



Nurses

Traditional Benefit Option

ALL BENEFITS ARE PER PAY PERIOD UNLESS OTHERWISE NOTED

Representation	California Nurses Association																					
Contract Date	2018-2021																					
Benefit Level	Full Time (61 – 80 hours)																					
Health and Welfare																						
County Contribution towards the cost of Medical Insurance <i>Also known as Medical Premium Subsidy or MPS</i>	Employee Only	\$165.23																				
	Employee + 1	\$338.61																				
	Employee + 2	\$455.32																				
Medical Plan Options <i>Employee cost for medical insurance depends on the plan you choose and how many dependents you cover.</i>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Plan</u></th> <th style="text-align: right;"><u>Employee cost per Pay Period</u></th> </tr> </thead> <tbody> <tr> <td colspan="2">Employee Only</td> </tr> <tr> <td style="padding-left: 20px;">Blue Shield HMO</td> <td style="text-align: right;">\$75.85</td> </tr> <tr> <td style="padding-left: 20px;">Kaiser Permanente HMO</td> <td style="text-align: right;">\$125.28</td> </tr> <tr> <td colspan="2">Employee + 1</td> </tr> <tr> <td style="padding-left: 20px;">Blue Shield HMO</td> <td style="text-align: right;">\$141.56</td> </tr> <tr> <td style="padding-left: 20px;">Kaiser Permanente HMO</td> <td style="text-align: right;">\$240.40</td> </tr> <tr> <td colspan="2">Employee + 2</td> </tr> <tr> <td style="padding-left: 20px;">Blue Shield HMO</td> <td style="text-align: right;">\$223.29</td> </tr> <tr> <td style="padding-left: 20px;">Kaiser Permanente HMO</td> <td style="text-align: right;">\$368.15</td> </tr> </tbody> </table>		<u>Plan</u>	<u>Employee cost per Pay Period</u>	Employee Only		Blue Shield HMO	\$75.85	Kaiser Permanente HMO	\$125.28	Employee + 1		Blue Shield HMO	\$141.56	Kaiser Permanente HMO	\$240.40	Employee + 2		Blue Shield HMO	\$223.29	Kaiser Permanente HMO	\$368.15
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Medical Opt-Out/Waive	<p><i>If you have group sponsored medical coverage elsewhere, you may waive the County coverage.</i></p> <p>You receive \$40.00/per pay period, cash payable to you in your pay check</p>																					
Leave Provisions																						
Vacation	<p style="text-align: center;"><u>0 -4 Years of Service*</u></p> <p style="text-align: center;">Accrual: 3.08 hours/pay period 80 hours/year Max Unused Vacation Balance: 160</p> <p style="text-align: center;"><u>5 – 9 Years of Service*</u></p> <p style="text-align: center;">Accrual: 4.62 hours/pay period 120 hours/year Max Unused Vacation Balance: 240</p> <p style="text-align: center;"><u>10 or More Years of Service*</u></p> <p style="text-align: center;">Accrual: 6.15 hours/pay period 160 hours/year Max Unused Vacation Balance: 320 hours</p> <p style="text-align: center;">*1 year=2,080 hrs.</p> <p style="text-align: center;">With cash-out option up to 60 hours/year if 80 hours of vacation used in previous year</p>																					
Sick Leave	3.39 hours/ pay period 88 hours/year																					

Bereavement	2 days per occurrence (3 if traveling > 1,000 miles one-way)						
Education Leave and Training <i>Applicable to regular full-time nurses with one (1) or more years of service</i>	24 hours provided annually, may carry over up to 8 hours into next calendar year Those holding a certification from a national specialty organization shall be provided an additional four (4) hours of Education Leave each year, and thereafter, as long as the certification is maintained.						
Holiday Leave	13 + 1 floating holiday/year (8 hours/holiday)						
Holiday Pay for Hours Worked on a Holiday	Straight time for all hours worked on 13 recognized holidays. Example: A 12 hour nurse who works 12 hours on a fixed holiday would be paid <u>12 hours straight time and accrue 8 hours holiday leave or receive 8 hours straight time in lieu of accrual for a total of 20 hours at base hourly rate of pay</u>						
Perfect Attendance	Reimbursement for Annual Gym Membership up to \$299 -OR- 16 hours of Perfect Attendance Leave						
Flexible Spending Account							
Flexible Spending Account (FSA) <i>Used to reimburse you for eligible medical expenses including deductible amounts, if applicable</i>	Eligible to enroll. Employee may contribute up to annual maximum of \$2,600						
Vision and Life Insurance							
Vision	Employee Only coverage paid for by the County Employee may purchase dependent coverage: <table style="margin-left: 40px;"> <thead> <tr> <th><u>Coverage Level</u></th> <th><u>Employee Cost Per Pay Period</u></th> </tr> </thead> <tbody> <tr> <td>Employee +1</td> <td>\$3.57</td> </tr> <tr> <td>Employee +2 or more</td> <td>\$9.55</td> </tr> </tbody> </table>	<u>Coverage Level</u>	<u>Employee Cost Per Pay Period</u>	Employee +1	\$3.57	Employee +2 or more	\$9.55
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Employee +1	\$3.57						
Employee +2 or more	\$9.55						
Life Insurance Employer Paid	\$25,000						
Voluntary Term Life	Employee: \$10,000 - \$700,000 Spouse/Domestic Partner: \$10,000 - \$250,000 Child(ren): \$5,000 - \$20,000						
Voluntary AD&D	Employee: \$10,000 - \$250,000 Spouse/Domestic Partner: \$5,000 - \$125,000 Child(ren): \$3,125 - \$25,000						
Retirement							
Retirement Formulas	<u>Tier I - 2.0% at age 55</u> Hired PRIOR TO January 1, 2013 reciprocity provision may apply <u>Tier II - 2.5% at age 67</u> Hired ON or AFTER January 1, 2013 reciprocity provision may apply						

Retirement – Other	
457(b)	Eligible to enroll at any time
Retirement Medical Trust Fund - Sick Leave Conversion	Employees become eligible to convert a portion of their sick leave upon separation from the County, for reasons other than disability or death, to the Retirement Medical Trust upon attaining 10 or more years of participation with SBCERA and/or other public retirement system(s).
Retirement Medical Trust Fund - County Contribution	<u>County Contribution, based on years of continuous service:</u> 10-14 years = 1.00% of bi-weekly base salary 15+ years = 1.5% of bi-weekly base salary
Other	
529 Education Savings Plan	Eligible
Annual Tuition Reimbursement	\$700 per year, w/carryover from previous year not to exceed a balance of \$1,400/year
Dependent Care Assistance Plan	Eligible
Employee Discount Program	Available to all employees
Qualified Transportation Plan	Pre-tax deductions of up to \$260/month for qualified transportation (commuter) expenses
Short Term Disability	55% up to \$1,216/week
Tuition Loan Repayment Program	<i>Available beginning in July 2019</i> Payment of tuition loan costs only, for a qualifying bachelor's degree (or a higher degree), up to a guaranteed total amount of \$7,500 per employee