

Plan Year 2021-2022
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	\$259.32
	Employee +1	\$399.42
	Employee +2 or more	\$547.77
Dental Premium Subsidy (DPS)		\$9.46
Medical Opt-Out	Opt-Out before 7/23/05	\$148.02
	Opt-Out After 7/23/05	\$88.46
Medical Waive	Waived Before 7/23/05	\$210.11
	Waived After 7/23/05	\$88.46
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	3 Days per occurrence	
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	

Retirement	
<u>Tier 1</u> (Hired prior to 1/1/2013. Reciprocity provision may apply)	2% @ 55 7% SBCERA Contribution
<u>Tier 2</u> (Hired on or after 1/1/2013. Reciprocity provision may apply)	2.5% @ 67 No SBCERA Contribution
Retirement - Other	
457(b) Eligible to enroll at any time	Groups A, B, C, & D = SBCERA contribution 1 times Employee contribution, up to 1%
401(k) 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%
Retirement Medical Trust Fund	Must contribute sick leave balance at the rate of 100% of the cash value. No max.
Other	
529 Education Savings Plan	Eligible
Annual Tuition Reimbursement	\$1,500 per employee after one year of SBCERA service
Automobile Allowance	Per Letter of Employment
Dependent Care Assistance Plan	Eligible
Healthy Lifestyle Program	Health Club Membership Reimbursement, up to \$324/year and Annual Physical Exam
Long Term Disability	60% up to \$10,000/month
Medical Expense Reimbursement Plan (FSA)	Annual maximum contribution of \$2,750 Plus, up to \$40 SBCERA Match
Portable Communication Device Allowance	Per Letter of Employment
Qualified Transportation Plan	Pre-tax deductions of up to \$260/month for qualified transportation (commuter) expenses
Short Term Disability – Exempt	55% up to \$1,934/week