

## Plan Year 2023-2024 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 \$289.38
	Employee +1 \$445.72
	Employee +2 or more\$611.27
Dental Premium Subsidy (DPS)	\$9.46
Medical Opt-Out	Opt-Out before 7/23/05 \$165.18
	Opt-Out After 7/23/05 \$98.72
Medical Waive	Waived Before 7/23/05         \$234.47           Waived After 7/23/05         \$09.73
Malan	Waived After 7/23/05         \$98.72
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 Employee: \$10,000 - \$250,000
Voluntary AD&D	Spouse/Domestic Partner: \$5,000 - \$125,000
	Child(ren): \$3,125 - \$25,000
Variable Group Universal Life	Group A = 100% of 1x Annual Salary
SBCERA Contribution	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, w/ option to cash out leave over 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) 80 hours/year
Administrative	(Unused balance will automatically cash out in pay period 1)
Perfect Attendance	Annual 16 hours of Perfect Attendance Leave
(Groups C and D)	

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Tier 1 (Hired prior to 1/1/2013. Reciprocity provision may apply)       2% @ 55 7% SBCERA Contribution for the Represented Unit 3% SBCERA Contribution for the Unrepresented Unit 3% SBCERA Contribution for the Unrepresented Unit 3% SBCERA Contribution         Tier 2 (Hired on or after 1/1/2013. Reciprocity provision may apply)       2.5% @ 67 No SBCERA Contribution         Retirement - Other       67 Second Stress A, B, C, & D = SBCERA contribution 1 times Employee contribution, up to 1%         Groups A, B, C = SBCERA contribution 2 times Employee contribution, up to 3% Group D = SBCERA contribution 2 times Employee contribution, up to 8% Group D = SBCERA contribution 2 times Employee contribution, up to 8% Group D = 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.         529 Education Savings Plan       Eligible         Annual Tuition Reimbursement       \$1,500 per employee after one year of SBCERA service         Per Letter of Employment       Eligible         Healthy Lifestyle Program       Health Club Membership Reimbursement, up to \$324/year and Annual Physical Exam (FSA)         Portable Communication Device Allowance       Per Letter of Employment         Pre-tax deductions of up to \$260/month for qualified transportation (commuter) expenses         Short Term Disability – Exempt       55% up to \$2,309/week <th colspan="2">Retirement</th>	Retirement	
(Hired on or after 1/1/2013. Reciprocity provision may apply)No SBCERA ContributionNo SBCERA ContributionRetirement - Other457(b) Eligible to enroll at any timeGroups A, B, C, & D = SBCERA contribution 1 times Employee contribution, up to 1%401(k) Eligible to enroll at any timeGroups A, B, C = SBCERA contribution 2 times Employee contribution, up to 3% Group D = SBCERA contribution 2 times Employee contribution, up to 6%Retirement Medical Trust FundMust contribute sick leave balance at the rate of 100% of the cash value. No max.529 Education Savings PlanEligibleAnnual Tuition Reimbursement\$1,500 per employee after one year of SBCERA serviceAutomobile AllowancePer Letter of EmploymentDependent Care Assistance PlanEligibleHealth Lifestyle ProgramHealth Club Membership Reimbursement, up to \$324/year and Annual Physical ExamMedical Expense Reimbursement Plan (FSA)Annual maximum contribution of \$3,050 Plus, up to \$40 SBCERA MatchPortable Communication Device AllowancePer Letter of EmploymentQualified Transportation PlanPre-tax deductions of up to \$260/month for qualified transportation (commuter) expenses	(Hired prior to $1/1/2013$ . Reciprocity	7% SBCERA Contribution for the Represented Unit
457(b) Eligible to enroll at any timeGroups A, B, C, & D = SBCERA contribution 1 times Employee contribution, up to 1%401(k) Eligible to enroll at any timeGroups 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 FundMust contribute sick leave balance at the rate of 100% of the cash value. No max.529 Education Savings PlanEligibleAnnual Tuition Reimbursement\$1,500 per employee after one year of SBCERA serviceAutomobile AllowancePer Letter of EmploymentDependent Care Assistance PlanEligibleHealthy Lifestyle ProgramHealth Club Membership Reimbursement, up to \$324/year and Annual Physical Exam 60% up to \$10,000/monthMedical Expense Reimbursement Plan (FSA)Annual maximum contribution of \$3,050 Plus, up to \$40 SBCERA MatchPortable Communication Device AllowancePer Letter of EmploymentPre-tax deductions of up to \$260/month for qualified transportation PlanPre-tax deductions of up to \$260/month for qualified transportation (commuter) expenses	(Hired on or after 1/1/2013. Reciprocity	-
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Dependent Care Assistance PlanEligibleHealthy Lifestyle ProgramHealth Club Membership Reimbursement, up to \$324/year and Annual Physical ExamLong Term Disability60% up to \$10,000/monthMedical Expense Reimbursement Plan (FSA)Annual maximum contribution of \$3,050 Plus, up to \$40 SBCERA MatchPortable Communication Device AllowancePer Letter of EmploymentQualified Transportation PlanPre-tax deductions of up to \$260/month for qualified transportation (commuter) expenses	Annual Tuition Reimbursement	\$1,500 per employee after one year of SBCERA service
Healthy Lifestyle ProgramHealth Club Membership Reimbursement, up to \$324/year and Annual Physical ExamLong Term Disability60% up to \$10,000/monthMedical Expense Reimbursement Plan (FSA)Annual maximum contribution of \$3,050 Plus, up to \$40 SBCERA MatchPortable Communication Device AllowancePer Letter of EmploymentQualified Transportation Plan (ransportation (commuter) expensesPre-tax deductions of up to \$260/month for qualified transportation (commuter) expenses	Automobile Allowance	Per Letter of Employment
Long Term Disability\$324/year and Annual Physical ExamLong Term Disability60% up to \$10,000/monthMedical Expense Reimbursement Plan (FSA)Annual maximum contribution of \$3,050 Plus, up to \$40 SBCERA MatchPortable Communication Device AllowancePer Letter of EmploymentQualified Transportation PlanPre-tax deductions of up to \$260/month for qualified transportation (commuter) expenses	Dependent Care Assistance Plan	Eligible
Medical Expense Reimbursement Plan (FSA)       Annual maximum contribution of \$3,050 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	Healthy Lifestyle Program	
(FSA)Plus, up to \$40 SBCERA MatchPortable Communication Device AllowancePer Letter of EmploymentQualified Transportation PlanPre-tax deductions of up to \$260/month for qualified transportation (commuter) expenses	Long Term Disability	60% up to \$10,000/month
Allowance       Qualified Transportation Plan     Pre-tax deductions of up to \$260/month for qualified transportation (commuter) expenses	•	
transportation (commuter) expenses		Per Letter of Employment
Short Term Disability – Exempt 55% up to \$2,309/week	Qualified Transportation Plan	
	Short Term Disability – Exempt	55% up to \$2,309/week