

2018 EMPLOYEE BENEFITS FOR MGMT/URD EMPLOYEES HIRED AFTER 1/1/13

HEALTH INSURANCE PLANS (Northern California Region)	Number of Family Members in Plan	Total Insurance Premium	County Health Contribution	125 Plan Contribution*	Employee Cost
PERS CARE					
	EMPLOYEE ONLY	\$869.79	\$133.00	\$697.00	\$39.79
	EMPLOYEE + 1	\$1,739.58	\$133.00	\$1,017.00	\$589.58
	EMPLOYEE + FAMILY	\$2,261.46	\$133.00	\$1,312.00	\$816.46
PERS CHOICE					
	EMPLOYEE ONLY	\$816.65	\$133.00	\$697.00	-\$13.35
	EMPLOYEE + 1	\$1,633.29	\$133.00	\$1,017.00	\$483.29
	EMPLOYEE + FAMILY	\$2,123.28	\$133.00	\$1,312.00	\$678.28
PERS SELECT					
	EMPLOYEE ONLY	\$694.06	\$133.00	\$697.00	-\$135.94
	EMPLOYEE + 1	\$1,388.13	\$133.00	\$1,017.00	\$238.13
	EMPLOYEE + FAMILY	\$1,804.57	\$133.00	\$1,312.00	\$359.57
Blue Shield - HMO & EPO					
	EMPLOYEE ONLY	\$897.38	\$133.00	\$697.00	\$67.38
	EMPLOYEE + 1	\$1,794.76	\$133.00	\$1,017.00	\$644.76
	EMPLOYEE + FAMILY	\$2,333.19	\$133.00	\$1,312.00	\$888.19
Western Health Advantage (Limited Zip Codes Only)					
	EMPLOYEE ONLY	\$747.25	\$133.00	\$697.00	-\$82.75
	EMPLOYEE + 1	\$1,494.50	\$133.00	\$1,017.00	\$344.50
	EMPLOYEE + FAMILY	\$1,942.84	\$133.00	\$1,312.00	\$497.84
PORAC (Peace Officers Only)					
	EMPLOYEE ONLY	\$736.42	\$133.00	\$697.00	-\$93.58
	EMPLOYEE + 1	\$1,545.08	\$133.00	\$1,017.00	\$395.08
	EMPLOYEE + FAMILY	\$1,976.50	\$133.00	\$1,312.00	\$531.50

*County health plan enrollment is not mandatory as long as employees can provide proof of alternative coverage from another source. Employees who possess other non-individual market coverage for themselves and for all individuals that they expect to claim a deduction for in the taxable year, may elect to waive the County health plan coverage and earn a \$300 per month cash in-lieu benefit if they can provide proof of said coverage and complete Health Plan Coverage Waiver Form.

DENTAL INSURANCE DELTA DENTAL OF CA	Number of Family Members in Plan	Total Premium	County Contribution		Employee Cost
<i>Dental enrollment is required unless employee completes Dental Plan Waiver Form and provides proof of coverage from another source</i>	EMPLOYEE ONLY	\$46.00	\$45.00		\$1.00
	EMPLOYEE + SPOUSE	\$88.70	\$45.00		\$43.70
	EMPLOYEE + FAMILY	\$147.60	\$45.00		\$102.60
	EMPLOYEE + CHILD(REN)	\$74.20	\$45.00		\$29.20
VISION INSURANCE VSP	Number of Family Members in Plan	Total Premium	County Contribution		Employee Cost
<i>Vision enrollment is mandatory for all employees</i>	EMPLOYEE ONLY	\$12.91	\$12.91		\$0.00
	EMPLOYEE + 1	\$18.73	\$12.91		\$5.82
	EMPLOYEE + FAMILY	\$33.58	\$12.91		\$20.67
LIFE INSURANCE	The County contributes the full premium towards the cost of a \$50,000 life insurance policy for the employee only. Enrollment is mandatory.				
VACATION	One (1) year through five (5) years of continuous service - ten (10) working days per year;				
<i>Vacation accrual is capped at 1.5 times the yearly rate</i>	Six (6) years through ten (10) years of continuous service - fifteen (15) working days per year;				
	Eleven (11) years through nineteen (19) years of continuous service - twenty (20) working days per year;				
	Twenty (20) or more years of continuous service – twenty five (25) working days per year				
SICK LEAVE	Accrual of one (1) day of paid sick leave per month, beginning on the day of hire. Sick leave accrual is unlimited.				
HOLIDAYS	There are 13 regular holidays plus one non-floating holiday.				