

**City of San Leandro
Human Resources Department**

**2016 Retiree Benefits Summary
(SLCEA, SLMO, SLPMA, Non-Represented Confidential Employees
and Elected Officials)**

MEDICAL INSURANCE

For retirees and their dependent(s) to be eligible for the City-paid medical benefit reimbursement, they must be enrolled in one of the City's CalPERS medical plans immediately prior to retirement. To remain eligible, they must be **continually enrolled** until reaching the age of 65. If a retiree drops the CalPERS medical and does not notify Human Resources, they will be responsible for any medical reimbursement amounts that are sent to them in error. A retiree who is not enrolled in a City-sponsored PERS medical plan at the time of retirement, or who drops enrollment during retirement, cannot be re-enrolled to receive a City reimbursement toward the cost of such plan.

A retiree may switch medical plans during the CalPERS regular open enrollment period, which is in the fall of each year, to be effective January 1 of the following year. CalPERS will mail open enrollment materials to the retiree's home address each summer/fall. CalPERS is the retiree's contact during open enrollment.

The City will contribute an MOU maximum of \$360.00 toward the retiree's monthly CalPERS medical premium rate, if the retiree is under the age of 65. The monthly premium, minus the \$125.00* CalPERS minimum employer contribution, will be deducted directly from your monthly CalPERS pension check. The City then reimburses up to \$360.00, minus the \$125.00* PERS employer minimum share, directly to you on a pre-tax basis, via check or direct deposit, no later than the fifth (5th) of each month [Note: a delay of 1-2 business days may be necessary at the beginning of each calendar year due to City Hall closures during the holidays]. In no event shall the reimbursement exceed the amount that the retiree actually pays for his or her premium for medical coverage. Should you drop CalPERS medical coverage before the age of 65, you must notify Human Resources at (510) 577-3398 so that the medical reimbursement can be stopped. Failure to do so will result in overpayment to you and you will be required to reimburse the City, should this occur. **A Direct Deposit form is enclosed should you wish your monthly reimbursement deposited automatically to your bank account. If you do not complete the form and turn it into Human Resources, you will receive a live check each month.**

If the retiree reaches the age of 65, but the dependent has not, the dependent may continue to receive medical coverage through CalPERS Health, with the retiree paying the entire 2-party combined Medicare/basic premium, minus the \$125.00* PERS minimum employer contribution the City contributes directly.

If a retiree under the age of 65 dies, a surviving spouse may continue their medical coverage, at their expense, through PERS Health survivor continuance coverage. Another option for dependents other than a surviving spouse would be to continue CalPERS medical coverage under COBRA for up to 36 months or in accordance with COBRA regulations in effect at the

time of the event. Retiree medical enrollments and questions are handled by CalPERS Health at (888) 225-7377.

DENTAL BENEFITS

Employees who are enrolled in the City-sponsored dental plan immediately prior to retirement may continue their dental coverage until the end of the month in which the retiree reaches the age of 65. Per the MOU, the City shall contribute a maximum of \$70.87 towards monthly dental plan costs for each retired City employee who is currently a member of the City's dental plan or who was a member of the City's dental plan and retired on or after January 1, 1987. Any increases in dental plan costs during the term of this Agreement shall be split equally between the City and the retired employee. The 2016 monthly rates are as follows:

Delta Dental	Coverage Level	Monthly Premium	City Pays	Retiree Pays	Quarterly Premium
Retiree Plan	Retiree only	\$46.70	\$46.70	\$0.00	\$0.00
	Retiree + 1	\$88.70	\$86.51	\$2.19	\$6.57
	Retiree + 2 or more	\$138.30	\$115.74	\$22.56	\$67.68

You must complete the enclosed Retiree Dental Election Form in order to continue dental coverage after you retire. If you do not complete the form and turn it into Human Resources before your retirement date, you will be dropped from the dental plan. If you choose not to enroll in retiree dental, or you drop the dental plan later, you will not be eligible to re-enroll in the City sponsored dental plan.

You can reach the Delta Dental Customer Service at (800) 422-4234 or visit <http://www.deltadentalins.com/individuals/plans/>.

DEFERRED COMPENSATION

Retirees enrolled in the deferred compensation plan should call the representative at Mass Mutual (formerly The Hartford) directly at 1-888 593-0259 or 1-800-528-9909 for Customer Service.

LIFE INSURANCE

Retirees enrolled in a Supplemental Portable Term Life policy before retirement may convert that policy by calling Sun Life Financial at (800) 227-5880, extension 6414.

FLEXIBLE SPENDING ACCOUNTS

If you have a Flexible Spending Account, you should contact Discovery Benefits at (866) 451-3399. You have a limited amount of time to submit claims once you retire.

*The City-paid CalPERS Health employer minimum contribution is subject to change on January 1 of each year.