



PSD Contract Employees - 12 Month Contract

ALL BENEFITS ARE PER PAY PERIOD UNLESS OTHERWISE NOTED

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|--|---|---|
| Representation | Teamsters Local 1932 | |
| Contract Date | 2018-2020 | |
| Health and Welfare | | |
| Length of Contract | 12 Months | |
| Medical Premium Subsidy (MPS) | \$194.90 | |
| Medical Opt-Out/Waive | Opt-Out or Waive PRIOR TO July 9, 2005: \$85 | Opt-Out or Waive ON or AFTER July 9, 2005: \$40 |
| Medical/Dental Insurance | Eligible to Enroll | |
| Vision | Employer Paid for Employee Only Coverage | |
| Life Insurance Employer Paid | \$25,000 | |
| 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 | |
| Sick | 3.39 hours/pay period | |
| Bereavement | 2 days per occurrence (3 if traveling > 1,000 miles) | |
| Holiday | 13 days/year | |
| Perfect Attendance | Annual Gym Membership Reimbursement up to \$299 | -OR- Annual 16 hours of Perfect Attendance Leave |
| Retirement | | |
| Retirement Formulas <i>Reciprocity provision may apply</i> | <u>Tier I</u> 2.0% at age 55 Hired PRIOR TO January 1, 2013 | <u>Tier II</u> 2.5% at age 67 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). | |

| Other | |
|--------------------------------|--|
| 529 Education Savings Plan | Eligible |
| Annual Tuition Reimbursement | Based on contract provisions |
| Dependent Care Assistance Plan | Eligible |
| 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, up to 52 weeks |

The County provides a Premium Subsidy biweekly to help off-set the cost of your medical premium.

Example 1: A PSD Contract Employee elects Blue Shield Signature HMO and DeltaCare USA DHMO plans with Employee Only coverage.

\$269.30 (combined cost of premiums)
 - \$194.90 (medical premium subsidy)
\$ 74.40 (biweekly out-of-pocket cost)

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

\$923.15 (combined cost of premiums)
 - \$194.90 (medical premium subsidy)
\$728.25 (biweekly out-of-pocket cost)

Example 3: A PSD Contract Employee elects Blue Shield Access+ HMO and DeltaCare USA DHMO plans with Employee + 2 or more coverage.

\$655.01 (combined cost of premiums)
 - \$194.90 (medical premium subsidy)
\$460.11 (biweekly out-of-pocket cost)