



CITY OF OAKLAND SUMMARY OF BENEFITS  
Year 2023

TYPE OF BENEFIT	DESCRIPTION OF BENEFIT	SUMMARY OF COVERAGE AND LEVEL
<p>MEDICAL <a href="http://www.calpers.ca.gov">www.calpers.ca.gov</a></p>	<p>The City of Oakland offers several different medical plan options:</p> <ul style="list-style-type: none"> <li>• Anthem HMO Select</li> <li>• Anthem HMO Traditional</li> <li>• Anthem EPO Del Norte</li> <li>• Blue Shield Access – HMO</li> <li>• Blue Shield Trio - HMO</li> <li>• United Health Care - HMO</li> <li>• Health Net Smart Care - HMO</li> <li>• Kaiser - HMO</li> <li>• PERS Gold - PPO</li> <li>• PERS Platinum - PPO</li> <li>• PORAC – PPO (Police Only)</li> </ul> <p>Health Maintenance Organizations (HMO) or Preferred Provider Organizations (PPO) for all full-time and permanent part-time employees and their eligible dependent(s). *</p>	<p><u>Coverage level:</u> City pays 100% of the monthly Bay Area Kaiser rate for full-time employees. Maximum amount: \$2,375.72 per month</p> <p>City pays 75% of the monthly Bay Area Kaiser rate for permanent part-time employees. Maximum amount: \$1,781.79 per month</p> <p><b>Sworn Fire</b> staff contribute \$10.84 per month towards medical premiums.</p> <p>If an employee elects a plan that is more expensive than the Kaiser Bay Area rate, the employee shall pay the difference through monthly payroll deductions.</p> <p>\$15.00 Co-Pay <u>The above amounts are based on family coverage.</u></p>
<p>DENTAL <a href="http://www.deltadentalins.com">www.deltadentalins.com</a> (Non-sworn employees)</p>	<p>The City of Oakland allows non-sworn full-time or permanent part-time employees and their eligible dependents* to elect from two dental plans.</p> <ul style="list-style-type: none"> <li>• Delta Care HMO</li> <li>• Delta Dental PPO</li> </ul>	<p><u>Coverage level:</u> City pays 100% of monthly premium for full-time employees.</p> <p><u>Non-Sworn</u></p> <ul style="list-style-type: none"> <li>• Delta Dental: \$116.0</li> <li>• Delta Care: Maximum \$34.99</li> </ul> <p>City pays 75% of the monthly premium for permanent part-time employees.</p> <ul style="list-style-type: none"> <li>• Delta Dental \$87.00 per month</li> <li>• Delta Care: \$26.24per month</li> </ul> <p>Deductibles: \$25 per person /\$75 per family each calendar year</p> <p><u>Delta Dental: Non-Sworn</u> maximum calendar benefit \$2,000 per individual <u>Delta Care: Non-Sworn</u> no annual deductibles or maximum per individual <b>Maximum</b> lifetime Orthodontic benefit \$2,000 per individual.</p>



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<p>DENTAL (Sworn) Fire</p> <p>Police <a href="https://www.guardiananytime.com">https://www.guardiananytime.com</a></p>	<p>Fire dental coverage is through Oakland Firefighters Health &amp; Welfare Health Services &amp; Benefit Admin., Inc.</p> <p>Police dental coverage is through Guardian administered by their union, OPOA</p>	<p><u>Sworn Monthly Dental Cost:</u></p> <p>Fire: Dental \$226.00</p> <p><u>Fire</u> maximum calendar benefit \$3,000 per individual Maximum lifetime Orthodontic benefit \$5,000 per individual.</p> <p>Police: Dental \$187.03</p> <p><u>Police</u> maximum calendar benefit \$2,500 per individual Maximum lifetime Orthodontic benefit \$2,000 per individual.</p>
<p>VISION <a href="http://www.vsp.com">www.vsp.com</a></p>	<p>Vision coverage is available for non-sworn full-time and permanent part-time employees and their eligible dependent(s). *</p> <p>Sworn Police employees obtain vision benefits through their union OPOA (City does not make premium contributions)</p>	<p><u>Coverage level:</u> City pays 100% of the monthly premium for non-sworn full-time employees.</p> <ul style="list-style-type: none"> <li>• Maximum monthly rate \$20.33 (Family rate)</li> </ul> <p>City pays 75% of the monthly premium for permanent part-time employees</p> <ul style="list-style-type: none"> <li>• Maximum monthly rate \$15.25 (Family rate)</li> </ul> <p>\$10.00 for exam</p>
<p>LIFE and AD&amp;D INSURANCE (Non-Sworn &amp; Supplemental) <a href="http://www.thehartford.com">www.thehartford.com</a></p>	<p>The City of Oakland offers Life and AD&amp;D Insurance for full-time, permanent part-time non-sworn employees.</p>	<p><u>Coverage level:</u> City pays Life and Accidental Death &amp; Dismemberment Insurance.</p> <p>The policy value for all eligible full-time employees is 100% of the employee's "annual base salary" (rounded to the next highest \$1,000 of benefit)</p> <p>The policy value for all eligible permanent part-time employees is an amount equal to 50% of what the employee's annual earnings would be if the person worked full time (rounded to the next highest \$1,000 of benefits)</p>



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<p>LIFE and AD&amp;D INSURANCE CONTINUED (Non-Sworn &amp; Supplemental) <a href="http://www.thehartford.com">www.thehartford.com</a></p>	<p>Sworn employees Life &amp; AD&amp;D insurance is administered by their respective unions.</p> <p>Police – OPOA Fire – Local 55</p>	<p><u>Part-time Local 1021 unit members:</u> The City provides a three thousand-dollar (\$3,000) death benefit for each such unit member.</p> <p><u>Supplemental life insurance is also available for non-sworn full-time and permanent part-time employees only.</u> The policy value is variable and available to the employee, their spouses and children and is fully paid for by the employee, through monthly deductions. An employee can elect to enroll in the Optional Life Insurance without Evidence of Insurability up to \$100,000, spouse’s coverage is \$20,000, and child coverage is \$15,000 up to the age 19. Children can continue coverage up to the age of 25 if they are full-time students. Maximum Optional Life Insurance is \$500,000.</p>
<p>RETIREMENT <a href="http://www.calpers.ca.gov">www.calpers.ca.gov</a></p>	<p>In lieu of Social Security, the City of Oakland pays into the California Public Employees’ Retirement System (CalPERS).</p> <p>All full-time and permanent part-time employees must make retirement contributions through bi-weekly deductions.</p> <p>Rate of contributions are based on the employees represented unit.</p>	<p><u>Employee Contributions to Pension:</u></p> <p>Unrepresented, Local 21, Local 1021</p> <ul style="list-style-type: none"> <li>• Tier I/II – 8%</li> <li>• Tier III – 8.25% (eff fiscal yr 23-24)</li> </ul> <p>Police OPOA</p> <ul style="list-style-type: none"> <li>• Tier I/II – 12%</li> <li>• Tier III – 12%</li> </ul> <p>Fire Local 55</p> <ul style="list-style-type: none"> <li>• Tier I/II – 13%</li> <li>• Tier III – 13%</li> </ul> <p>The following are the CalPERS Tier Pension Plans:</p> <ul style="list-style-type: none"> <li>• <u>Tier 1 (Classic Members) Non-Safety 2.7 @55</u></li> <li>• <u>Tier 1 (Classic Members) Safety 3% @50</u></li> </ul> <p><u>New hires as of June 8, 2012 Non-Sworn</u></p> <ul style="list-style-type: none"> <li>• Tier 2 - <u>2.5% @55</u></li> </ul> <p><u>New hires as of February 8, 2012 Sworn</u></p> <ul style="list-style-type: none"> <li>• Tier 2 - 3% @55</li> </ul> <p><b><u>Effective January 1, 2013, retirement formulas for new hires:</u></b></p> <ul style="list-style-type: none"> <li>• Tier 3 - Non-sworn FT &amp; PPT 2% @62</li> <li>• Tier 3 - Sworn 2.7% @57</li> </ul> <p><i>Formula may differ depending on prior CalPERS membership.</i></p>



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<p>DEFERRED COMPENSATION <a href="http://www.icmarc.org">http://www.icmarc.org</a></p>	<p>Full-time and permanent part-time employees can elect to participate in the voluntary retirement plan, a 457(b); this reduces the employee’s taxable income while providing savings for retirement. An employee can contribute as little as \$10 per pay period up to the maximum IRS allowable limit per plan year, 2020 maximum contribution is \$19,500.</p> <p>Also, our 457 plan allows you to add Roth assets now for tax-free income later.</p> <p><i>The City does not contribute or match the employee’s contribution.</i></p>	<p><b>Contributions:</b> City does not match contributions for full-time or permanent part-time employees.</p> <p>For temporary part-time and seasonal employees’ only: The City and the participating employee each contribute 3.75% to a deferred compensation plan.</p>
<p>MEDICARE</p>	<p>IRS Mandates all employees pay Medicare contributions</p>	<p><b>Contributions:</b> Employees pay 1.45% on all wages paid. Employers must withhold an additional Medicare tax of 0.9% from wages paid that exceed \$200,000.</p>
<p>MEDICAL CARE ASSISTANCE PROGRAM (MCAP) <a href="http://www.naviabenefits.com">www.naviabenefits.com</a></p>	<p>Flex Spending Accounts (FSA)</p>	<p>This option enables you to decrease your tax liability while setting aside funds to pay for medical, dental or vision expenses. The maximum annual contribution is \$3,050.0.</p> <p>Administrative Fees for MCAP are paid for by the City for Local 21 and CMEA participating employees.</p> <p>All others pay \$4.10 monthly Administrative fees through payroll deductions.</p>
<p>DEPENDENT CARE ASSISTANCE PROGRAM (DCAP) <a href="http://www.naviabenefits.com">www.naviabenefits.com</a></p>	<p>Flex Spending Accounts (FSA)</p>	<p>This option enables you to decrease your tax liability while setting aside funds to pay for expenses for a custodial or day care for children under age 13 or for a disabled adult. The maximum annual contribution is \$5,000 <b>per household</b>.</p> <p>Administrative Fees for MCAP are paid for by the City for Local 21 and CMEA participating employees.</p> <p>All others pay \$4.10 monthly Administrative fees through payroll deductions.</p>



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<p>DISABILITY INSURANCE <a href="http://www.thehartford.com">www.thehartford.com</a> or <a href="http://www.edd.ca.gov/disability/SDI_Online.htm">http://www.edd.ca.gov/disability/SDI_Online.htm</a></p>	<p>The City offers two plans: State Disability Insurance or coverage through a private insurer. Plan eligibility is based upon your represented unit.</p>	<p><u>Coverage level:</u> The City pays Short &amp; Long Term for full and permanent-time employees. This benefit, allows you to continue receiving a percentage of your salary in the event you become ill or injured and cannot perform your regularly assigned duties.</p> <ul style="list-style-type: none"> <li>• Short Term Disability maximum of \$1,038 weekly benefits</li> <li>• Long Term Disability maximum \$4,500 monthly benefit</li> <li>• State Disability Insurance is approximately 60-70% (depending on income) of wages earned 5 to 18 months prior to disability claim start date for full-time and part-time Local 1021 unit members.</li> </ul> <p>City does not offer STD or SDI to sworn employees</p>
<p>UNEMPLOYMENT INSURANCE <a href="http://www.edd.ca.gov">www.edd.ca.gov</a></p>	<p>This benefit, which is offered through the State of California’s Employment Development Department (EDD), allows you to receive funds in the event you become unemployed.</p>	
<p>TRANSIT / PARKING REIMBURSEMENT PROGRAM <a href="http://www.naviabenefits.com">www.naviabenefits.com</a></p>	<p>This benefit allows you to set aside pre-tax dollars to pay for mass transit and work related parking expenses.</p>	<p>The maximum contribution per month is:</p> <ul style="list-style-type: none"> <li>• Parking \$300.00</li> <li>• Transit &amp; Van Pooling \$300.00</li> </ul> <p>Administrative Fees are paid for by the City for Local 21, CMEA, SEIU L1021 and Unrepresented participating employees. All others pay \$4.00 monthly Administrative Fees through payroll deductions.</p>
<p>MEDICAL WAIVER CAFETERIA PLAN</p>	<p>This benefit is available to all benefit eligible employees except sworn police; it allows an employee to waive only their medical in exchange for cash reimbursement or apply to the employee’s Dependent Care Assistance Plan (DCAP) or Medical Care Assistance Program (MCAP) account.</p> <p>Proof of medical coverage must be provided to enroll in this benefit. Amount of the cash reimbursement is based on the represented unit.</p>	<p><u>Coverage level:</u></p> <ul style="list-style-type: none"> <li>• Unrepresented, Local 21 medical waiver amount for full-time employees \$325. Permanent part-time employees \$211.25</li> <li>• Local 1021 medical waiver amount for full-time employees \$300. Permanent Part-time employees \$225.</li> <li>• Confidential Management Employee Association (CMEA) medical waiver amount \$325</li> <li>• Local 1245 (IBEW) medical waiver amount \$300.</li> <li>• Local 55 medical waiver amount \$160.</li> </ul>



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<p>COBRA Navia Benefits Solutions <a href="http://www.naviabenefits.com">www.naviabenefits.com</a></p>	<p>The Consolidated Omnibus Budget Reconciliation Act of 1986, (COBRA), allows you to continue health benefits (at your own expense) once you terminate employment with the City of Oakland. COBRA continuation coverage can continue for either 18 or 36 months, depending on the reason for loss of coverage.</p>	<p>COBRA cost is the full monthly premium plus a 2% administrative fee.</p>
<p>EMPLOYEE ASSISTANCE PROGRAM  <a href="http://www.claremonteap.com">www.claremonteap.com</a></p>	<p>This program is offered by the City of Oakland to help employees and their families cope with difficult personal issues. EAP has counselors on staff, as well as referrals to outside resources. It is offered off-site and is strictly confidential.</p>	<p><u>Coverage level:</u> The City subsidizes the Employee Assistance Program.</p>
<p>PROFESSIONAL DEVELOPMENT</p>	<p>City will reimburse non-sworn represented and unrepresented employees for professional development.</p>	<p><u>Coverage level:</u></p> <ul style="list-style-type: none"> <li>• Confidential Management Employee Association (CMEA) \$1,200.00 per fiscal year</li> <li>• Local 21 – Units TA1, TW1 and UH1 \$450.00</li> <li>• Local 21 – Units UM1 and UM2 \$550.00</li> <li>• Local 21 – Unit TM2 and TFI \$625.00</li> <li>• DCA I-IV - \$1,200.00</li> <li>• DCA V - \$1,500.00</li> <li>• Local 1021 (SB1, SC1 &amp; SD1 only) \$250.00</li> <li>• IBEW 1245 \$200.00</li> </ul> <p>A represented employee may defer professional development reimbursement in one fiscal year and receive two years of reimbursement in the following fiscal year.</p> <p><i>Please reference MOU for eligible employees who may defer reimbursement</i></p>



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<p>TUITION REIMBURSEMENT</p>	<p>The City shall reimburse a represented full-time or permanent part-time non-sworn employee for the cost of university or college classes and training courses, approved in advance by the department head or the designated representative.</p>	<p>Upon successful completion of the approved classes: <u>CMEA and Local 21 – UM1, UM2, UH1, TF1, TA1, TW1 or TM2</u></p> <ul style="list-style-type: none"> <li>• Grade A or B - 100% of the tuition fee and books or \$820.00, whichever is less</li> <li>• Grade C - 50% of the tuition fee and books or \$410.00 whichever is less</li> <li>• In the event the course is graded on a pass/fail basis, reimbursement shall be 75% of the tuition fee, or \$615.00, whichever is less.</li> </ul> <p><u>Local 1021 -SB1, SC1, and SD1 only</u></p> <ul style="list-style-type: none"> <li>• Grade A or B - 100% of the tuition fee and books or \$800, whichever is less</li> <li>• Grade C - 50% of the tuition fee and books or \$400, whichever is less.</li> <li>• In the event the course is graded on a pass/fail basis, reimbursement shall be 75% of the tuition fee or \$400.00, whichever is less.</li> <li>• A unit member failing a course, or receiving a grade lower than a C shall not be reimbursed.</li> </ul> <p><u>IBEW 1245</u></p> <ul style="list-style-type: none"> <li>• Grade A or B - 100% of the tuition fee and books or \$400, whichever is less</li> <li>• Grade C - 50% of the tuition fee and books or \$200, whichever is less</li> <li>• In the event the course is graded on a pass/fail basis, reimbursement shall be 75% of the tuition fee or \$300.00, whichever is less.</li> <li>• A unit member failing a course, or receiving a grade lower than a C shall not be reimbursed.</li> </ul>

\* Eligible dependents for medical: Spouse, domestic partner, a child under age 26 years who has never married, adopted child, stepchild, natural child, child of a registered domestic partner, a child which the employee has been granted custody or joint custody by a court, or the grandchild of the employee that is living in the employee's household in a parent-child relationship in the absence of the natural, adopted, step-parent.

\* Eligible dependents for dental and vision: (Sworn employees not eligible for vision coverage) Spouse, domestic partner, a child under age 19 who is unmarried, a child may be adopted, a stepchild, a natural child, the child of a registered domestic partner, or an economically dependent child living with the employee in a parent-child relationship. An unmarried child between the ages of 19 and 24, who is a full-time student and economically dependent upon the employee. Proof of student status is required on enrollment of a child age 19 through 24 and annually thereafter until age 25. A child, age 19 or older who is covered under the plan, has never been married and is incapable of self-support because of a physical or mental disability that existed without interruption prior to age 19 and continues to present time and the registered domestic partner of an employee. Dependent eligibility under the sworn dental plans is determined by the respective unions.