



# PSD Contract Employees - 9 Month Contract

ALL BENEFITS ARE PER PAY PERIOD UNLESS OTHERWISE NOTED

<b>Representation</b>	Teamsters Local 1932	
<b>Contract Date</b>	2018-2020	
<b>Health and Welfare</b>		
<b>Length of Contract</b>	9.25 Months	
<b>Medical Premium Subsidy (MPS)</b>	\$194.90	
<b>Medical Opt-Out/Waive</b>	Opt-Out or Waive PRIOR TO July 9, 2005: \$85	Opt-Out or Waive ON or AFTER July 9, 2005: \$40
<b>Medical/Dental Insurance</b>	Eligible to Enroll	
<b>Vision</b>	Employer Paid for Employee Only Coverage	
<b>Life Insurance Employer Paid</b>	\$25,000	
<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>Personal Time Off (PTO)</b>	32 hours/year (eff PP15)	
<b>Sick</b>	1.695 hours/completed pay period	
<b>Bereavement</b>	2 days per occurrence (3 if traveling > 1,000 miles)	
<b>Holiday</b>	8 days/year	
<b>Perfect Attendance</b>	Annual 12 hours of Perfect Attendance Leave	
<b>Retirement</b>		
<b>Retirement Formulas</b> <i>Reciprocity provision may apply</i>	<b>Tier I</b> <b>2.0% at age 55</b> Hired PRIOR TO January 1, 2013	<b>Tier II</b> <b>2.5% at age 67</b> Hired ON or AFTER January 1, 2013
<b>Retirement – Other</b>		
<b>457(b)</b>	Eligible to enroll at any time	
<b>Retirement Medical Trust Fund - Sick Leave Conversion</b>	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).	
<b>Other</b>		
<b>529 Education Savings Plan</b>	Eligible	
<b>Annual Tuition Reimbursement</b>	Based on contract provisions	
<b>Dependent Care Assistance Plan</b>	Eligible	
<b>Qualified Transportation Plan</b>	Pre-tax deductions of up to \$265/month for qualified transportation (commuter) expenses	
<b>Short Term Disability</b>	55% up to \$1,252/week, up to 52 weeks	

**Preschool Services Department  
9-Month Contract Employees  
Premiums effective with Pay Period 19/19 through Pay Period 11/20  
Paychecks received on Sept 11, 2019 through May 20, 2020**

	<b>2019-20 Bi-weekly Rate</b>	<b>Additional Premium Owed per Pay Period</b>	<b>Total Premium per Pay Period</b>	<b>Medical Premium Subsidy (MPS)</b>	<b>You Owe</b>
<b>Kaiser Traditional HMO</b>					
Employee only	\$298.85	\$110.10	\$408.95	\$194.90	\$214.05
Employee + 1	\$595.69	\$219.46	\$815.15	\$194.90	\$620.25
Employee + 2	\$842.05	\$310.23	\$1,152.28	\$194.90	\$957.38
<b>Kaiser Choice HMO</b>					
	<i>New Medical Option</i>				
Employee only	\$259.54	\$95.62	\$355.16	\$194.90	\$160.26
Employee + 1	\$517.07	\$190.50	\$707.57	\$194.90	\$512.67
Employee + 2	\$730.82	\$269.25	\$1,000.07	\$194.90	\$805.17
<b>Blue Shield Signature HMO</b>					
Employee only	\$259.42	\$95.58	\$355.00	\$194.90	\$160.10
Employee + 1	\$516.84	\$190.41	\$707.25	\$194.90	\$512.35
Employee + 2	\$730.51	\$269.14	\$999.65	\$194.90	\$804.75
<b>Blue Shield Access + HMO</b>					
	<i>New Medical Option</i>				
Employee only	\$225.40	\$83.04	\$308.44	\$194.90	\$113.54
Employee + 1	\$448.81	\$165.35	\$614.16	\$194.90	\$419.26
Employee + 2	\$634.24	\$233.67	\$867.91	\$194.90	\$673.01
<b>Blue Shield PPO</b>					
Employee only	\$481.68	\$177.46	\$659.14	\$194.90	\$464.24
Employee + 1	\$979.58	\$360.90	\$1,340.48	\$194.90	\$1,145.58
Employee + 2	\$1,519.33	\$559.75	\$2,079.08	\$194.90	\$1,884.18
<b>Delta Dental HMO</b>					
Employee only	\$9.88	\$3.64	\$13.52	\$0.00	\$13.52
Employee + 1	\$15.94	\$5.87	\$21.81	\$0.00	\$21.81
Employee + 2	\$20.77	\$7.65	\$28.42	\$0.00	\$28.42
<b>Delta Dental PPO</b>					
Employee only	\$25.39	\$9.35	\$34.74	\$0.00	\$34.74
Employee + 1	\$47.37	\$17.45	\$64.82	\$0.00	\$64.82
Employee + 2	\$81.10	\$29.88	\$110.98	\$0.00	\$110.98

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

\$368.52 (combined cost of premiums + additional premium pay period)  
- \$194.90 (medical premium subsidy)  
**\$173.62 (biweekly out-of-pocket cost)**

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

\$1,263.26 (combined cost of premiums + additional premium pay period)  
- \$194.90 (medical premium subsidy)  
**\$1,068.36 (biweekly out-of-pocket cost)**