### Representation
Non-Represented

### Compensation Plan
2015

### Health and Welfare

#### Benefit Level
Full Time (61 - 80 hours)

#### Medical Premium Subsidy (MPS)

<table>
<thead>
<tr>
<th>Type</th>
<th>Full Time (61 - 80 hours)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$203.81</td>
</tr>
<tr>
<td>Grandfathered Employee Only – Elected highest cost HMO prior to 7/21/18</td>
<td>$234.65</td>
</tr>
<tr>
<td>Employee + 1</td>
<td>$354.58</td>
</tr>
<tr>
<td>Employee + 2</td>
<td>$503.41</td>
</tr>
</tbody>
</table>

#### Dental Premium Subsidy (DPS)

<table>
<thead>
<tr>
<th>Type</th>
<th>Full Time (61 - 80 hours)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only enrolled prior to 7/9/05 up to $19.72</td>
<td>$234.65</td>
</tr>
<tr>
<td>Employee Only enrolled after 7/9/05 up to $9.46</td>
<td>$234.65</td>
</tr>
<tr>
<td>Employee + 1 up to $9.46</td>
<td>$234.65</td>
</tr>
<tr>
<td>Employee + 2 up to $9.46</td>
<td>$234.65</td>
</tr>
</tbody>
</table>

### Medical Opt-Out/Waive

- Opt-Out before 7/9/05: $133.85
- Waive before 7/9/05: $190.00
- Opt-out/Waive after 7/9/05: $40.00

### Vision
Employer Paid for Employee & Dependent Coverage

### Life Insurance Employer Paid
All employees except Supervisory: $25,000
Employees in a Supervisory Classification: $35,000

#### 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

### Leave Provisions

#### Vacation
80-160 hours/year, w/cash-out option up to 60 hours/year if 80 hours of vacation used in previous year

#### Sick
3.69 hours/pay period

#### Holiday
13 + 1 floating/year

#### Bereavement
2 days per occurrence
(3 days if traveling > 1,000 miles)

#### Annual/Administrative Supervisory Only
40 Hours Administrative
(One opportunity during year to exercise cash-out, excess will automatically cash out in pay period 26)
40 Hours Annual, w/no cash-out option

#### Perfect Attendance
Annual Gym Membership up to $299
- OR -
16 hours of Perfect Attendance Leave

### Retirement

#### Retirement Formulas

- **Tier I**
  - 2.0% at age 55
  - Hired PRIOR TO January 1, 2013

- **Tier II**
  - 2.5% at age 67
  - Hired ON or AFTER January 1, 2013
### Plan Year 2019-20
**Revised 06/05/19**

<table>
<thead>
<tr>
<th>Plan Year</th>
<th>2019-20</th>
</tr>
</thead>
</table>

#### Retirement - Other

<table>
<thead>
<tr>
<th>Plan</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>457(b)</td>
<td>Eligible to enroll at any time</td>
</tr>
<tr>
<td>Retirement Medical Trust Fund – Sick Leave Conversion</td>
<td>Eligible after one year of continuous service in a regular position. County matching contribution ½ times employee contribution, up to ½%</td>
</tr>
<tr>
<td>Retirement Medical Trust Fund – Employer Contribution</td>
<td>Sick Leave Conversion: Employees become eligible to convert a portion of their sick leave to the Retirement Medical Trust upon attaining 10 or more years of participation with SBCERA and/or other public retirement system(s).</td>
</tr>
</tbody>
</table>

#### Other

<table>
<thead>
<tr>
<th>Plan</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>529 Education Savings Plan</td>
<td>Eligible</td>
</tr>
<tr>
<td>Tuition Reimbursement</td>
<td>First come first serve basis not to exceed $1,650/fiscal year</td>
</tr>
<tr>
<td>Dependent Care Assistance Plan</td>
<td>Eligible</td>
</tr>
<tr>
<td>Flexible Spending Account (FSA)</td>
<td>Annual Maximum: $2,700 or $103.84 per pay period for 26 pay periods</td>
</tr>
<tr>
<td>Qualified Transportation Plan</td>
<td>Pre-tax-deductions of up to $265/month for qualified transportation (commuter) expenses</td>
</tr>
<tr>
<td>State Disability Insurance</td>
<td>Employer Paid for clerical assigned to Crestline Sanitation and for employees in Regular positions assigned to Hazardous Materials Division. All other employees: Employee Paid</td>
</tr>
</tbody>
</table>

**Special Districts/County Fire** provides Premium Subsidies to help off-set the cost of your medical and dental premiums.

**Example #1:** An Administrative Secretary elects Blue Shield Signature HMO and DeltaCare USA HMO plans with Employee Only coverage.

- $269.30 (combined cost of premiums)
- $203.81 (medical premium subsidy)
- $9.46 (dental premium subsidy)
- **$56.03 (out-of-pocket cost)**

**Example #2:** An Automated Systems Analyst elects Kaiser Permanente Traditional HMO and DeltaCare USA HMO plans with Employee Only coverage.

- $308.73 (combined cost of premiums)
- $203.81 (medical premium subsidy)
- $9.46 (dental premium subsidy)
- **$95.46 (out-of-pocket cost)**

**Example #3:** A Staff Analyst II elects Kaiser Choice HMO and DeltaCare USA HMO plans with Employee Only coverage.

- $269.42 (combined cost of premiums)
- $203.81 (medical premium subsidy)
- $9.46 (dental premium subsidy)
- **$56.15 (out-of-pocket cost)**