



Emergency Services Unit

ALL BENEFITS ARE PER PAY PERIOD UNLESS OTHERWISE NOTED

Representation	Communications Workers of America
Contract Date	2017-2020
Health and Welfare	
Benefit Level	Full Time (61 - 80 hours)
Medical Premium Subsidy (MPS)	Employee Only \$190.00 Employee + 1 \$326.68 Employee + 2 \$473.43
Dental Premium Subsidy (DPS)	Up to \$9.46
Medical Opt-Out/Waive	Opt-Out before 4/28/06 \$133.85 Waive before 4/28/06 \$190.00 Opt-Out or Waive after 4/28/06 \$40.00
Vision	Employer Paid for Employee & Dependent Coverage
Employer Paid Life Insurance	\$20,000
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
Bereavement	2 days per occurrence (3 if traveling > than 1,000 miles)
Holiday	112 hours/year
Administrative Leave (Supervising Dispatchers only)	40 hours/year (Any remaining balance in pay period 26 will automatically cash out)
Annual Leave	40 hours/year (Does not roll to the next calendar year and does not cash out)
Perfect Attendance	Annual Gym Membership Reimbursement up to \$299 -OR- 16 hours of Perfect Attendance Leave

Retirement	
Tier I (Hired prior to 1/1/2013, reciprocity provision may apply)	2.0% at age 55
Tier II (Hired on or after 1/1/2013)	2.5% at age 67
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 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 Fire Contribution	<u>Employer contribution, based on continuous years of service:</u> 1-4 years = 0.5% of biweekly base salary 5+ years = 1.0% of biweekly base salary
Other	
529 Education Savings Plan	Eligible
Dependent Care Assistance Plan	Eligible
Flexible Spending Account (FSA)	Annual minimum of \$130 up to a maximum contribution of \$2,600
Qualified Transportation Plan	Pre-tax deductions of up to \$260/month for qualified transportation (commuter) expenses
Uniform Allowance	\$200/year
State Disability Insurance	Premium paid by Employer

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

Example #1: A Call Taker elects Blue Shield Signature HMO and DeltaCare USA DHMO plans with Employee Only coverage.

- \$250.96 (combined cost of premiums)
- \$190.00 (medical premium subsidy)
- \$ 9.46 (dental premium subsidy)
- \$ 51.50 (out-of-pocket cost)**

Example #2: A Supervising Dispatcher elects Kaiser Permanente and Delta Dental PPO plans with Employee + 2 or more coverage.

- \$898.55 (combined cost of premiums)
- \$473.43 (medical premium subsidy)
- \$ 9.46 (dental premium subsidy)
- \$415.66 (out-of-pocket cost)**