



# Professional

ALL BENEFITS ARE PER PAY PERIOD UNLESS OTHERWISE NOTED

<b>Union Code</b>	PRF						
<b>Representation</b>	Service Employees International Union, Local 721						
<b>Contract Date</b>	2016-2019						
<b>Health and Welfare</b>							
<b>Benefit Level</b>	Full Time (61 - 80 hours)						
<b>Medical Premium Subsidy (MPS) effective July 23, 2016</b>	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Employee Only</td> <td style="text-align: right;">\$194.90</td> </tr> <tr> <td>Employee + 1</td> <td style="text-align: right;">\$334.57</td> </tr> <tr> <td>Employee + 2</td> <td style="text-align: right;">\$473.43</td> </tr> </table>	Employee Only	\$194.90	Employee + 1	\$334.57	Employee + 2	\$473.43
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Employee + 1	\$334.57						
Employee + 2	\$473.43						
<b>Medical Premium Subsidy (MPS) for grandfathered employee only plan coverage</b>	<p>Same as listed above, except for the following: Employee was hired or entered unit before July 12, 2014 and elected and maintained Employee Only Coverage in the following plans:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Kaiser Permanente Employee Only</td> <td style="text-align: right;">\$230.25</td> </tr> <tr> <td>Blue Shield PPO Employee Only</td> <td style="text-align: right;">\$230.25</td> </tr> </table>	Kaiser Permanente Employee Only	\$230.25	Blue Shield PPO Employee Only	\$230.25		
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Blue Shield PPO Employee Only	\$230.25						
<b>Dental Premium Subsidy (DPS)</b>	Up to \$9.46						
<b>Medical Opt-Out</b>	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Before 7/23/05</td> <td style="text-align: right;">\$133.85</td> </tr> <tr> <td>After 7/23/05</td> <td style="text-align: right;">\$40.00</td> </tr> </table>	Before 7/23/05	\$133.85	After 7/23/05	\$40.00		
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<b>Medical Waive</b>	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Before 7/23/05</td> <td style="text-align: right;">\$190.00</td> </tr> <tr> <td>After 7/23/05</td> <td style="text-align: right;">\$40.00</td> </tr> </table>	Before 7/23/05	\$190.00	After 7/23/05	\$40.00		
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After 7/23/05	\$40.00						
<b>Vision</b>	Employer Paid for Employee Only Coverage						
<b>Life Insurance Employer Paid</b>	\$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>Vacation</b>	80-160 hours/year						
<b>Sick</b>	3.39 hours/pay period						
<b>Bereavement</b>	3 days per occurrence						
<b>Holiday</b>	13 + 1 floating/year						
<b>Perfect Attendance</b>	Annual Gym Membership Reimbursement up to \$299 -OR- 16 hours Perfect Attendance Leave						
<b>Retirement</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>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%.
<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>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
<b>Other</b>	
<b>Annual Tuition Reimbursement</b>	\$400/year
<b>Dependent Care Assistance Plan</b>	Eligible
<b>Medical Expense Reimbursement Plan (Flexible Spending Account)</b>	Max. \$98.07 employee contribution per pay period
<b>Qualified Transportation Plan</b>	Pre-tax deductions of up to \$255/month for qualified transportation (commuter) expenses
<b>Short Term Disability</b>	55% up to \$1,173/week

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

**Example #1:** A Cytotechnologist *hired before July 12, 2014* elects and maintains Kaiser Permanente and Cigna Dental Care HMO plans with Employee Only coverage.

- \$280.08 (combined cost of premiums)
- \$230.25 (medical premium subsidy)
- \$ 9.46 (dental premium subsidy)
- \$ 40.37 (biweekly out-of-pocket cost)**

**Example #2:** An Investment Analyst *hired after July 12, 2014* elects Kaiser Permanente and Cigna Dental Care HMO plans with Employee only coverage.

- \$280.08 (combined cost of premiums)
- \$194.90 (medical premium subsidy)
- \$ 9.46 (dental premium subsidy)
- \$ 75.72 (biweekly out-of-pocket cost)**

**Example #3:** A Building and Safety Engineer elects Blue Shield PPO and Cigna Dental PPO plans with Employee + 1 or more coverage.

- \$905.33 (combined cost of premiums)
- \$334.57 (medical premium subsidy)
- \$ 9.46 (dental premium subsidy)
- \$561.30 (biweekly out-of-pocket cost)**

**Example #4:** A Senior Curator elects Blue Shield HMO and Cigna Dental PPO plans with Employee + 2 or more coverage.

- \$720.39 (combined cost of premiums)
- \$473.43 (medical premium subsidy)
- \$ 9.46 (dental premium subsidy)
- \$237.54 (biweekly out-of-pocket cost)**