

Plan Year 2022-2023
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 | \$270.10 |
| | Employee +1 | \$416.03 |
| | Employee +2 or more | \$570.55 |
| Dental Premium Subsidy (DPS) | | \$9.46 |
| Medical Opt-Out | Opt-Out before 7/23/05 | \$154.18 |
| | Opt-Out After 7/23/05 | \$92.14 |
| Medical Waive | Waived Before 7/23/05 | \$218.85 |
| | Waived After 7/23/05 | \$92.14 |
| 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 \$2,850 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 \$2,195/week |