



2026 BENEFITS GUIDE

January 1 – December 31, 2026

TAKE A LOOK INSIDE



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WELCOME!

Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, your family and your way of life. This guide answers some of the basic questions you may have about your benefits.

Who Is Eligible?

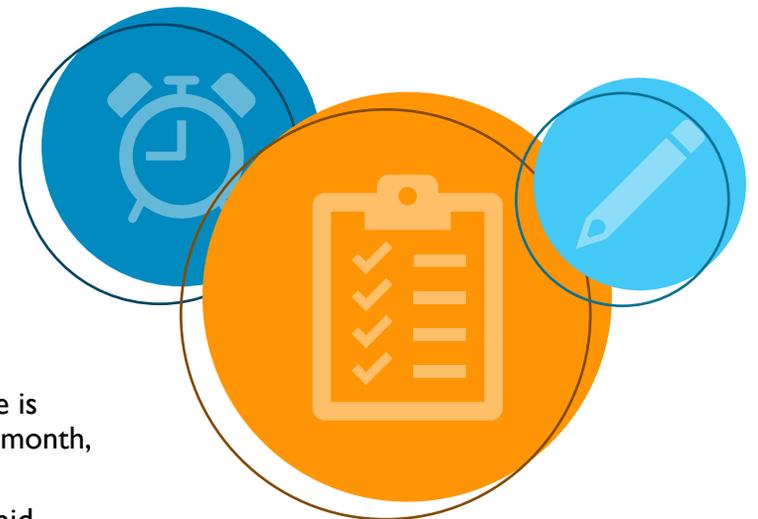
Generally, all regular City employees are eligible to participate in the City of Escondido's benefit program. Eligible employees may also enroll their eligible dependents in the City's benefit plans. Your eligible dependents include:

- Your legally married spouse
- Your registered domestic partner (RDP) and/or his/her children, where applicable by state law
- Your children who are your biological children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue your health coverage.

Enrollment Period

You must complete the enrollment process within 30 days of your date of hire. Coverage is effective the first day of the month following your date of hire. If hired on the first of the month, coverage will be effective on that date.

If you fail to enroll on time, you will NOT have benefits coverage (except for company-paid benefits).



BENEFIT ENROLLMENT

Waiving Health Insurance

Employees who waive medical coverage will receive a monthly benefit of **\$200**. Employees **who waive a level of medical coverage** will receive a monthly benefit of **\$75**. To qualify for the waiver benefit, employee must provide proof of other medical coverage. If two City employees are married and both waive a level of coverage, only one employee is eligible to receive the \$75 monthly benefit. The various levels of medical coverage include employee only, employee plus one and family coverage.

- To receive the credit, you **are required to** complete a Waiver of Coverage form and submit it to Employee Benefits by the Enrollment deadline along with proof of other coverage.
- Employees who waive are required to complete this form each year.

If you have waived coverage and the alternative medical coverage is lost during the year, notify Employee Benefits within 30 days so you may elect City coverage for the remainder of the year.

To enroll, log into Workday and complete the Change Benefits task.

Between Enrollment Periods: Qualified Life Events

Due to IRS regulations, you cannot make changes to your enrollment selections until the next Open Enrollment period. You may make changes to your benefit elections outside of the annual Open Enrollment **ONLY** if you experience a Qualifying Life Event (QLE). To make changes to your benefit elections, you must contact Employee Benefits within 30 days of the qualified life event (including newborns). Be prepared to show documentation of the event such as a marriage license, birth certificate or a divorce decree.

Following are examples of the most common qualified life events:

- Marriage or divorce
- Birth or adoption of a child
- Child reaching the maximum age limit
- Death of a spouse, RDP, or child
- You lose coverage under your spouse's/RDP's plan
- You gain access to state coverage under Medicaid or CHIP



[Click here](#) to watch a video about QLEs.

MEDICAL COVERAGE

We are proud to offer you a choice between two different medical plans that provide comprehensive medical and prescription drug coverage. The plans also offer many resources and tools to help you maintain a healthy lifestyle. Following is a brief description of each plan.

Kaiser HMO

With this plan, you select a primary care physician (PCP) from the participating network of providers who will coordinate your health care needs, refer you to specialists (if needed) and approve further medical treatment. Services received outside of the HMO's network are not covered, except in the case of emergency medical care.

Kaiser HDHP

The Kaiser High-Deductible Health Plan (HDHP) is an HMO plan. You will select a primary care physician (PCP) from the participating network of providers as detailed above. In addition, the HDHP comes with a health savings account (HSA) that allows you to save pre-tax dollars¹ to pay for any qualified health care expenses as defined by the IRS, including most out-of-pocket medical, prescription drug, dental and vision expenses. For a complete list of qualified health care expenses, visit <https://www.irs.gov/publications/p502>.

Here's how the plan works:

Annual Deductible: You must meet the entire annual deductible before the plan starts to pay for non-preventive medical and prescription drug expenses. *NOTE: If you enroll one or more family members, you must meet the full FAMILY deductible before the plan starts to pay expenses for any one individual.*

Coinsurance: Once you've met the plan's annual deductible, you are responsible for a percentage of your medical expenses, which is called coinsurance. For example, the plan may pay 80 percent and you may pay 20 percent.

Out-of-Pocket Maximum: Once your deductible and coinsurance add up to the plan's annual out-of-pocket maximum, the plan will pay 100 percent of all eligible covered services for the rest of the calendar year. *NOTE: If you enroll one or more family members, each covered family member is only required to meet the INDIVIDUAL out-of-pocket maximum before the plan starts to pay covered services at 100 percent for that individual. If you have other family members in this plan, they have to meet their own out of pocket maximum until the overall family maximum has been met.*



HEALTH SAVINGS ACCOUNT HSA

How the HSA Works

- The Kaiser HDHP plan features a Health Savings Account (HSA)¹.
- The City will contribute the following amounts in 2026 to your HSA account:
 - Employee only coverage: \$850
 - Employee + one or more dependent coverage: \$1,700
- You may contribute additional pre-tax dollars through automatic payroll deductions or make after-tax contributions that are deductible when you file your taxes. You may change your contributions at any time throughout the year.
- You can withdraw HSA funds tax free to pay for current qualified health care expenses, or save them for the future, also tax free.
- You decide how or if you want to spend your HSA funds. You can use them to pay for you and your dependents' doctor's visits, prescriptions, braces, glasses—even laser vision correction surgery.
- Your HSA is yours for life. The money is yours to spend or save, regardless of whether you change health plans², retire or leave the company. There is no “use it or lose it” rule. Your account grows tax free over time as you continue to roll over unused dollars from year to year.
- **To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs. See the plan documents for full details.**



Contribution Limits

Important: Your contributions, in addition to the City's contributions, may not exceed the annual IRS limits listed below:

Coverage Tier	2026
Employee Only	\$4,400
Family (employee + 1 or more)	\$8,750
Catch-up (age 55+)	\$1,000



[Click here](#) to watch a video about HSA limits.

¹You must be enrolled in a qualified health plan to be eligible for contributions to an HSA

MEDICAL COVERAGE

Following is a high-level overview of your medical plan options. For complete coverage details, please refer to the Summary Plan Description (SPD). **Note:** The deductibles and out-of-pocket maximums are per calendar year.

Key Benefits	Kaiser HMO	Kaiser HDHP
	In-Network Only	In-Network Only
Deductible (Individual/Family)	None	\$1,700 / \$3,400
Out-of-Pocket Max (Individual/Family)	\$1,500 / \$3,000	\$3,400 / \$6,800
Office Visits (physician/specialist)	\$15 copay	\$20 copay*
Routine Preventive Care	No charge	No charge
Diagnostics (lab/X-ray)	No charge	\$10 copay*
Complex Imaging	No charge	\$50 copay*
Chiropractic	\$15 copay (30 visits)	\$15 copay (30 visits)*
Ambulance	\$50 copay	\$100 copay*
Emergency Room	\$100 copay	\$100 copay*
Urgent Care Facility	\$15 copay	\$20 copay*
Inpatient Hospital Stay	No charge	\$250 copay*
Outpatient Surgery	\$15 copay	\$150 copay*
Prescription Drugs	(Generic / Brand)	
Retail Pharmacy (100-day supply)	\$10 / \$20	\$10* / \$30*
Mail Order (100-day supply)	\$10 / \$20	\$20* / \$60*

Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

*Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.

To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs. See the plan documents for full details.

DENTAL COVERAGE

We are proud to offer you a choice between two different dental plans.

Delta Dental DHMO

With this plan, you choose a primary dental provider to manage your care. There are no charges for most preventive services, no claim forms and no deductibles. Reduced, pre-set charges apply to other services.

Delta Dental DPPO

This plan offers you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a dentist who participates in the Delta Dental network.

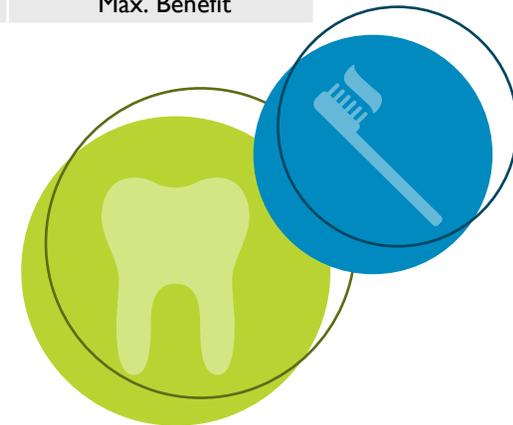
Following is a high-level overview of the coverage available.

Key Dental Benefits	DHMO	DPPO		
	In-Network Only	Delta Dental PPO	Delta Dental Premier	Out-of-Network ¹
Deductible (Individual/Family)	None	\$25 / \$75	\$35 / \$105	\$35 / \$105
Calendar Year Maximum (Per person)	None	\$1,750	\$1,750	\$1,750
Preventive Services	No charge	No charge	No charge	No charge
Basic Services	Various Copays, See Schedule	20%*	20%*	20%*
Major Services	Various Copays, See Schedule ²	50%*	50%*	50%*
Implant Services (Included toward DPPO \$1,750 calendar year max)	Not Covered	50%*; \$1,000 max	50%*; \$1,000 max	50%*; \$1,000 max
Orthodontia (Child & Adult)	\$1,800 copay for adults \$1,600 copay for children up to age 19	50%; \$1,750 Max. Benefit	50%; \$1,750 Max. Benefit	50%; \$1,750 Max. Benefit

Coinsurance percentages shown in the above chart represent what the member is responsible for paying.

Benefits with an asterisk () require that the deductible be met before the Plan begins to pay.

¹If you see an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.



VISION COVERAGE

Anthem Vision Plan

Your eyesight is an integral part of your overall health and a key component of safety. The following plans, provided through Anthem Blue View, give you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a provider who participates in the Blue View network.

If you decide to use an out-of-network provider, you will pay the provider in full at the time of your appointment and submit a claim form for reimbursement up to the amount allowed by the plan.

Key Benefits	Base Plan		Buy-Up	
	In-Network	Out-of-Network Reimbursement	In-Network	Out-of-Network Reimbursement
Coverage Frequency				
Exams	Once every 12 months		Once every 12 months	
Lenses/Contacts	Once every 12 months		Once every 12 months	
Frames	Once every 24 months		Once every 12 months	
Exam	\$10	Up to \$40	\$10	Up to \$40
Materials Copay	\$10	N/A	\$10	N/A
Frames	Covered up to \$130 then 20% off any remaining balance	Up to \$45	Covered up to \$180 then 20% off any remaining balance	Up to \$45
Lenses				
Single Vision	No charge after materials copay	Up to \$40	No charge after materials copay	Up to \$40
Bifocal		Up to \$60		Up to \$60
Trifocal		Up to \$80		Up to \$80
Contact Lenses in lieu of glasses	Covered up to \$105 then 15% off any remaining balance	Up to \$105	Covered up to \$180 then 15% off any remaining balance	Up to \$105

FLEXIBLE SPENDING ACCOUNTS

The City offers two different Flexible Spending Accounts (FSAs) through Tri-Ad/Navia. FSAs allow you to set aside a portion of your income, before taxes, to pay for qualified health care and/or dependent care expenses. Because that portion of your income is not taxed, you pay less in federal income tax, Social Security, and Medicare taxes.

Each account works in much the same way but has different eligibility requirements, list of qualified expenses and contribution limits. You may choose to enroll in the following accounts.

	Health Care FSA	Dependent Care FSA
2026 Annual Contribution Limit	\$3,300 (\$240 Minimum)	\$5,000 per family (or \$2,500 each if you are married and file separate tax returns)
Eligibility Requirements	You must be benefits eligible. Employees enrolled in Kaiser's HDHP are ineligible to participate in this plan.	You must be benefits eligible
Examples of Qualified Expenses	<ul style="list-style-type: none"> • Coinsurance • Copayments • Deductibles • Dental treatment • Eye exams/eyeglasses • LASIK eye surgery • Orthodontia • Prescriptions 	<ul style="list-style-type: none"> • Care of a dependent child under the age of 13 by babysitters, nursery schools, pre-school or daycare centers • Care of household members who are physically or mentally incapable of caring for themselves and who qualify as your federal tax dependent

Important FSA Rules

Because FSAs can give you a significant tax advantage, they must be administered according to specific IRS rules:

- You must enroll each year to participate.
- Unused funds will **NOT** be returned to you or carried over to the following year.
- You can incur expenses through March 15, 2027, and must file claims by March 31, 2027.

Maximum contribution amount is established by the IRS and your employer each year. See plan document for details



[Click here](#) to watch a video about how an FSA works.

LIFE AND DISABILITY INSURANCE

Life insurance, provided through The Hartford, provides your named beneficiaries with a benefit following your death, while accidental death and dismemberment (AD&D) insurance provides a benefit to you following a covered accident that leads to dismemberment (such as the loss of a hand, foot or eye). In the event your death occurs due to a covered accident, both the life benefit and the AD&D benefit would be payable.

Basic Life and AD&D (Company-paid)

This benefit is provided at NO COST to you.

Benefit Amount	Review your Benefit Summary to determine your coverage amount.
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Supplemental Life and AD&D (employee-paid)

If you determine you need more than the basic coverage, you may purchase additional insurance for yourself and your eligible family members.

Benefit Option		Guaranteed Issue*
Employee	\$10,000 increments; minimum of \$10,000 up to \$500,000 not to exceed 5x your covered earnings	Lesser of \$200,000 or 2x your covered earnings
Spouse/RDP	\$5,000 increments; minimum of \$5,000 up to \$250,000 not to exceed 50% of your additional life coverage	\$20,000
Child(ren)	\$2,000 increments; minimum of \$2,000 up to \$10,000 not to exceed 50% of your additional life coverage	\$10,000

*During your initial eligibility period only, you can receive coverage up to the Guaranteed Issue amounts without having to provide Evidence of Insurability (EOI), or information about your health. Coverage amounts that require EOI will not be effective unless approved by the insurance carrier.

Disability insurance, provided through The Hartford, provides benefits that replace part of your lost income when you cannot work due to a covered illness or injury. Review Benefit Summary to determine eligibility.

Short-Term Disability

Provided to you through the Hartford

Benefit Percentage	66.67%
Weekly Benefit Maximum	\$2,500
When Benefits Begin	After 7 th calendar day of disability
Maximum Benefit Duration	12 weeks

Long-Term Disability

Provided to you through The Hartford

Benefit Percentage	60%
Monthly Benefit Maximum	\$12,000
When Benefits Begin	After 90 th day of disability
Maximum Benefit Duration	Social Security Normal Retirement Age



[Click here](#) to watch a video about how disability insurance works.



VOLUNTARY BENEFITS & VALUABLE EXTRAS

Our benefit plans are here to help you and your family live well and stay well. But did you know that you can strengthen your coverage even further? It's true! Our voluntary benefits through Hartford are designed to complement your health care coverage and allow you to customize our benefits to you and your family's needs. The best part? Benefits from these plans are paid directly to you! Coverage is also available for your spouse and dependents.

You can enroll in these plans when you are hired and during Open Enrollment—they're completely voluntary, which means you are responsible for paying for coverage at affordable group rates.

Accident Insurance

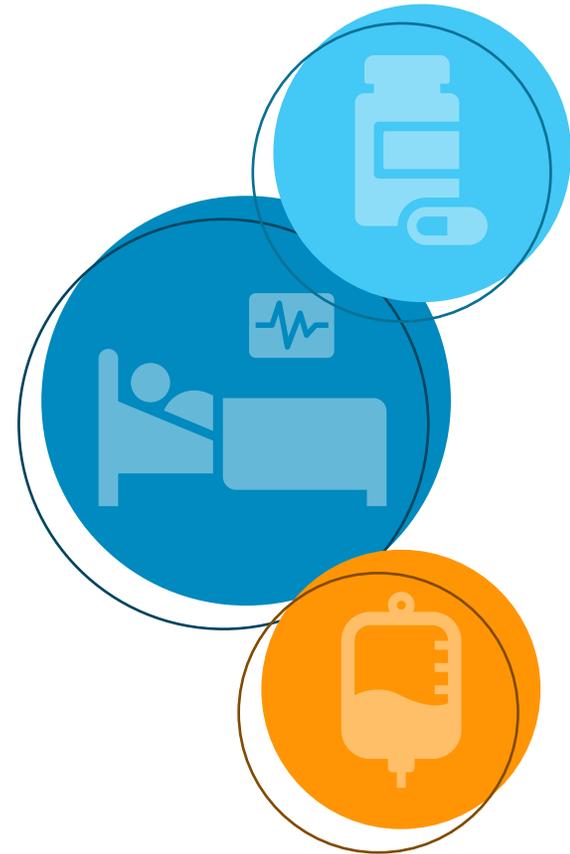
Accident insurance can soften the financial impact of an accidental injury by paying a benefit to you to help cover the unexpected out-of-pocket costs related to treating your injuries.

Critical Illness Insurance

Did you know that the average total out-of-pocket cost related to treating a critical illness is over \$7,000? With critical illness insurance, you'll receive a lump-sum benefit if you are diagnosed with a covered condition that you can use however you would like, including to help pay for: treatment (e.g. experimental), prescriptions, travel, increased living expenses, and more.

Hospital Indemnity Insurance

The average cost of a hospital stay is \$11,700- and the average length of a stay is 4.6 days. Hospital indemnity insurance can help reduce costs by paying you or a covered dependent a benefit to help cover your deductible, coinsurance and other out-of-pocket costs due to a covered sickness or injury related hospitalization.



Valuable Extras

We also offer the following additional benefits:

- ARAG Group Legal Plan
- Hartford Travel Assistance & Identity Theft
- Spot Pet Insurance
- 529 College Savings Plan
- Retirement Options (401k Plan, 457 Plan, Roth IRA)

EMPLOYEE ASSISTANCE PROGRAM & COST OF BENEFITS

Cigna Employee Assistance Program (EAP)

Life is full of challenges and sometimes balancing them all can be difficult. The City is proud to provide a confidential program dedicated to supporting the emotional health and well-being of our employees and their families. The Employee Assistance Program (EAP) is provided at NO COST to you through Cigna.

The EAP can help with the following issues, among many others:

- Mental health
- Relationships
- Substance use
- Child and eldercare
- Grief and loss
- Legal or financial issues

EAP Benefits

- Assistance for you and your household members
- Up to 6 in-person or virtual sessions with a counselor per event, per year, per individual
- Unlimited toll-free phone access and online resources

EAP QUESTIONS?

To learn more, visit www.mycigna.com For questions, contact Cigna at (877) 622-4327

Cost of Benefits

What does it cost?

The City pays the majority of the cost for your medical and dental coverage, and you pay competitive group rates for the voluntary plans.

About Premiums

- To view premiums, select the name of your Benefit Program in the box to the right.

Benefit Deductions (Monthly)

Click the applicable link below to see your monthly deductions.

- ❖ [City Administrative, Clerical & Engineering](#)
- ❖ [Council](#)
- ❖ [Executive Management](#)
- ❖ [Fire Management](#)
- ❖ [Fire Management Battalion Chiefs](#)
- ❖ [Maintenance and Operations](#)
- ❖ [Non-Safety Fire](#)
- ❖ [Non-Sworn Police](#)
- ❖ [Police Management](#)
- ❖ [Safety Fire](#)
- ❖ [Supervisory](#)
- ❖ [Sworn Police](#)
- ❖ [Unclassified Clerical Technical](#)
- ❖ [Unclassified Management](#)



CONTACT INFORMATION

Benefit	Carrier	Phone Number	Website/Email
Medical	Kaiser	(800) 464-4000 (English) (800) 788-0616 (Spanish)	www.kp.org
Dental	Delta Dental	DPPO: (800) 765-6003 DHMO: (800) 422-4234	www.deltadentalins.com
Vision	Anthem Blue Cross	(866) 723-0515	www.anthem.com/ca
Flexible Spending Accounts (FSAs)	Tri-Ad/Navia	(888) 844-1372	www.tri-ad.com
Life/AD&D	The Hartford	Customer Service: (800) 523-2233 Claims: (800) 563-1124	www.thehartford.com/employeebenefits
Disability	The Hartford	Customer Service: (800) 523-2233 Claims: (888) 301-5615	www.thehartford.com/employeebenefits
Employee Assistance Program (EAP)	Cigna	(877) 622-4327	www.mycigna.com
Voluntary Benefits	The Hartford	(866) 547-4205	www.thehartford.com/benefits/myclaim
Legal	ARAG	(800) 247-4184	www.araglegal.com/plans Access Code: 10641coe
Pet Insurance	Spot	(800) 905-1595	https://spotpet.link/escondido

QUESTIONS?

If you have additional questions, you may also contact:

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