



# Water and Sanitation

ALL BENEFITS ARE PER PAY PERIOD UNLESS OTHERWISE NOTED

<b>Representation</b>	International Brotherhood of Electrical Workers	
<b>Contract Date</b>	2017-2020	
<b>Health and Welfare</b>		
<b>Benefit Level</b>	Full Time (61 - 80 hours)	
<b>Medical Premium Subsidy (MPS)</b>	Employee Only	\$176.16
	Employee + 1	\$376.59
	Employee + 2	\$516.08
<b>Dental Premium Subsidy (DPS)</b>	Up to \$9.46	
<b>Medical Opt-Out</b>	\$40.00	
<b>Medical Waive</b>	\$40.00	
<b>Vision</b>	Employer Paid for Employee & Dependent Coverage	
<b>Life Insurance Employer Paid</b>	\$35,000	
<b>Voluntary Term Life</b>	Employee: \$10,000 - \$700,000 Spouse/Domestic Partner: \$10,000 - \$250,000 Child(ren): \$5,000 - \$20,000	
<b>Voluntary AD&amp;D</b>	Employee: \$10,000 - \$250,000 Spouse/Domestic Partner: \$5,000 - \$125,000 Child(ren): \$3,125 - \$25,000	
<b>Leave Provisions</b>		
<b>Vacation</b>	80-160 hours/year, w/cash-out option up to 60 hours/year if 80 hours of vacation used in previous year	
<b>Sick</b>	3.69 hours/pay period	
<b>Bereavement</b>	2 days per occurrence (3 if traveling > 1,000 miles)	
<b>Holiday</b>	13 + 1 floating/year	
<b>Perfect Attendance</b>	Annual Gym Membership Reimbursement up to \$299 -OR- 16 hours of Perfect Attendance Leave	
<b>Retirement</b>		
<b>Retirement Formulas</b> Reciprocity provision may apply	<b><u>Tier I</u></b>	<b><u>Tier II</u></b>
	<b>2.0% at age 55</b> Hired PRIOR TO January 1, 2013	<b>2.5% at age 67</b> Hired ON or AFTER January 1, 2013

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 Contribution	<u>District contribution, based on years of completed regular service:</u> 1-4 years = .5% of biweekly base salary 5+ years = 1% of biweekly base salary
Other	
529 Education Savings Plan	Eligible
Annual Tuition, Training and Membership Dues	First-come, first-served basis not to exceed \$1,500/fiscal year
Dependent Care Assistance Plan	Eligible
Flexible Spending Account (FSA)	Annual Maximum: \$2,650 or \$101.92 per pay period for 26 pay periods
Qualified Transportation Plan	Pre-tax-deductions of up to \$260/month for qualified transportation (commuter) expenses
State Disability Insurance	Fiscal Assistant, Utility Services Associate, and Accounts Technician Employees Only: premium paid by Employer  All other Employees: Employee Paid
Uniforms/Footwear	\$200/fiscal year for footwear

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

**Example #1:** A Customer Service Representative elects Blue Shield Signature HMO and DeltaCare USA HMO plans with Employee Only coverage.

\$263.51 (combined cost of premiums)  
 - \$176.16 (medical premium subsidy)  
 - \$ 9.46 (dental premium subsidy)  
**\$ 77.89 (out-of-pocket cost)**

**Example #2:** A Maintenance Worker II elects Kaiser Permanente and Delta Dental PPO plans with Employee + 2 or more coverage.

\$907.44 (combined cost of premiums)  
 - \$516.08 (medical premium subsidy)  
 - \$ 9.46 (dental premium subsidy)  
**\$381.90 (out-of-pocket cost)**