

# Union Sanitary District Summary of Benefits

## Unclassified Exempt Employees - 2019

### HEALTH BENEFITS

USD offers medical, dental, vision, and life insurance plans for part-time (20 or more hours/week) and full-time employees and eligible dependents including registered domestic partners. Coverage is effective the first day of the month following date of employment. Included here are contribution rates for full-time employees. Part-time employees' contribution rates are prorated based on number of hours worked.

#### MEDICAL INSURANCE

##### PERS Bay Area Rates

Plan	Coverage Level	Employee Monthly Contribution	Employer Monthly Contribution
<b>Anthem Select HMO</b>	Employee Only	\$20.00	\$887.93
	Employee + 1	\$30.00	\$1,798.62
	Family	\$40.00	\$2,287.48
<b>Anthem Traditional HMO</b>	Employee Only	\$99.64	\$1,087.98
	Employee + 1	\$246.27	\$2,141.73
	Family	\$420.93	\$2,633.75
<b>Blue Shield Access + HMO</b>	Employee Only	\$20.00	\$1,027.39
	Employee + 1	\$30.00	\$2,077.54
	Family	\$56.33	\$2,633.75
<b>Health Net SmartCare</b>	Employee Only	\$20.00	\$958.04
	Employee + 1	\$30.00	\$1,938.84
	Family	\$40.00	\$2,469.77
<b>Kaiser HMO</b>	Employee Only	\$20.00	\$824.74
	Employee + 1	\$30.00	\$1,672.24
	Family	\$40.00	\$2,123.19
<b>Western Health Advantage HMO</b>	Employee Only	\$20.00	\$823.50
	Employee + 1	\$30.00	\$1,669.76
	Family	\$40.00	\$2,119.97
<b>PERS Select PPO</b> <i>(Not available in Alameda, Solano and Marin Counties.)</i>	Employee Only	\$20.00	\$599.68
	Employee + 1	\$30.00	\$1,222.12
	Family	\$40.00	\$1,538.03
<b>PERS Choice PPO</b>	Employee Only	\$20.00	\$922.76
	Employee + 1	\$30.00	\$1,868.28
	Family	\$40.00	\$2,378.04
<b>PERS Care PPO</b>	Employee Only	\$120.19	\$1,087.98
	Employee + 1	\$287.37	\$2,141.73
	Family	\$474.36	\$2,633.75

#### MONTHLY STIPEND FOR MEDICAL INSURANCE OPT OUT

*Available in lieu of medical insurance with proof of other coverage*

Coverage Level	Monthly Reimbursement
Employee Only	\$150
Employee + 1	\$300
Family	\$400

## DENTAL INSURANCE

*Delta Premier & PPO*

Coverage Level	Employee Monthly Contribution	Employer Monthly Contribution
Employee Only	\$0	\$54.60
Employee + 1	\$0	\$143.85
Family	\$0	\$143.85

## VISION INSURANCE

*VSP*

Coverage Level	Employee Monthly Contribution	Employer Monthly Contribution
Employee Only	\$0	\$21.89
Employee + 1	\$0	\$21.89
Family	\$0	\$21.89

## LIFE INSURANCE

*Basic Employee and Dependent Life Insurance is 100% paid by the District*

Plan	Coverage Level	Life Insurance Amount
<b>Basic Employee Life + AD&amp;D</b>	Employee	Closest \$5K to base salary up to maximum \$160K salary
<b>Basic Dependent Life</b>	Spouse/Registered Domestic Partner and each child	\$5,000
<b>Voluntary Employee Life</b>		Employee may purchase up to 5x annual base pay to maximum of \$500,000
<b>Voluntary Spouse/Registered Domestic Partner Life</b>		Employee may purchase up to 50% of employee Voluntary Life amount up to \$150,000

## LONG TERM DISABILITY INSURANCE

*Long Term Disability Insurance is 100% paid by the District*

Eligibility	Benefit	Length of Benefit
Following 90 consecutive days of disability and with approval of LTD insurance carrier	2/3 pay up to maximum \$6,333 per month (2/3 of \$9,500)	To age 65 with approval of insurance carrier

## FLEXIBLE SPENDING ACCOUNTS (FSA)

Employees may reserve, through pre-tax deductions, up to \$2,700 annually in a Health Care FSA for reimbursement of IRS-approved health care expenses and/or up to \$5,000 annually in a Dependent Care FSA for IRS-approved child or elder care expenses.

## OTHER BENEFITS

### ALTERNATE WORK WEEK SCHEDULES

The District offers an alternate 9/80 schedule with one day off in the two-week pay period or the standard five-day work week.

## PAID LEAVES

Type	How Much	Additional Info
<b>Sick</b>	96 hours (64 hours for sick leave; 32 hours allotted to Catastrophic Leave Bank)	Allocated every July. Pro-rated first year.
<b>Worker's Compensation Salary Continuation</b>	Up to three months	Coordinated with Workers' Comp payments to employee's full pay.
<b>Short Term Disability</b>	Up to 90 days	2/3 pay up to maximum weekly SDI benefit. Coordinated with sick and discretionary leave to employee's full pay.
<b>Funeral</b>	Up to 36 hours paid	Up to 36 hours for covered family members
<b>Jury Duty/Subpoenaed Witness</b>	As needed and required	Paid (must decline jury stipend).
<b>Management &amp; Administrative Leave</b>	40 hours/fiscal year	Allocated in July based on previous year. New employees receive a pro-rated amount the July 1 <sup>st</sup> following date of hire. Employee may use as leave time, cash back, or contribute to Deferred Compensation.

## HOLIDAYS

Benefit	Scheduled Holidays
11 scheduled holidays and 16 hours of Holiday of Employee's Choice (HEC)	New Year's Day, Martin Luther King, Jr. Birthday, President's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving and the day after, Christmas Eve and Christmas Day, New Year's Eve. HEC is allocated in July and pro-rated the first year.

## VACATION

Years of Service	Accrual Rate
<b>1-3</b>	80 hours/year
<b>3.1-10</b>	120 hours/year
<b>10 +</b>	8 additional hours each year up to 200 hours/year

## RETIREMENT

Benefit	Employee 2019 Contribution Rate	Employer 2019 Contribution Rate	Benefit Formula
<b>CalPERS Pension</b>  <b>Classic Members</b>	<b>8%</b> EE pays 2% District pays 6%	<u>Jan-Jun = 25.359%</u> EE pays 6.0% District pays 19.359%  <u>Jul-Dec = 29.203%</u> EE pays 6.0% District pays 23.203%	2.5% @ 55
<b>New Members*</b> <small>*Employees hired after 12/31/12 who were not members of PERS or a reciprocal agency within six months of hire at USD or are not former USD employees</small>	<b>6.25%</b> EE pays all	<u>Jan - Jun = 25.359%</u> <u>Jul - Dec = 29.203%</u> District pays all	2% @ 62
<b>Deferred Compensation</b>	May contribute up to IRS-allowed annual maximum amounts	District contributes and/or matches up to \$3,050/year	Defined Contribution

**Union Sanitary participates in Medicare but not Social Security.**

## RETIREE MEDICAL REIMBURSEMENT

*Retirees may purchase medical insurance through CalPERS or another provider;  
USD reimburses cost of monthly premiums up to the following:*

Years of USD Service	Reimbursement*	
	Jan – Jun 2019	Jul – Dec 2019
10	\$400	\$425
15	\$500	\$525
20+	\$600	\$625

\*Includes MEC (Minimum Employer Contribution) required by PERS; MEC is paid directly to CalPERS and retirees are reimbursed for the remainder on a quarterly basis.

Employees retiring with five or more years PERS service credit who purchase medical insurance through CalPERS receive the MEC. For 2019 the MEC is \$136.00.