

Union Sanitary District Summary of Benefits

Unclassified Non-Exempt Employees – 2026

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

2026 PERS Bay Area Rates

Plan	Coverage Level	Employee Monthly Contribution	Employer Monthly Contribution*
Anthem Select HMO	Employee Only	\$20.00	\$1,393.39
	Employee + 1	\$54.80	\$2,791.28
	Family	\$215.34	\$3,432.51
Anthem Traditional HMO	Employee Only	\$273.64	\$1,417.94
	Employee + 1	\$606.38	\$2,791.28
	Family	\$932.40	\$3,432.51
Blue Shield Access + HMO	Employee Only	\$20.00	\$1,361.45
	Employee + 1	\$30.00	\$2,740.25
	Family	\$126.06	\$3,432.51
Kaiser HMO	Employee Only	\$20.00	\$1,228.36
	Employee + 1	\$30.00	\$2,481.22
	Family	\$40.00	\$3,172.54
UnitedHealthCare -SignatureValue Alliance	Employee Only	\$20.00	\$1,349.56
	Employee + 1	\$30.00	\$2,723.62
	Family	\$95.15	\$3,432.51
UnitedHealthCare -SignatureValue Harmony (Only available in Santa Clara, Santa Cruz counties)	Employee Only	\$20.00	\$1,192.59
	Employee + 1	\$30.00	\$2,409.68
	Family	\$40.00	\$3,079.53
Western Health Advantage HMO**	Employee Only	\$20.00	\$1,029.08
	Employee + 1	\$30.00	\$2,082.66
	Family	\$40.00	\$2,654.41
PERS Platinum PPO	Employee Only	\$331.70	\$1,417.94
	Employee + 1	\$722.50	\$2,791.28
	Family	\$1,083.35	\$3,432.51
PERS Gold PPO	Employee Only	\$20.00	\$1,180.08
	Employee + 1	\$30.00	\$2,384.66
	Family	\$40.00	\$3,047.01

*Includes District contributions for dental and vision.

**Sacramento, El Dorado, Placer, Yolo, Colusa, Solano, Napa, Sonoma, Marin, and Humboldt counties

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 PLANS

Delta Premier & PPO

Feature	Current (Core) Plan	Delta Tier 1	Delta Tier 2
Monthly Employee Cost	District Funded / \$0	\$8 Employee Only / \$19 Family	\$33 Employee Only / \$79 Family
Monthly Employer Cost	\$57/Employee Only \$151/Family	\$57/Employee Only \$151/Family	\$57/Employee Only \$151/Family
Annual Maximum	\$1,500	\$1,500	\$5,100
Preventive/Cleanings Count Toward Max?	Yes	No	No
Implant Coverage	No	No	50%
Crowns	Anterior only	Anterior only	Anterior & Posterior
Ortho Lifetime Max (Dependent Children)	\$1,500	\$1,500	\$5,100

VISION INSURANCE

VSP

Coverage Level	Employee Monthly Contribution	Employer Monthly Contribution
Employee Only	\$0	\$22.50
Employee + 1	\$0	\$22.50
Family	\$0	\$22.50

LIFE INSURANCE - Lincoln

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

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

SHORT TERM DISABILITY INSURANCE – Self-Insured

Short Term Disability Insurance is 100% paid by the District.

Eligibility	Benefit	Length of Benefit
Begins on 8 th consecutive calendar day after illness or injury. (Is not retroactive)	70% pay up to current California SDI maximum per week	90 days

LONG TERM DISABILITY INSURANCE - Lincoln

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 **\$3,400** annually in a Health Care FSA for reimbursement of IRS-approved health care expenses and/or up to **\$7,500** annually in a Dependent Care FSA for IRS-approved child or elder care expenses.

OTHER BENEFITS

ALTERNATE WORK WEEK SCHEDULES

The District offers alternate schedules to the standard eight-hour, five-day work week for most positions. Some examples are: **9/80** schedule with one day off in two-week pay period; **4/10** schedule with one day off each week (seasonally for Collection Services field personnel); **12-hour rotating** schedule for Plant Operators only. Alternate work week schedule availability varies by workgroup and requires management approval.

PAID LEAVES

Type	How Much	Additional Info
Sick	96 hours (64 hours for sick leave; 32 hours allotted to Catastrophic Leave Bank)	Allocated every July. Pro-rated first year.
Worker's Compensation Salary Continuation	Up to three months	Coordinated with Workers' Comp payments to employee's full pay
Short Term Disability	Up to 90 days	70% pay up to maximum weekly SDI benefit. Coordinated with sick and discretionary leave to employee's full pay
Funeral	Up to 36 hours paid	Up to 36 hours paid for covered family members. Up to 5 days of protected leave available.
Jury Duty/Subpoenaed Witness	As needed and required	Paid (must decline jury stipend)
Overtime Banked	40 hours/fiscal year	Employee may bank up to first 26.66 hours earned in FY @ 1.5 (= 40 hours) as paid leave to use in next fiscal year

HOLIDAYS

Employees	Benefit	Scheduled Holidays
All Unclassified	12 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, Juneteenth, Independence Day, Labor Day, Thanksgiving and the day after, Christmas Eve and Christmas Day, New Year's Eve

VACATION

Years of Service	Accrual Rate
Date of Hire to End of Year 3	10 days per year
Beginning of Year 4 to End of Year 9	15 days per year
Beginning of Year 10	8 additional hours each year up to 200 hours/year

RETIREMENT

Benefit	Employee 2026 Contribution Rate	Employer 2026 Contribution Rate	Benefit Formula
CalPERS Pension Classic Members New Members* <i>*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</i>	<u>8.0%</u> EE pays 2% District pays 6% <u>7.0%</u> EE pays all	<u>Jan-Jun = 37.55%</u> EE pays 6.0% District pays 31.55% <u>Jul-Dec = 37.10%</u> EE pays 6.0% District pays 31.10% <u>Jan – Jun = 37.55 %</u> <u>Jul – Dec = 37.10%</u> District pays all	2.5% @ 55 2% @ 62
Deferred Compensation	May contribute up to IRS-allowed annual maximum amounts	For 2026, District 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 2026	Jul – Dec 2026
10	\$500	\$500
15	\$600	\$600
20+	\$700	\$700

*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 2026 the MEC is \$162.00.