



# Comparison of Full and Modified Benefit Options

ADM, MGMT, SUP, TI

ALL BENEFITS ARE PER PAY PERIOD UNLESS OTHERWISE NOTED

Refer to your MOU for classifications eligible to elect the Modified Benefit Option (MBO)

<b>Representation</b>	SBPEA Teamsters Local 1932					
<b>Contract Date</b>	2015-2019					
<b>Health and Welfare</b>						
	<b>If Full Benefit Option (FBO) elected</b>			<b>If Modified Benefit Option (MBO) elected</b>		
<b>Benefit Level</b>	<b>Full Time (61 - 80 hours)</b>			<b>Full Time (60 – 80 hours)</b>		
	<u>Plan</u>	<u>MPS</u>	<u>Out Of Pocket</u>	<u>Plan</u>	<u>MPS</u>	<u>Out Of Pocket</u>
<b>Medical Premium Subsidy (MPS)</b> Effective June 28, 2014	<b>Employee Only</b>			<b>Employee Only</b>		
	Blue Shield HMO	\$194.90	\$32.65	Blue Shield Bronze PPO	\$138.72	\$8.79
	Blue Shield PPO	\$230.25	\$192.04	Blue Shield HMO	\$138.72	\$88.83
	Kaiser Permanente HMO	\$230.25	\$39.10	Blue Shield PPO	\$138.72	\$283.57
	<b>Employee + 1</b>			Kaiser Permanente HMO		
	Blue Shield HMO	\$334.57	\$118.53	Blue Shield Bronze PPO	\$275.54	\$17.47
	Blue Shield PPO	\$334.57	\$523.98	Blue Shield HMO	\$275.54	\$177.56
	Kaiser Permanente HMO	\$334.57	\$202.12	Blue Shield PPO	\$275.54	\$583.01
	<b>Employee + 2</b>			Kaiser Permanente HMO		
	Blue Shield HMO	\$473.43	\$166.88	Blue Shield Bronze PPO	\$389.09	\$24.68
	Blue Shield PPO	\$473.43	\$858.04	Blue Shield HMO	\$389.09	\$251.22
	Kaiser Permanente HMO	\$473.43	\$285.15	Blue Shield PPO	\$389.09	\$942.38
<b>Medical Premium Subsidy (MPS)</b> Hired or entering unit on or after June 28, 2014	Same as above except an employee who was hired or entered unit before June 28, 2014 and elected and maintained Employee only coverage in the following plans:					
	<u>Plan</u>	<u>MPS</u>	<u>Out Of Pocket</u>			
	<b>Employee Only</b>					
	Blue Shield PPO	\$194.90	\$227.39	Employees who elect the MBO will receive an <b>additional \$1.25 per hour above the base rate of pay</b> . Employees must participate in the MBO for two (2) consecutive benefit plan years		
Kaiser Permanente HMO	\$194.90	\$74.45				
<b>Dental Premium Subsidy (DPS)</b>	\$9.46					
<b>Medical Opt-Out</b>	Before 7/23/05	\$133.85		\$40.00		
	On or After 7/23/05	\$40.00				

<b>Medical Waive</b>	Before 7/23/05 \$190.00 On or After 7/23/05 \$40.00	\$40.00
<b>Vision</b>	Employer Paid for Employee Only Coverage	
<b>Life Insurance – Employer Paid</b>	ADM, MGMT: \$50,000; SUP, TI: \$35,000	
<b>Voluntary Term Life</b>	\$10,000 - \$700,000	
<b>Voluntary AD&amp;D</b>	\$10,000 - \$250,000	
<b>Leave Provisions</b>		
<b>**Note:</b> Leave time shall accrue on a prorata basis based on hours coded. Accrual hours listed below are based on <b>80 hours</b> worked in a pay period.		
	<b>If FBO elected</b>	<b>If MBO elected</b>
<b>Paid Time Off (PTO)**</b>	<b>Not Eligible</b>	<p><u>10,400 Service Hours or Less</u> Accrual: 6.92 hours/pay period Max Unused PTO Balance: 270 hours Max Unused Vacation, Holiday, and PTO: 320 hours*</p> <p><u>More than 10,400 Service Hours</u> Accrual: 8.31 hours/pay period Max Unused PTO Balance: 324 hours Max Unused Vacation, Holiday, and PTO: 404 hours*</p> <p>*Employee's maximum PTO balance may not exceed 270 hours or 324 hours, as applicable</p>
<b>Vacation**</b>	<p><u>8,320 Service Hours or Less</u> Accrual: 3.07 hours/pay period Max Unused Vacation Balance: 160 hours</p> <p><u>8,321 through 18,720 Service Hours</u> Accrual: 4.61 hours/pay period Max Unused Vacation Balance: 240 hours</p> <p><u>More than 18,720 Service Hours</u> Accrual: 6.15 hours/pay period Max Unused Vacation Balance: 320 hours</p> <p>Cash-out option up to 60 hours/year if 80 hours of vacation used in previous year</p>	<b>Refer to PTO Benefit</b>
<b>Sick**</b>	3.39 hours/pay period	<b>Refer to PTO Benefit</b>
<b>Bereavement</b>	2 days per occurrence (3 if traveling > 1,000 miles)	<b>Refer to PTO Benefit</b>

<b>Holiday</b>	13 + 1 floating/year	<b>Refer to PTO Benefit</b>  <b>Note:</b> Employee shall be paid two times their base salary rate for hours worked on 10 select holidays. Refer to MOU for specific holidays.
<b>Annual</b>	<b>SUP ONLY</b> - 40 hours/per year, no cash-out option (use it or lose it)	<b>Refer to PTO Benefit</b>
<b>Administrative</b>	<b>MGMT ONLY</b> – 80 hours/year, w/cash-out option <b>SUP ONLY</b> – 40 hours/year, w/cash-out option	<b>Refer to PTO Benefit</b>
<b>Perfect Attendance Leave</b>	Annual Gym Membership Reimbursement up to \$299 -OR- 16 hours Perfect Attendance Leave	<b>Not Eligible</b>
<b>Retirement</b>		
	<b>If FBO elected</b>	<b>If MBO elected</b>
<b>Tier 1</b> (Hired prior to 1/1/2013, reciprocity provision may apply)	2.0% at age 55	
<b>Tier 2</b> (Hired on or after 1/1/2013, reciprocity provision may apply)	2.5% at age 67	
<b>Retirement - Other</b>		
	<b>If FBO elected</b>	<b>If MBO elected</b>
<b>457(b)</b> Eligible to enroll at any time	Employees shall be eligible to participate upon hire. After one year of continuous service in a regular position, County will match half the employee contribution up to .5%.	Employees shall be eligible to participate, but shall <b>not</b> receive a County match.
<b>Retirement Medical Trust Fund - Sick Leave Conversion</b>	Upon separation from the County, employees who have 10 or more years participation with SBCERA and/or other public retirement system(s) will have their unused sick leave converted to the Retirement Medical Trust based on the conversion table in the applicable Memoranda of Understanding.  <b>Note (MBO Only):</b> Upon separation from County employment any unused PTO balance shall <b>not</b> be eligible to convert to the Retirement Medical Trust. The employee shall be compensated for such unused PTO hours pursuant to Page 72, Section 3 (c) (3) of the MOU.	
<b>Retirement Medical Trust Fund – County Contribution</b>	<u>County Contribution, based on continuous years of service:</u> 10-14 years = 1.00% of bi-weekly base salary 15-19 years = 1.25% of bi-weekly base salary 20+ years = 1.50% of bi-weekly base salary	

Other		
	If FBO elected	If MBO elected
Dependent Care Assistance Plan	Eligible	
Annual Tuition Reimbursement	Funds/Amounts depend on bargaining unit.	
Medical Expense Reimbursement Plan (Flexible Spending Account)	Employee Contribution max \$98.07/pay period	
Qualified Transportation Plan	Pre-tax deductions of up to \$255/month for qualified transportation (commuter) expenses.	
Short Term Disability	55% up to \$1,129/week	

The County provides Premium Subsidies biweekly to help off-set the cost of your medical and dental premiums. Below are examples of employees hired after June 28, 2014.

**Example #1:** A Respiratory Therapist elects Blue Shield Signature HMO and Cigna Dental Care HMO plans with Employee Only coverage.

**FBO**

\$238.28 (combined cost of premiums)  
 - \$194.90 (medical premium subsidy)  
 - \$ 9.46 (dental premium subsidy)  
**\$ 33.92 (biweekly out-of-pocket cost)**

**MBO**

\$238.28 (combined cost of premiums)  
 - \$138.72 (medical premium subsidy)  
 - \$ 9.46 (dental premium subsidy)  
**\$ 90.10 (biweekly out-of-pocket cost)**

**Example #2:** A Medical Records Coder II elects Kaiser Permanente and Cigna Dental PPO plans with Employee + 2 or more coverage.

**FBO**

\$838.66 (combined cost of premiums)  
 - \$473.43 (medical premium subsidy)  
 - \$ 9.46 (dental premium subsidy)  
**\$355.77 (biweekly out-of-pocket cost)**

**MBO**

\$838.66 (combined cost of premiums)  
 - \$389.09 (medical premium subsidy)  
 - \$ 9.46 (dental premium subsidy)  
**\$440.11 (biweekly out-of-pocket cost)**

**Example #3:** A Licensed Vocational Nurse I elects Blue Shield Bronze PPO Plan and Cigna Dental Care HMO plans with Employee Only coverage.

**FBO**

***Not Eligible for Blue Shield Bronze PPO Plan***

**MBO**

\$158.24 (combined cost of premiums)  
 - \$138.72 (medical premium subsidy)  
 - \$ 9.46 (dental premium subsidy)  
**\$ 10.06 (biweekly out-of-pocket cost)**