



# PSD Contract Employees - 9 Month Contract

ALL BENEFITS ARE PER PAY PERIOD UNLESS OTHERWISE NOTED

<b>Representation</b>	None	
<b>Contract Date</b>	July 12, 2016	
<b>Health and Welfare</b>		
<b>Length of Contract</b>	9.25 Months	
<b>Medical Premium Subsidy (MPS)</b>	\$194.90	
<b>Medical Opt-Out/Waive</b>	Opt-Out or Waive PRIOR TO July 9, 2005: \$85	Opt-Out or Waive ON or AFTER July 9, 2005: \$40
<b>Medical/Dental Insurance</b>	Eligible to Enroll	
<b>Vision</b>	Employer Paid for Employee Only Coverage	
<b>Life Insurance Employer Paid</b>	\$25,000	
<b>Leave Provisions</b>		
<b>Vacation</b>	80-160 hours/year	
<b>Sick</b>	3.39 hours	
<b>Bereavement</b>	2 days per occurrence (3 if traveling > 1,000 miles)	
<b>Holiday</b>	13 days/year	
<b>Perfect Attendance</b>	Annual 8 hours of Perfect Attendance Leave	
<b>Retirement</b>		
<b><u>Tier I</u></b> Hired PRIOR TO January 1, 2013 reciprocity provision may apply	2.0% at age 55	
<b><u>Tier II</u></b> Hired ON or AFTER January 1, 2013 reciprocity provision may apply	2.5% at age 67	
<b>Retirement – Other</b>		
<b>457(b)</b>	Eligible to enroll at any time	
<b>Retirement Medical Trust Fund - Sick Leave Conversion</b>	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).	
<b>Other</b>		
<b>Annual Tuition Reimbursement</b>	Based on contract provisions	
<b>Short Term Disability</b>	55% up to \$1,173/week	

If you enroll in a medical and/or dental plan, the full plan year premiums are divided evenly over the 9 months that you work to avoid collection of premiums during an “off-track” break. The payment schedule below will help you determine your medical and/or dental costs per pay period.

Plan	2016-17 Bi-Weekly Rates	Additional Premium Owed per PP	Total Premium Owed per PP	MPS	You Owe
<b>Kaiser HMO</b>					
Employee Only	\$269.35	\$99.23	\$368.58	\$194.90	\$173.68
Employee +1	\$536.69	\$197.73	\$734.42	\$194.90	\$539.52
Employee +2	\$758.58	\$279.48	\$1,038.06	\$194.90	\$843.16
<b>Blue Shield HMO</b>					
Employee Only	\$227.55	\$83.83	\$311.38	\$194.90	\$116.48
Employee +1	\$453.10	\$166.93	\$620.03	\$194.90	\$425.13
Employee +2	\$640.31	\$235.90	\$876.21	\$194.90	\$681.31
<b>Blue Shield PPO</b>					
Employee Only	\$422.29	\$155.58	\$577.87	\$194.90	\$382.97
Employee +1	\$858.55	\$316.31	\$1,174.86	\$194.90	\$979.96
Employee +2	\$1,331.47	\$490.54	\$1,822.01	\$194.90	\$1,627.11
<b>Cigna Dental HMO</b>					
Employee Only	\$10.73	\$3.95	\$14.68	\$0.00	\$14.68
Employee +1	\$17.40	\$6.41	\$23.81	\$0.00	\$23.81
Employee +2	\$22.72	\$8.37	\$31.09	\$0.00	\$31.09
<b>Cigna Dental PPO</b>					
Employee Only	\$25.08	\$9.24	\$34.32	\$0.00	\$34.32
Employee +1	\$46.78	\$17.23	\$64.01	\$0.00	\$64.01
Employee +2	\$80.08	\$29.50	\$109.58	\$0.00	\$109.58

**Example 1:** A PSD Contract Employee elects Blue Shield HMO and Cigna Dental Care HMO plans with Employee Only coverage.

$$\begin{array}{r}
 \$326.06 \text{ (combined cost of premiums + additional premium pay period)} \\
 - \ \$194.90 \text{ (medical premium subsidy)} \\
 \hline
 \mathbf{\$131.16 \text{ (biweekly out-of-pocket cost)}}
 \end{array}$$

**Example 2:** A PSD Contract Employee elects Kaiser Permanente HMO and Cigna Dental PPO plans with Employee + 2 or more coverage.

$$\begin{array}{r}
 \$1,147.64 \text{ (combined cost of premiums + additional premium pay period)} \\
 - \ \$194.90 \text{ (medical premium subsidy)} \\
 \hline
 \mathbf{\$952.74 \text{ (biweekly out-of-pocket cost)}}
 \end{array}$$

**Example 3:** A PSD Contract Employee elects Blue Shield HMO and Cigna Dental Care HMO plans with Employee + 2 or more coverage.

$$\begin{array}{r}
 \$907.30 \text{ (combined cost of premiums + additional premium pay period)} \\
 - \ \$194.90 \text{ (medical premium subsidy)} \\
 \hline
 \mathbf{\$712.40 \text{ (biweekly out-of-pocket cost)}}
 \end{array}$$