



**Plan Year 2019-2020**  
**Exempt Unit**  
**Employee Benefit Summary**

**ALL BENEFITS ARE PER PAY PERIOD UNLESS OTHERWISE NOTED**

Health and Welfare		
Benefit Level	Full Time (61-80 hours)	
Medical Premium Subsidy (MPS)	Employee Only	\$239.49
	Employee +1	\$368.88
	Employee +2 or more	\$505.89
Dental Premium Subsidy (DPS)		\$9.46
Medical Opt-Out	Opt-Out before 7/23/05	\$136.70
	Opt-Out After 7/23/05	\$81.70
Medical Waive	Waived Before 7/23/05	\$194.05
	Waived After 7/23/05	\$81.70
Vision	Employer Paid for Employee & Dependents	
Life Insurance – Employer Paid	\$50,000	
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	
Variable Group Universal Life SBCERA Contribution	Group A = 100% of 1x Annual Salary Group B = 50% of 1x Annual Salary or 100% of 1/2 x Annual Salary Groups C & D = 25% of 1x Annual Salary	
Leave Provisions		
Vacation	80-160 hours/year (Maximum carryover of 480 hours, with exceptions. Unused balance in excess of cap will automatically cash out in pay period 1)	
Sick	3.69 hours/ pay period	
Bereavement	2 Days per occurrence (3 if traveling > 1,000 miles)	
Holiday	13 Days + 1 Floating/year (Maximum carryover of 112 hours, with exceptions. Unused balance in excess of cap will automatically cash out in pay period 1)	
Administrative	80 hours/year (Unused balance will automatically cash out in pay period 1)	
Perfect Attendance (Groups C and D)	Annual 16 hours of Perfect Attendance Leave	

<b>Retirement</b>	
<b><u>Tier 1</u></b> (Hired prior to 1/1/2013. Reciprocity provision may apply)	<b>2% @ 55</b> <b>7% SBCERA Contribution</b>
<b><u>Tier 2</u></b> (Hired on or after 1/1/2013. Reciprocity provision may apply)	<b>2.5% @ 67</b> No SBCERA Contribution
<b>Retirement - Other</b>	
<b>457(b)</b> Eligible to enroll at any time	Groups A & B = SBCERA contribution 1 times Employee contribution, up to 1% Groups C & D = SBCERA contribution ½ times Employee contribution, up to ½ %
<b>401(k)</b> Eligible to enroll at any time	Groups A, B, C = SBCERA contribution 2 times Employee contribution, up to 8% Group D = SBCERA contribution 2 times Employee contribution, up to 6%
<b>Retirement Medical Trust Fund</b>	Must contribute sick leave balance at the rate of 100% of the cash value. No max.
<b>Other</b>	
<b>529 Education Savings Plan</b>	Eligible
<b>Annual Tuition Reimbursement</b>	\$1,500 per employee after one year of SBCERA service
<b>Automobile Allowance</b>	Per Letter of Employment
<b>Dependent Care Assistance Plan</b>	Eligible
<b>Healthy Lifestyle Program</b>	Health Club Membership Reimbursement, up to \$324/year and Annual Physical Exam
<b>Long Term Disability</b>	60% up to \$10,000/month
<b>Medical Expense Reimbursement Plan (FSA)</b>	Annual maximum contribution of \$2,700 Plus, up to \$40 SBCERA Match
<b>Portable Communication Device Allowance</b>	Per Letter of Employment
<b>Qualified Transportation Plan</b>	Pre-tax deductions of up to \$260/month for qualified transportation (commuter) expenses
<b>Short Term Disability – Exempt</b>	55% up to \$1,734/week