

Benefits

Exempt – Non Elected

ALL BENEFITS ARE PER PAY PERIOD UNLESS OTHERWISE NOTED

Union Code	Exempt
Representation	Non-Represented
Ordinance	June 18, 2011
Health and Welfare	
Benefit Level	Full Time (61 - 80 hours)
Medical Premium Subsidy (MPS)	Employee Only \$218.56 for BS HMO; \$230.00 for KP HMO/BS PPO Employee + 1 (All Plans) \$352.23 Employee + 2 (All Plans) \$482.64
Dental Premium Subsidy (DPS)	Up to \$9.46
Medical Opt-Out	Before 7/9/05 \$161.54 After 7/9/05 \$40.00
Medical Waive	Before 7/9/05 \$230.00 After 7/9/05 \$40.00
Vision	Employer Paid for Employee & Dependents
Life Insurance - Employer Paid	\$50,000
Voluntary Life	\$10K - \$700K
Voluntary AD&D	\$10K - \$250K
Variable Group Universal Life County Contribution	Group A – 100% of 1x Annual Salary Group B – 50% of 1x Annual Salary Group C – 25% of 1x Annual Salary Group D – 25% of 1x Annual Salary
Leave Provisions (effective PP 01/11)	
Vacation	80-160 hours/year (Maximum carryover of 480 hours, with exceptions. Unused balance in excess of cap will automatically cash out in pay period 1)
Sick	3.69 hours
Bereavement	2 Days (3 days if traveling more than 1,000 miles)/per occurrence
Holiday	13 + floating/year (Maximum carryover of 112 hours, with exceptions. Unused balance in excess of cap will automatically cash out in pay period 1)
Administrative	80 hours/year One opportunity during employment to exercise cash-out option
Perfect Attendance (Groups C and D)	Annual 16 hours of Perfect Attendance Leave
Retirement	
Tier 1 (Hired prior to 1/1/2013, reciprocity provision may apply)	2% at age 55
	SAFETY – 3% at age 50
	Supplemental Contribution
	Group A \$442.53 Group B \$236.41 Group C \$152.17 Group D \$94.67
Tier 2 (Hired on or after 1/1/2013, reciprocity provision may apply)	2.5% at age 67
	SAFETY – 2.7% at age 57

Retirement – Other	
457(b) Eligible to enroll at any time	Groups A & B = County contribution 1 times Employee contribution, up to 1% Groups C & D = County contribution .5 times Employee contribution, up to .5%
401(k) Eligible to enroll at any time	Groups A, B, & C=County contribution 2 times Employee contribution, up to 8% Group D = County contribution 2 times Employee contribution, up to 6%
Retirement Medical Trust Fund	Must contribute sick leave balance at the rate of 75% of the cash value up to max 1,400 hours <u>County Contribution (Based on Years of Continuous County Service):</u> 5-9 years = 1% of biweekly base salary 10-15 years = 1.75% biweekly base salary 16+ years = 2.75% biweekly base salary
Other	
Annual Tuition Reimbursement	\$1,000 per Employee
Automobile Allowance	Groups A & B, Assistant Sheriffs, Sheriff's Deputy Chiefs Biweekly allowance of \$561.54 with no mileage reimbursement, provided Employee is not assigned a County vehicle
Dependent Care Assistance Plan	Eligible
Healthy Lifestyle Program	Health Club Membership Reimbursement, up to \$324/year And Annual Physical Exam
Long Term Disability	60% up to \$10,000/month
Medical Expense Reimbursement Plan (FSA)	\$10 - \$96.15, Employee Contribution Plus, up to \$40 County Match
Portable Communication Device Allowance	Groups A & B – biweekly allowance of \$92.31
Qualified Transportation Plan	Pre-tax deductions of up to \$130/month for qualified transportation (commuter) expenses
Short Term Disability - Exempt	55% up to \$1,533/week (eff. 1/11/14)

The County offers *Premium Subsidies biweekly* to help off-set the cost of your medical and dental premiums.

Example #1: The Undersheriff elects Kaiser Permanente and Cigna Dental PPO plans with Employee + 2 or more coverage:

\$858.29 (combined cost of premiums)
- \$482.64 (medical premium subsidy)
- \$ 9.46 (dental premium subsidy)
\$366.19 (biweekly out-of-pocket cost)

Example #2: The County Surveyor elects Blue Shield Signature HMO and Cigna Dental Care HMO plans with Employee + 2 or more coverage:

\$635.07 (combined cost of premiums)
- \$482.64 (medical premium subsidy)
- \$ 9.46 (dental premium subsidy)
\$142.97 (biweekly out-of-pocket cost)

Example #3: The Chief Probation Officer elects Blue Shield Signature HMO and Cigna Dental PPO plans with Employee + 1:

\$480.79 (combined cost of premiums)
- \$352.23 (medical premium subsidy)
- \$ 9.46 (dental premium subsidy)
\$119.10 (biweekly out-of-pocket cost)