

2018 EMPLOYEE BENEFITS FOR DPHD/URADH 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 | \$737.00 | -\$0.21 |
| | EMPLOYEE + 1 | \$1,739.58 | \$133.00 | \$1,057.00 | \$549.58 |
| | EMPLOYEE + FAMILY | \$2,261.46 | \$133.00 | \$1,352.00 | \$776.46 |
| PERS CHOICE | | | | | |
| | EMPLOYEE ONLY | \$816.65 | \$133.00 | \$737.00 | -\$53.35 |
| | EMPLOYEE + 1 | \$1,633.29 | \$133.00 | \$1,057.00 | \$443.29 |
| | EMPLOYEE + FAMILY | \$2,123.28 | \$133.00 | \$1,352.00 | \$638.28 |
| PERS SELECT | | | | | |
| | EMPLOYEE ONLY | \$694.06 | \$133.00 | \$737.00 | -\$175.94 |
| | EMPLOYEE + 1 | \$1,388.13 | \$133.00 | \$1,057.00 | \$198.13 |
| | EMPLOYEE + FAMILY | \$1,804.57 | \$133.00 | \$1,352.00 | \$319.57 |
| Blue Shield - HMO & EPO | | | | | |
| | EMPLOYEE ONLY | \$897.38 | \$133.00 | \$737.00 | \$27.38 |
| | EMPLOYEE + 1 | \$1,794.76 | \$133.00 | \$1,057.00 | \$604.76 |
| | EMPLOYEE + FAMILY | \$2,333.19 | \$133.00 | \$1,352.00 | \$848.19 |
| Western Health Advantage (Limited Zip Codes Only) | | | | | |
| | EMPLOYEE ONLY | \$747.25 | \$133.00 | \$737.00 | -\$122.75 |
| | EMPLOYEE + 1 | \$1,494.50 | \$133.00 | \$1,057.00 | \$304.50 |
| | EMPLOYEE + FAMILY | \$1,942.84 | \$133.00 | \$1,352.00 | \$457.84 |
| PORAC (Peace Officers Only) | | | | | |
| | EMPLOYEE ONLY | \$736.42 | \$133.00 | \$737.00 | -\$133.58 |
| | EMPLOYEE + 1 | \$1,545.08 | \$133.00 | \$1,057.00 | \$355.08 |
| | EMPLOYEE + FAMILY | \$1,976.50 | \$133.00 | \$1,352.00 | \$491.50 |

*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. | | | | |