits to Dependent Beneficiary, Plus Death Benefit of \$55,000 - Suicide at \$10,000 (Benefits Maybe Payable Within 24 hours of Notification)
Death Benefit	Death benefit on or off duty natural, accidental or terminally ill, death benefit \$55,000 (\$10,000 initial benefit then \$1,500/Month for 30 Months) Suicide at \$10,000 (\$2,000 first 2 years in Plan) (Benefits Maybe Payable Within 24 hours of Notification)
Pre-Existing Medical Condition Coverage	If you enroll during your initial enrollment period, all pre-existing medical conditions will be covered once you have been in the plan for 24/48*** months, unless you are eligible for the Prior Coverage Credit - otherwise, pre-existing medical conditions will not be covered.
Ownership of Plan	Owned, and operated and managed by members through a Board of Directors (non-profit and non-political California Corporation since 1985)

# LTD

## (CA Assn of Professional Fighters)

Benefit Highlights	California Association of Professional Fighters
Cost/Premium	\$19.50 Per Month
Percent of Wages Protected**	100% of Wages for Catastrophic Disabilities for 18 months 70% of Wages Industrial Causes 80% of Wages Non-Industrial Causes
Maximum Benefit	\$9,000 Per Month, Tax Free
Waiting Period	30 Calendar Days - Earlier reduced benefits may be payable based on lack of personal leave down to zero days. \$750 per month Minimum befits after 60 days, freeze of personal leave after 60 days (\$500 per month is Industrial caused). No benefits are payable if working full time light or modified duty).
Benefits Period	Life time coverage for Sickness, Accident, Pregnancy
Sick Leave Integration Benefit	After 60 days: You may use 50% Sick Leave and receive a 50% benefits from Plan or You may use 100% Sick Leave and receive \$750 Per Month (\$500 Per Month if Industrial caused)
Musculoskeletal& Connective Tissue Disorders	Fully covered, No Restrictions for Lifetime Non-Industrial Causes (Age 65- Industrial Causes)
Cost of Living (COLA)	4% compounded per year (Years 3-8); Thereafter, CPI increase to age65 and then continued lifetime
Waiver of Premium	Once benefits Are Payable Premiums Are Waived
Benefits Payable During Challenged Worker's Compensation Cases	After 60 days: 70% of Wages or Maximum Benefits of \$9,000 Per Month (repayable if determined to be industrial)
Minimum Monthly Benefits	\$750 Per Month - Paid in Addition to Personal Leave After 60 Calendar Days (\$500 Per Month if Industrial Caused)
Survivorship Benefits	Six Months Addition Benefits to Dependent Beneficiary, Plus \$15,000 Death Benefits (Payable and Delivered Usually Within 24 hours of Notification)***
Death Benefit	\$15,000 Death Benefit on or off duty-Natural, accidental or terminally ill (Payable and delivered usually within 24 hours of notification)***
Pre-Existing Medical Condition Coverage	If you enroll during your initial enrollment period, all pre-existing medical conditions will be covered once you have been in the plan for 24/48*** months, unless you are eligible for the Prior Coverage Credit - otherwise, pre-existing medical conditions will not be covered.
Ownership of Plan	Owned, and operated and managed by members through a Board of Directors (non-profit and non-political California Corporation)

# Life Insurance

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## Lincoln Financial Group – Life Insurance

### Benefits

Life Insurance	\$50,000
AD&D Insurance	\$50,000
Conversion	Yes
Age Reductions	65% at age 70 45% at age 75 30% at age 80
Waiver of Premium	Totally disabled prior to Age 60; After 6-months waiting period

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# Voluntary Life Insurance

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The City offers Voluntary Life and AD&D through the Lincoln National Life Insurance Company for yourself and your eligible dependents.

You may elect:

- Up to \$500,000 of Voluntary Life and AD&D coverage for yourself in \$10,000 increments
- \$250,000 for your spouse/domestic partner in \$5,000 increments
- \$10,000 for your dependent child(ren) in \$2,000 increments.

You must elect Voluntary Life insurance for yourself in order to make an election for any eligible dependents.

Your spouse/domestic partner election cannot exceed 50% of your election.

# Voluntary Life Insurance

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Upon initial enrollment, evidence of insurability is not required to enroll up to the guarantee issue amounts. These amounts are up to :

- \$80,000 for employees less than age 70,
- Up to \$10,000 for eligible spouse/domestic partners for employees under age 60, and
- \$10,000 for eligible child(ren).

If you elect an amount above the guarantee issue amount, evidence of insurability will be required and your insurance, over the guarantee issue amount, will not be effective until approved.

If you enroll after your initial enrollment, you are required to provide evidence of insurability for all Employee and Spouse/Domestic Partner amounts. Insurance will not be effective until approved.

# Employee Assistance Plan (EAP)

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EAP offers information, referrals and short-term counseling for personal issues affecting work or personal life

1-800-242-6220

Covers you and any member of your household

Available 24 hours a day, seven days a week

EAP services are through MHN. Your information is kept confidential.

# Employee Assistance Plan (EAP)

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## **All Employees (except POA)**

- You and members of your household are eligible to receive up to 3 face to face visits per incident, per member of household.

## **Sworn POA**

- 3 face to face visits per incident per member of household. Benefit also includes an additional 12 face to face visits per calendar year, per household.

## **Non-Sworn POA**

- 3 face to face visits per incident per member of household. Benefit also includes an additional 7 face to face visits per calendar year, per household.

# Retirement Program

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CalPERS

Local Miscellaneous

Local Safety

Factors Used to Calculate  
Service Retirement

Service Credit

Benefit Factor

Final Compensation

Member Reciprocal  
Self-Certification  
Form

Beneficiary  
Designation

# 457 Retirement Plan

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## Fire

- ICMA
- \$ 50.00/Month

## LIUNA, MSA, UNREP, PROTECH

- ICMA
- \$ 75.00/Month

# Workers Compensation

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California Workers' Compensation (WC) laws require the City of Milpitas to provide workers' compensation benefits to employees who are injured or who develop an illness as a direct result of their employment.

The City is required to report all work related injuries or illnesses. Serious injuries must be reported to Cal/OSHA within 8 hours from the time of the incident.

If you wish to designate a personal physician to treat you in the event of a workers' compensation injury you will need to fill out the Pre-Injury Personal Physician Pre-Designation for Work Related Injuries form

If your doctor is part of WellComp you do not need to pre-designate to be treated.

To access a directory of medical providers go to the [WellComp Network Directory](#).

# Credit Union

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## Commonwealth Central Credit Union

### Branches

- Main
  - 1651 First St.  
PO Box 641690
- Milpitas Branch
  - 537 E. Calaveras Boulevard  
Milpitas, CA 95035

# Fitness Program

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The City of Milpitas provides the opportunity to participate in City-sponsored sports and fitness programs at no cost.

You will need to take your City ID and complete a form before utilizing the facilities

## Sports Center

- 1325 E. Calaveras Blvd.  
Milpitas, CA 95035  
408-586-3225

# Education Benefits

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Fire Page 31

Mid-Mgmt./Confidential Page 20

MEA Page 33

Police Page 27

PROTECH Page 31

# Transportation Reduction Incentive Program (TRIP)

City of Milpitas offers cash incentives or transit subsidy for employees who use a commute alternative at least 40% of the month,

<b>Commute Alternative</b>	<b>Amount per Month</b>
Carpool/Vanpool	\$20
Bicycling	\$ 10
Walking	\$10
VTA, Bus or Light Rail	Adult- \$70 Commuter Check Youth<18- \$45 Commuter Check Senior 65+- \$25 Commuter Checks
ACE, BART, Caltrain, Amtrak	Up to \$100 Commuter Check

# Frequently Called Numbers

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<b>Health Plans</b>	
Blue Shield of California	800-334-5847
Kaiser	800-464-4000
Pers- Care, Choice, Select	877-737-7776
PORAC	800-655-6397
<b>Dental Provider</b>	
Firefighter Dental Fund	Station 1
Delta Dental	888-335-8227
<b>Vision Provider</b>	
MES	800-877-6372
<b>Flexible Spending Accounts</b>	
CBA	800-574-5448
<b>Other Numbers</b>	
CalPERS	888-225-7377
ICMA RC 457 Plan	800-669-7400

# Questions

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Further questions can be directed to the Human Resources Department

**408-386-3090**

**Thank you for your attention and welcome!**