Human Resources
Employee Benefits

Administrative Management (50)

ALL BENEFITS ARE PER PAY PERIOD UNLESS OTHERWISE NOTED

Salary Resolution	Revised June 11, 2019
Health and Welfare	
Benefit Level	Fulltime (80 hours/1.0 FTE)
Medical	**Semi-Monthly County Contribution** **Effective June 4, 2019 – May 31, 2020** $350.00 Employee Only $700.00 Employee +1 $990.00 Employee +2 or more
Dental	$59.22 – Semi-Monthly County Contribution **Suspended till June 1, 2020 – Semi-Monthly Employee Contribution**
Vision	County Paid ($7.85 Semi-Monthly)
Basic Life Insurance – County Paid	2 times Annual Salary
Supplemental Life – Employee Paid	1, 2, 3, or 4 times Basic Life ($500,000 maximum when combined with Basic Life)
Dependent Life – Employee Paid	$5,000 per Eligible Dependent
Accidental Death & Dismemberment – County Paid	2 times Annual Salary
Leave Provisions	
Vacation/Administrative Leave	Accrue up to 7.55 – 10.31 hours based on years of service, not to exceed 500 hours
Holiday	12 holidays per year 1 Floating Holiday per year (No carryover or cash-out)
Sick	Accrue up to 3.68 hours
Paid Parental Leave	320 hours (Subject to eligibility requirements)
Compassionate	Up to 32 Hours per eligible occurrence

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Revised: October 14, 2019

Retirement - Pension	
Tier 1 (Retirement system membership on or before 12/31/2012; reciprocity provision may apply)	General – 3% at 60 Safety – 3% at 50
Tier 2 (Retirement system membership on or after 1/1/2013)	General – 2% at 62; 2.5% at 67 Safety – 2% at 50; 2.7% at 57

Retirement – Other	
Incentive Retirement Savings Plan (IRSP)	3% County (Foundation) Contribution in 401(a)
457 - Voluntary Deferred Compensation	County match of 1 time Employee contribution, up to 1% of base salary in 401(a) (optional)
Retiree Medical Plan – Hired Prior to January 1, 2009	See Salary Resolution for eligibility requirements
Retiree Health Reimbursement Account (HRA) – Hired on or after January 1, 2009	$2,400 Lump Sum Deposit upon meeting eligibility criteria; Up to $1,830 per year after initial eligibility

Other Benefits	
Staff Development/Wellness Reimbursement	$1,700 per Fiscal Year
Dependent Care Assistance Program (DCAP)	Employee Paid
Cell Phone Stipend (Effective September 10, 2019)	$50.00/month for designated employees who use personal cell phone for County business.
Health Flexible Spending Account (FSA)	Employee Paid
Long Term Disability	County Paid
Employee Assistance Plan (EAP)	County Paid

Semi-Monthly Medical Premium Out-of-Pocket Cost – Examples based on 2019/2020 medical plan premiums

Example #1: Employee elects Kaiser Permanente HMO with Employee Only coverage.

$431.87	Premium
- $350.00	County Contribution
$81.87	**Employee Semi-Monthly Out-of-Pocket Cost**

Example #2: Employee elects Sutter Health Plus with Employee + 1 dependent coverage.

$645.80	Premium
- $645.80	County Contribution
$0.00	**Employee Semi-Monthly Out-of-Pocket Cost**

Example #3: Employee elects Western Health Advantage with Employee + 2 or more coverage.

$1,105.40	Premium
- $990.00	County Contribution
$115.40	**Employee Semi-Monthly Out-of-Pocket Cost**

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