



**CITY OF
CUPERTINO**



City Council Summary of Benefits 2025



Human Resources Division

Phone: 408-777-3227

Email: hrlist@cupertino.org



Table of Contents – Alphabetical Order

1959 SURVIVOR BENEFIT	7
BENEFITS RATE SHEET	1
CALPERS RETIREE HEALTH BENEFITS	2
CALPERS RETIREMENT	6
CITY COUNCIL TECHNOLOGY POLICY	10
DEFERRED COMPENSATION	7
DENTAL INSURANCE	3
EMPLOYEE ASSISTANCE PROGRAM	9
FLEXIBLE SPENDING ACCOUNT (FSA)	8
LIFE INSURANCE	5
RECREATION BUCKS	9
SPORTS CENTER MEMBERSHIP	10
VISION INSURANCE	4



CITY OF CUPERTINO
Elected Officials
Effective January 1, 2025
Monthly Rates

Medical Plans in Region 1 - Alameda, Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, Del Norte, El Dorado, Glenn, Humboldt, Lake, Lassen, Marin, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Napa, Nevada, Placer, Plumas, Sacramento, San Benito, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Shasta, Sierra, Siskiyou, Solano, Sonoma, Stanislaus, Sutter, Tehama, Trinity, Tuolumne, Yolo, and Yuba.

City Contribution: Employee 1,082.69
Employee +1 2,165.39
Employee +2 or more 2,815.01

HMO PLANS	Employee ONLY		Employee + 1		Employee + 2 or more		CalPERS Premium Difference from 2024 (EE, EE+1, EE+2)
	Monthly Premium	Employee Cost	Monthly Premium	Employee Cost	Monthly Premium	Employee Cost	
Anthem Blue Cross Select HMO	1,256.65	173.96	2,513.30	347.91	3,267.29	452.28	10.34%
Anthem Blue Cross Traditional HMO	1,500.40	417.71	3,000.80	835.41	3,901.04	1,086.03	12.00%
Blue Shield Access+ HMO	1,170.17	87.48	2,340.34	174.95	3,042.44	227.43	8.67%
Blue Shield Access+ EPO*	1,170.17	87.48	2,340.34	174.95	3,042.44	227.43	8.67%
Blue Shield Trio HMO*	1,134.79	52.10	2,269.58	104.19	2,950.45	135.44	19.85%
Kaiser Permanente HMO	1,112.90	30.21	2,225.80	60.41	2,893.54	78.53	8.96%
UnitedHealthcare HMO Alliance	1,184.58	101.89	2,369.16	203.77	3,079.91	264.90	8.56%
UnitedHealthcare HMO Harmony	1,005.02	0.00	2,010.04	0.00	2,613.05	0.00	7.21%
Western Health Advantage HMO*	914.27	0.00	1,828.54	0.00	2,377.10	0.00	13.26%
PPO PLANS	Monthly Premium	Employee Cost	Monthly Premium	Employee Cost	Monthly Premium	Employee Cost	CalPERS Premium Difference from 2024 (EE, EE+1, EE+2)
PERS Gold	1,013.70	0.00	2,027.40	0.00	2,635.62	0.00	10.81%
PERS Platinum	1,476.10	393.41	2,952.20	786.81	3,837.86	1,022.85	12.31%

*Limited to certain counties, please visit the CalPERS website to verify which plans are available in your area:

<https://www.calpers.ca.gov/page/active-members/health-benefits/plans-and-rates/zip-search>

Same Cost for Employee Only, Employee + 1 or Family Coverage			
PLANS	Monthly Premium	Employer Contribution	Employee Cost
Delta Dental PPO	114.30	114.30	0.00
VSP Vision	16.34	14.94	1.40
AETNA Employee Assistance Program	1.46	1.46	0.00

LIFE INSURANCE - Monthly Premium	Employer Contribution	Employee Cost
Basic Life Insurance (maximum coverage \$16,000)	100%	0.00
CalPERS 1959 Survivor Benefit	5.20	2.00

CALPERS RETIREE HEALTH BENEFITS

City Council are eligible for health benefits at the time of retirement with the City of Cupertino with the following criteria:

City Council hired **AFTER** August 1, 2004, and have ten or more full-time years of CalPERS service, including five years with the City of Cupertino, are eligible for health benefits (CalPERS Health Benefit Vesting Requirement -100/90 Formula). The City contribution is set forth by the "State" as follows:

CalPERS service (including 5 years with Cupertino)

10 years	50%**	15 years	75%**
11 years	55%**	16 years	80%**
12 years	60%**	17 years	85%**
13 years	65%**	18 years	90%**
14 years	70%**	19 years	95%**
		20 years	100%**

**** 2025 – "State Employees" 100/90 Formula/Health City Contribution Levels:**

Employee Only	\$1,060.00/Month
Employee + 1	\$2,039.00/Month
Employee + 2	\$2,551.00/Month

DENTAL INSURANCE

Group Plan: **Delta Dental Plan of California**

Group Number: 1539-0006

Coverage: Dental Program covers several categories of benefits. Delta will provide payment for a maximum of **\$2,500** for each person covered each calendar year.

Basic Benefit:

Oral Surgery – 75%/25%

Diagnostic & Preventative Benefits - 100% PPO or 75%/25% Premier

Cleanings: Four per calendar year

Prosthodontic Benefits – 75%/25%

Orthodontic Benefits – 60%/40% (**\$2,500** Life Time Maximum)

See Delta Benefit Summary for more details in coverage

Premium: **\$114.30 per month**

City's Cost: City Contribution **\$126.78 per month** for each employee including dependents (no cash back).

City Council Cost: **\$0.00 per month**

City Councilmembers who retire from the City of Cupertino are eligible for Retiree Extended Dental Benefits provided the premium is paid in full by the Retiree each month. No City contribution.

VISION INSURANCE

Group Plan: **Vision Service Plan (VSP)**

Group Number: #12 074461 0001 (Plan B)

Coverage: Vision Program provides for regular eye examinations and benefits toward vision care expenses including glasses or contact lenses.

Standard Eye Examination and Glasses

Wellvision Exam:	Every 12 months* (\$20 co-pay)
Prescription Glasses:	Every 12 months* (\$20 co-pay)
Frame:	Every 24 months* (\$130 - \$150 allowance)
Contact Lens:	Every 12 months* (\$130 allowance)

*From last date of service

Co-payments: \$20/\$20 - The first co-payment applies to the eye examination and the second co-payment applies to materials. Services obtained through non-member providers are subject to the same co-payments and limitations as services through VSP participating doctors.

Laser Vision

Correction: Average 15% off the regular price or 5% off the promotional price. Discounts only available from contracted facilities.

Premium: **\$16.34 per month**

City's Cost: City Contribution is **\$14.94 per month** for each employee including dependents

City Council Cost: **\$1.40 per month**

City Councilmembers who retire from the City of Cupertino are eligible for Retiree Extended Vision Benefits provided that the premium is paid by the Retiree in full each month. No City contribution.

LIFE INSURANCE

Group Plan: **Hartford Life Insurance Company**

Policy No.: 698457

Coverage: City Councilmembers are eligible for a Basic Life Insurance policy with a benefit amount of \$16,000.

Premium: \$3.36 Life and \$0.48 AD&D per month maximum

City's Cost: Life = .21 per thousand, AD&D = .03 per thousand

City Council Cost: None

CALPERS RETIREMENT

Appointed, Unrepresented, CEA, Operating Engineers, and City Council:

The City of Cupertino pays the employee/employer share contribution of base salary to the Public Employees' Retirement System (CalPERS) as follows:

SUMMARY OF PLAN DIFFERENCES

CALPERS MEMBERSHIP	CLASSIC MEMBER		CLASSIC MEMBER (with previous employer)		NEW/PEPRA MEMBER	
TIER	TIER 1		TIER 2		TIER 3	
RETIREMENT FORMULA	2.7 @55		2.0 @60		2.0 @62	
APPLIES TO	Current employees hired before 12/29/12 (Includes City Council)		Employees hired after 12/29/12 with Classic Membership and without a six-month break in CalPERS or a Reciprocity System (Includes City Council)		New Employees to Cupertino and CalPERS (or have not worked for six months or more in CalPERS) (Includes City Council)	
PERSABLE SALARY	Capped at: \$345,000 (2024)		Capped at: \$345,000 (2024)		Capped at: \$181,734 (2024) No uniform allowance	
RETIREMENT	Employee Contribution paid by City = 0%		Employee Contribution paid by City = 0%		Employee Contribution paid by City = 0%	
	Employee Contribution paid by Employee = 8%		Employee Contribution paid by Employee = 7%		Employee Contribution paid by Employee = 7%	
Total	8%		7%		7.75%	
Employer Contribution Rate	FY 24-25	FY 25-26	FY 24-25	FY 25-26	FY 24-25	FY 25-26
UAL*	10.46%	10.30%	10.46%	10.30%	10.46%	10.30%
Total	<u>22.35%</u>	<u>21.70%</u>	<u>22.35%</u>	<u>21.70%</u>	<u>22.35%</u>	<u>21.70%</u>
	32.81%	32.00%	32.81%	32.00%	32.81%	32.00%
*UAL = Unfunded Accrued Liability						
PAID ON	Highest Year		Highest 3-year average		Highest 3-year average	

To be eligible for service retirement, the employee must be at least age 50 and be vested with five years of CalPERS service credit.

The City of Cupertino contracts for the following PERS options:

- 2.7% at age 55 for employees hired prior to 12/29/12 with highest twelve consecutive months.
- 2% at age 60 for employees hired after 12/29/12 with three-year final compensation.
- Military service buy-back option
- 1959 Survivor Benefit – 4th Level
- Peace Corps buy back option

1959 SURVIVOR BENEFIT

The 1959 Survivor Benefit provides a monthly allowance to eligible survivors of members who were covered for this benefit program and died before retirement. This benefit coverage is available by contract amendment for those members who are not covered by federal Social Security with their employers. Covered members are required to pay a \$2 monthly fee that is deducted from their salary.

Monthly Benefit Payments:

Benefit Level	One Survivor	Two Survivors	Three or More Survivors
Level 4	\$950	\$1,900	\$2,280

City's Cost: City Contribution is \$5.80 per month per employee

City Council Cost: \$2.00 per month

DEFERRED COMPENSATION

457 Plans: **Nationwide Deferred Compensation**
MissionSquare Retirement
PERS 457 Program administered by Voya

Each employee may elect to become a participant of the plan and defer payment of compensation.

The following will be the four maximums available to employees in 2025:

- Employees under 49 years of age - \$23,500
- Employees aged 50 or older - \$31,000
- Employees aged 60-63 - \$34,750
- Employees qualified for special (3-year) catch up - \$47,000

FLEXIBLE SPENDING ACCOUNT (FSA)

Voluntary Benefit: **TASC – Total Administrative Services Corporation**

Employees may contribute payroll deductions on a pretax basis to spend on qualifying expenses throughout the calendar year.

Plans: **Health Care Flexible Spending Account**

- \$3,300 - Maximum election
- Includes \$660 maximum carryover from the previous year

Dependent Care Flexible Spending Account

- \$5000 Maximum – per individual or married couples filing jointly
- \$2500 Maximum – for a married individual filing separately

Transit Flexible Spending Account

- \$325 Maximum per month **Parking**

Flexible Spending Account

- \$325 Maximum per month

EMPLOYEE ASSISTANCE PROGRAM

Group Plan: **Aetna - Resources for Living**

The Employee Assistance Program (EAP) is available to all employees. The EAP is designed to provide professional counseling services for employees and family members. The City has selected Aetna - Resources for Living to administer the EAP Program.

Aetna - Resources for Living is an employer sponsored program, available at no cost to the employee and all members of the household. Children living away from home are covered up to age 26. The benefit includes up to 6 counseling sessions per issue each year.

City's Cost: Premium is **\$1.46 per month** for each employee including their dependents

City Council Cost: None

RECREATION BUCKS

The REC BUCKS program is a reimbursable wellness benefit available to employees and their dependent family members. Dependent family members are those family members listed on the employee's dental plan coverage.

City Councilmembers are eligible for **\$500.00** Rec Bucks each calendar year.

SPORTS CENTER MEMBERSHIP

City Councilmembers receive a Sports Center Membership **each calendar** year.

Retirees

CalPERS retired City Councilmembers are eligible to receive Sports Center Membership **each calendar year**. *Spouses not included.*
