



BENEFITS				
Medical: 100% of employee only premium; 90% of the difference between cost of employee only plan and the employee-plus one or family plan.				
HMO				
Anthem Blue-Cross	Monthly Premium	Employer	Employee	
Employee only - 100% Employer paid	\$1,050.21	\$1,050.21	\$0.00	
Employee + 1 Dependent	\$2,100.42	\$1,995.40	\$105.02	
Employee and Family	\$2,783.06	\$2,609.77	\$173.29	
PPO				
Anthem Blue-Cross	Monthly Premium	Employer	Employee	
Employee only - 100% Employer paid	\$938.19	\$938.19	\$0.00	
Employee + 1 Dependent	\$1,876.38	\$1,782.56	\$93.82	
Employee and Family	\$2,486.20	\$2,331.40	\$154.80	
CDHP (Consumer Driven Health Plan)				
Anthem Blue-Cross	Monthly Premium	Employer	Employee	*Health Savings Account
Employee only - 100% Employer paid	\$750.54	\$750.54	\$0.00	\$1,300.00
Employee + 1 Dependent	\$1,501.08	\$1,426.03	\$75.05	\$2,600.00
Employee and Family	\$1,988.93	\$1,865.09	\$123.84	\$2,400.00
* Employer contributes into employee's Health Savings Account				
Dental Insurance Provider - Delta PPO - 100% Employer paid	Employee or family coverage			
Employee only	\$33.72			
Employee + Spouse	\$69.61			
Employee + Family	\$115.47			
Vision Insurance Provider - VSP - 100% Employer paid	Employee or family coverage			
	\$17.21			
OTHER INSURANCE BENEFITS				
LIFE INSURANCE PROVIDER: Symetra (\$25,000) - Employer paid				
SHORT-TERM DISABILITY PROVIDER: Unum-Employer paid				
STD begins at 3 months. Maximum benefit period 11 weeks. Benefit amount is 60% of employee's weekly earnings to a maximum benefit of \$1,000 per week.				
LONG-TERM DISABILITY PROVIDER: Unum				
LTD begins after STD Ends. Benefit amount is 60% of employee's weekly earnings to a maximum benefit of \$4,000 per week. Ends at age 65.				
RETIREMENT (bi-weekly costs/pre-tax basis)				
CalPERS (Does not participate in Social Security)				
Classic				
Employee contribution	7%			
Employer paid	11.94%			
PEPRA (Hire Date on and after 1/1/2013)				
Employer Paid	7.960%			
Employee Paid	7.750%			
*Social Security only for temporary employees up to 1000 hours, then PEPRA.				
CalPERS Survivor - Employee paid	\$0.93			
457 DEFERRED COMP PLAN PROVIDERS				
Great West, CalPERS & Lincoln - Employee paid	Up to IRS maximum. Currently \$23,500/year			
Catch-up contribution	\$7,500/year			
LEAVES				
Holidays (days per year)	11			
Floating Holidays (days per year)	2			
Comprehensive Annual Leave	Equivalent Years of Service	Total Days Earned Annual Leave		
	1-5	20		
	6	21		
	7	22		
	8	23		
	9	24		
	10	25		
	11	26		
	12	27		
	13	28		
	14	29		
	15 or more	30		
Combined Vacation/Sick	# of Years of Service	Maximum Accrued Hours		
	Less than 5	300 hours		
	Less than 10	400 hours		
	10 through 14	500 hours		
	15 or more	600 hours		
Annual Leave Buy-Out - Once each fiscal year	40 hours			
Jury Duty	80 hours each fiscal year			
Profit Share Contribution				
Exempt Employees	Exempt employees are required to contribute five percent (5%) of their compensation to the plan.			
Other Fringe Benefits				
Tuition reimbursement is not to exceed \$500 per unit. Registration, textbooks and supplies reimbursed.				
Uniforms provided, if required.				
Safety boots, if required.				