



**CITY OF PACIFICA  
HEALTH – DENTAL – VISION BENEFITS SUMMARY  
LAST REVISED 08/2019**

Units	UNREPRESENTED MANAGEMENT & CONFIDENTIAL	MANAGEMENT TEAMSTERS LOCAL 350	TEAMSTERS LOCAL 856 WWTP	TEAMSTERS LOCAL 856 WWTP	PACIFICA POLICE OFFICERS ASSOCIATION	PACIFICA POLICE MANAGEMENT ASSOCIATION & PACIFICA POLICE SUPERVISORS ASSOCIATION	BATTALION CHIEFS TEAMSTERS LOCAL 856	PACIFICA FIREFIGHTERS ASSOCIATION LOCAL 2400	
HEALTH Benefits (CalPERS)	<p><b>City Contribution:</b></p> <p><b>Single party:</b> \$843.62 <b>Two party:</b> \$1,634.92 <b>Family:</b> \$2,125.40</p> <p><b>Employee Cost:</b> Varies by Plan</p>	<p><b>City Contribution:</b></p> <p><b>Single party:</b> \$843.62 <b>Two party:</b> \$1,634.92 <b>Family:</b> \$2,125.40</p> <p><b>Employee Cost:</b> Varies by Plan</p>	<p><b>City Contribution:</b></p> <p><b>Single party:</b> \$843.62 <b>Two party:</b> \$1,634.92 <b>Family:</b> \$2,125.40</p> <p><b>Employee Cost:</b> Varies by Plan</p>	<p><b>City Contribution:</b></p> <p><b>Single party:</b> \$843.62 <b>Two party:</b> \$1,634.92 <b>Family:</b> \$2,125.40</p> <p><b>Employee Cost:</b> Varies by Plan</p>	<p><b>City Contribution:</b></p> <p><b>Single party:</b> \$843.62 <b>Two party:</b> \$1,634.92 <b>Family:</b> \$2,125.40</p> <p><b>Employee Cost:</b> Varies by Plan</p>	<p><b>City Contribution:</b></p> <p><b>Single party:</b> \$843.62 <b>Two party:</b> \$1,634.92 <b>Family:</b> \$2,125.40</p> <p><b>Employee Cost:</b> Varies by Plan</p>	<p><b>City Contribution:</b></p> <p><b>Single party:</b> \$843.62 <b>Two party:</b> \$1,634.92 <b>Family:</b> \$2,125.40</p> <p><b>Employee Cost:</b> Varies by Plan</p>	<p><b>City Contribution:</b></p> <p>Cafeteria plan of up to \$14,400 per calendar year allotted for health and vision benefits.</p> <p><b>Employee Cost:</b> Varies by Plan</p>	
CASH IN-LIEU	The City will pay a monthly taxable amount of \$550 in-lieu payment to employees who certify that they are eligible for health insurance coverage through another qualified group health plan, decline City coverage and provide proof of other health coverage.								
HEALTH Benefits (Teamsters 856 Medical, Dental & Vision)	N/A	<p><b>City Contribution:</b></p> <p><b>Kaiser Medical</b> <b>Single party:</b> \$1,006.62 <b>Two party:</b> \$1,797.92 <b>Family:</b> \$2,288.40</p> <p>The above amounts include an additional City contribution for each employee electing Teamsters Health Benefits.</p> <p><b>Employee Cost:</b></p> <p><b>Single party:</b> \$212.38 <b>Two party:</b> \$70.08 <b>Family:</b> \$119.60</p>	<p><b>City Contribution:</b></p> <p><b>Kaiser Medical</b> <b>Single party:</b> \$1,006.62 <b>Two party:</b> \$1,797.92 <b>Family:</b> \$2,288.40</p> <p>The above amounts include an additional City contribution for each employee electing Teamsters Health Benefits.</p> <p><b>Employee Cost:</b></p> <p><b>Single party:</b> \$212.38 <b>Two party:</b> \$70.08 <b>Family:</b> \$119.60</p>	<p><b>City Contribution:</b></p> <p><b>Kaiser Medical</b> <b>Single party:</b> \$1,006.62 <b>Two party:</b> \$1,797.92 <b>Family:</b> \$2,288.40</p> <p>The above amounts include an additional City contribution for each employee electing Teamsters Health Benefits.</p> <p><b>Employee Cost:</b></p> <p><b>Single party:</b> \$212.38 <b>Two party:</b> \$70.08 <b>Family:</b> \$119.60</p>	N/A	N/A	<p><b>City Contribution:</b></p> <p><b>Kaiser Medical</b> <b>Single party:</b> \$1,006.62 <b>Two party:</b> \$1,797.92 <b>Family:</b> \$2,288.40</p> <p>The above amounts include an additional City contribution for each employee electing Teamsters Health Benefits.</p> <p><b>Employee Cost:</b></p> <p><b>Single party:</b> \$212.38 <b>Two party:</b> \$70.08 <b>Family:</b> \$119.60</p>	N/A	
DENTAL (Delta Dental Self-Funded)	<p><b>Delta Dental In-Network PPO Dentist:</b> \$2,100/calendar year maximum annual benefit for employee and each eligible dependent</p> <p><b>Delta Dental Out-of-Network Non-PPO Dentist:</b> \$2,000/calendar year maximum annual benefit for employee and each eligible dependent</p> <p><b>Orthodontics:</b> \$2,000 lifetime maximum benefit for employee and each eligible dependent</p> <p><b>City Contribution:</b> \$119/month</p> <p><b>Employee Cost:</b> \$0</p>	<p><b>Delta Dental In-Network PPO Dentist:</b> \$2,100/calendar year maximum annual benefit for employee and each eligible dependent</p> <p><b>Delta Dental Out-of-Network Non-PPO Dentist:</b> \$2,000/calendar year maximum annual benefit for employee and each eligible dependent</p> <p><b>Orthodontics:</b> \$2,000 lifetime maximum benefit for employee and each eligible dependent</p> <p><b>City Contribution:</b> \$119/month</p> <p><b>Employee Cost:</b> \$0</p>	<p><b>Delta Dental In-Network PPO Dentist:</b> \$2,100/calendar year maximum annual benefit for employee and each eligible dependent</p> <p><b>Delta Dental Out-of-Network Non-PPO Dentist:</b> \$2,000/calendar year maximum annual benefit for employee and each eligible dependent</p> <p><b>Orthodontics:</b> \$2,000 lifetime maximum benefit for employee and each eligible dependent</p> <p><b>City Contribution:</b> \$119/month</p> <p><b>Employee Cost:</b> \$0</p>	<p><b>Delta Dental In-Network PPO Dentist:</b> \$2,100/calendar year maximum annual benefit for employee and each eligible dependent</p> <p><b>Delta Dental Out-of-Network Non-PPO Dentist:</b> \$2,000/calendar year maximum annual benefit for employee and each eligible dependent</p> <p><b>Orthodontics:</b> \$2,000 lifetime maximum benefit for employee and each eligible dependent</p> <p><b>City Contribution:</b> \$119/month</p> <p><b>Employee Cost:</b> \$0</p>	<p><b>Delta Dental In-Network PPO Dentist:</b> \$2,100/calendar year maximum annual benefit for employee and each eligible dependent</p> <p><b>Delta Dental Out-of-Network Non-PPO Dentist:</b> \$2,000/calendar year maximum annual benefit for employee and each eligible dependent</p> <p><b>Orthodontics:</b> \$2,000 lifetime maximum benefit for employee and each eligible dependent</p> <p><b>City Contribution:</b> \$119/month</p> <p><b>Employee Cost:</b> \$0</p>	<p><b>Delta Dental In-Network PPO Dentist:</b> \$2,100/calendar year maximum annual benefit for employee and each eligible dependent</p> <p><b>Delta Dental Out-of-Network Non-PPO Dentist:</b> \$2,000/calendar year maximum annual benefit for employee and each eligible dependent</p> <p><b>Orthodontics:</b> \$2,000 lifetime maximum benefit for employee and each eligible dependent</p> <p><b>City Contribution:</b> \$119/month</p> <p><b>Employee Cost:</b> \$0</p>	<p><b>Delta Dental In-Network PPO Dentist:</b> \$2,100/calendar year maximum annual benefit for employee and each eligible dependent</p> <p><b>Delta Dental Out-of-Network Non-PPO Dentist:</b> \$2,000/calendar year maximum annual benefit for employee and each eligible dependent</p> <p><b>Orthodontics:</b> \$2,000 lifetime maximum benefit for employee and each eligible dependent</p> <p><b>City Contribution:</b> \$119/month</p> <p><b>Employee Cost:</b> \$0</p>	<p><b>Delta Dental In-Network PPO Dentist:</b> \$2,100/calendar year maximum annual benefit for employee and each eligible dependent</p> <p><b>Delta Dental Out-of-Network Non-PPO Dentist:</b> \$2,000/calendar year maximum annual benefit for employee and each eligible dependent</p> <p><b>Orthodontics:</b> \$1,500 lifetime maximum benefit for employee and each eligible dependent</p> <p><b>City Contribution:</b> \$119/month</p> <p><b>Employee Cost:</b> \$0</p>	<p><b>Delta Dental In-Network PPO Dentist:</b> \$2,100/calendar year maximum annual benefit for employee and each eligible dependent</p> <p><b>Delta Dental Out-of-Network Non-PPO Dentist:</b> \$2,000/calendar year maximum annual benefit for employee and each eligible dependent</p> <p><b>Orthodontics:</b> \$1,500 lifetime maximum benefit for employee and each eligible dependent</p> <p><b>City Contribution:</b> \$119/month</p> <p><b>Employee Cost:</b> \$0</p>



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VISION (VSP)	<p><b>Well Vision Exam (every 12 months):</b></p> <ul style="list-style-type: none"> <li>➤ \$10 co-pay</li> </ul> <p><b>Prescription Glasses (every 12 months):</b></p> <ul style="list-style-type: none"> <li>➤ \$30 co-pay</li> </ul> <p><b>Frames (included in prescription glasses every 12 months):</b></p> <ul style="list-style-type: none"> <li>➤ \$150 for basic frames</li> <li>➤ \$170 for featured frames</li> <li>➤ 20% savings on amount over your allowance</li> </ul> <p><b>Lenses (included in prescription glasses every 12 months):</b></p> <ul style="list-style-type: none"> <li>➤ Single vision, lined bifocal and lined trifocal lenses</li> <li>➤ Polycarbonate lenses for dependent children</li> <li>➤ Additional lens enhancements available</li> </ul> <p><b>Contacts (Instead of glasses, every 12 months):</b></p> <ul style="list-style-type: none"> <li>➤ \$150 allowance</li> <li>➤ Up to \$60 for contact lens exam fitting and evaluation</li> </ul> <p><b>City Contribution:</b>  <b>Single party:</b> \$18.29  <b>Two party:</b> \$26.52  <b>Family:</b> \$47.56</p> <p><b>Employee Cost:</b>            \$0</p>	<p><b>Well Vision Exam (every 12 months):</b></p> <ul style="list-style-type: none"> <li>➤ \$10 co-pay</li> </ul> <p><b>Prescription Glasses (every 12 months):</b></p> <ul style="list-style-type: none"> <li>➤ \$30 co-pay</li> </ul> <p><b>Frames (included in prescription glasses every 12 months):</b></p> <ul style="list-style-type: none"> <li>➤ \$150 for basic frames</li> <li>➤ \$170 for featured frames</li> <li>➤ 20% savings on amount over your allowance</li> </ul> <p><b>Lenses (included in prescription glasses every 12 months):</b></p> <ul style="list-style-type: none"> <li>➤ Single vision, lined bifocal and lined trifocal lenses</li> <li>➤ Polycarbonate lenses for dependent children</li> <li>➤ Additional lens enhancements available</li> </ul> <p><b>Contacts (Instead of glasses, every 12 months):</b></p> <ul style="list-style-type: none"> <li>➤ \$150 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If there is a Cafeteria Plan balance remaining, employee may apply the balance to the premium or may pay out of pocket.</p> <p><b>Cost to Employee:</b>  <b>Single party:</b> \$18.29  <b>Two party:</b> \$26.52  <b>Family:</b> \$47.56</p>
ADDITIONAL BENEFITS	The City offers additional benefits to certain units. For details regarding these additional benefits, please refer to the specific Unit.							

*\*The City has made every attempt to ensure the accuracy and reliability of the information provided in this document. However, the information is provided "as is" without warranty of any kind. The City does not accept any responsibility or liability for the accuracy, content, completeness, legality, or reliability of the information contained in this document. Questions or concerns regarding this document should be directed to HR@ci.pacifica.ca.us.*