Union Sanitary District Summary of Benefits

Unclassified Exempt Employees – 2020

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

2020 PERS Bay Area Rates

Plan	Coverage Level	Employee Monthly Contribution	Employer Monthly Contribution
Anthem Select HMO	Employee Only	$20.00	$848.98
	Employee + 1	$30.00	$1,707.96
	Family	$40.00	$2,219.35
Anthem Traditional HMO	Employee Only	$140.62	$1,044.22
	Employee + 1	$329.34	$2,040.34
	Family	$533.47	$2,547.11
Blue Shield Access + HMO	Employee Only	$83.55	$1,044.22
	Employee + 1	$215.20	$2,040.34
	Family	$385.09	$2,547.11
Health Net SmartCare	Employee Only	$20.00	$980.52
	Employee + 1	$30.00	$1,971.04
	Family	$54.24	$2,547.11
Kaiser HMO	Employee Only	$20.00	$748.49
	Employee + 1	$30.00	$1,506.98
	Family	$40.00	$1,958.07
Western Health Advantage HMO	Employee Only	$20.00	$711.96
	Employee + 1	$30.00	$1,433.92
	Family	$40.00	$1,863.10
PERS Care PPO	Employee Only	$88.92	$1,044.22
	Employee + 1	$225.94	$2,040.34
	Family	$399.05	$2,547.11
PERS Choice PPO	Employee Only	$20.00	$841.18
	Employee + 1	$30.00	$1,692.36
	Family	$40.00	$2,199.07
PERS Select PPO	Employee Only	$20.00	$500.29
(Not available in Alameda, Solano and Marin Counties.)	Employee + 1	$30.00	$1,010.58
	Family	$40.00	$1,312.75

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	$21.80
Employee + 1	$0	$21.80
Family	$0	$21.80

LIFE INSURANCE

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

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 $2,750 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
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	2/3 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 for covered family members
Jury Duty/Subpoenaed Witness	As needed and required	Paid (must decline jury stipend).
Management & Administrative Leave	40 hours/fiscal year	Allocated in July based on previous year. New employees receive a pro-rated amount the July 1st 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
1-3	80 hours/year
3.1-10	120 hours/year
10 +	8 additional hours each year up to 200 hours/year

RETIREMENT

Benefit	Employee 2020 Contribution Rate	Employer 2020 Contribution Rate	Benefit Formula
CalPERS Pension **Classic Members**	8% **EE pays 2%** District pays 6%	Jan–Jun = 29.203% **EE pays 6.0%** **District pays 23.203%** Jul –Dec = 31.117% **EE pays 6.0%** **District pays 25.117%**	2.5% @ 55
New Members* **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*	**6.25%** **EE pays all**	Jan – Jun = 29.203% Jul – Dec = 31.117% **District pays all**	2% @ 62
Deferred Compensation	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 – Dec 2020
10	$425
15	$525
20+	$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 2020 the MEC is $139.00.