



General

ADM, CLK, CLT, MGMT, SUP, TI

ALL BENEFITS ARE PER PAY PERIOD UNLESS OTHERWISE NOTED

Representation	Teamsters Local 1932	
Contract Date	2019-2023	
Health and Welfare		
Benefit Level	Full Time (61 - 80 hours)	
Medical Premium Subsidy (MPS) Hired or entering the unit AFTER June 28, 2014	Employee Only	\$227.82
	Employee + 1	\$414.05
	Employee + 2	\$590.44
Medical Premium Subsidy (MPS) for grandfathered employee only plan coverage	Same as listed above, except for the following: Employee was hired or entered unit before June 28, 2014 and elected and maintained Employee Only Coverage in the following plans:	
	Kaiser Permanente Traditional HMO Employee Only	\$230.25
	Blue Shield PPO Employee Only	\$230.25
Dental Premium Subsidy (DPS)	Up to \$9.46	
Medical Opt-Out	Before 7/23/05	\$133.85
	After 7/23/05	\$40.00
Medical Waive	Before 7/23/05	\$190.00
	After 7/23/05	\$40.00
Vision	Employer Paid for Employee Only Coverage	
Life Insurance - Employer Paid	ADM, MGMT: \$50,000; SUP, TI: \$35,000 CLK, CLT: \$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	3.39 hours/pay period	
Bereavement	2 days per occurrence (3 if traveling > 1,000 miles)	
Holiday	13 + 1 floating/year	
Annual	SUP only – 40 hours/year, no cash-out option (use it or lose it)	
Administrative	MGMT only – 80 hours/year, w/cash-out option SUP only – 40 hours/year, w/cash-out option	
Perfect Attendance	Annual Gym Membership Reimbursement up to \$299 -OR- Up to 16 hours Perfect Attendance Leave	
Retirement		
Retirement Formulas <i>Reciprocity provision may apply</i>	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

Retirement - Other	
457(b)	All employees in bargaining unit covered by the MOU shall automatically be enrolled in the County's 457 Deferred Compensation Plan and contribute 1.00% of base salary to the plan. Employees may decline participation at any time. After one year of continuous service in a regular position, County will match ½ times employee contribution up to ½%
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>County Contribution, based on continuous years of service:</u> 10-14 years = 1.50% of bi-weekly base salary 15-19 years = 2.00% of bi-weekly base salary 20+ years = 2.50% of bi-weekly base salary
Other	
529 Education Savings Plan	Eligible
Annual Tuition Reimbursement/ Tuition Loan Repayment Program	Funds/Amounts/Eligibility depend on bargaining unit
Dependent Care Assistance Plan	Eligible
Flexible Spending Account (FSA)	Annual Maximum: \$2,700 or \$103.84 per pay period for 26 pay periods Employees who select the County-sponsored Blue Shield Access + HMO or Kaiser Choice HMO plan and elect to enroll in the FSA shall be eligible for up to a \$10.00 per pay period match to be credited on a quarterly basis.
Qualified Transportation Plan	Pre-tax deductions of up to \$265/month for qualified transportation (commuter) expenses
Short Term Disability	55% up to \$1,252/week
Modified Benefit Option (MBO)	Certain eligible classifications have the option to elect the MBO in lieu of the traditional benefit option, refer to your MOU for details

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

Example #1: An Accountant I *hired before June 28, 2014* elects and maintains Kaiser Permanente Traditional HMO and DeltaCare USA DHMO plans with Employee Only coverage.

- \$308.73 (combined cost of premiums)
- \$230.25 (medical premium subsidy)
- \$ 9.46 (dental premium subsidy)
- \$ 69.02 (biweekly out-of-pocket cost)**

Example #2: A Secretary II elects Blue Shield Signature HMO and Delta Dental PPO plans with Employee + 2 or more coverage.

- \$811.61 (combined cost of premiums)
- \$590.44 (medical premium subsidy)
- \$ 9.46 (dental premium subsidy)
- \$211.71 (biweekly out-of-pocket cost)**

Example #3: An Office Assistant III elects Blue Shield Access+ HMO and DeltaCare USA DHMO plans with Employee only coverage.

- \$235.28 (combined cost of premiums)
- \$225.40* (medical premium subsidy) *Medical premium subsidy cannot exceed premium amount
- \$ 9.46 (dental premium subsidy)
- \$ 0.42 (biweekly out-of-pocket cost)**