

East Bay Regional Park District
LOCAL 2428 BENEFITS - 2011

BENEFIT Note: EE=Employee, ER=Employer	DESCRIPTION
Memorandum of Understanding TERM:	4/1/09 – 3/31/11
PAY INCREASES	4/1/09 COLA: 0.9% 4/1/10 COLA: Floor of 0% and a ceiling of 1%.
MEDICAL INSURANCE (Effective 01/01/2011) ER cost: (per month) EE = \$ 521.33 (Kaiser) \$ 703.80 (max) EE+I = \$ 1,042.65 (Kaiser) \$1,407.58 (max) EE+Family = \$ 1,475.35 (Kaiser) \$1,991.72 (max)	<ul style="list-style-type: none"> • Employer pays full Kaiser premium or maximum of 135% Kaiser premium for alternative plan. • Coverage begins 1st of month after employment with submission of enrollment form. • Eligible employees have choice of Kaiser HMO or Anthem HMO or PPO plans for medical coverage. • Employer pays full cost of Kaiser HMO for employees working 75% of full-time and above. • Employee pays PPO or HMO costs in excess of maximum amounts referenced above. • If Employee works less than 75% full-time, cost of coverage is pro-rated. • Employees demonstrating coverage under another plan may elect to receive \$175/mo. in lieu of coverage.
DENTAL INSURANCE (Effective 01/01/2011) ER cost: (per month) E only = \$ 65.13 E+I = \$122.49 E+Family = \$194.43 EE cost: \$0	<ul style="list-style-type: none"> • Employer pays full cost of Delta Dental premiums. • Coverage 90% (10% co-payment); \$2,000 annual maximum per person. • Orthodontics: 70% (30% co-payment), maximum lifetime coverage is \$1,500/patient. • Coverage begins 1st of month after 3 months of employment with submission of enrollment form. • If employee works less than 75% full-time, cost of coverage is pro-rated.
VISION CARE PLAN (Effective 01/01/2010) ER cost = \$0 EE cost (per month): E only = \$ 8.31 E+I = \$12.90 E+Family = \$20.47	<ul style="list-style-type: none"> • An optional low cost vision care plan is available at enrollee's expense; administered by VSP. • Coverage begins 1st of month after employment with submission of enrollment form. • Includes coverage for examination, lenses/frames or contact lenses. • Provides coverage allowances for participating providers and non-participating providers.
LIFE INSURANCE (Effective 11/01/2009) ER cost: \$0.24/\$1,000 coverage	<ul style="list-style-type: none"> • Employer-paid; coverage through Lincoln Financial starts 1st of the month after 6 months of employment. • Amount of coverage = one times annual salary, up to a maximum of \$100,000. • For retirees: \$13,000 maximum coverage (retiree paid).
SOCIAL SECURITY ER cost: 7.65% of earnings	<ul style="list-style-type: none"> • 7.65% Employer (6.20% Social Security + 1.45% Medicare). • Employer and Employee pay equal shares.
RETIREMENT (Pension) • CalPERS (Effective 07/01/2011) ER cost: (ER pays ER rate and 7% of E rate) ER Rate = 19.966% EE Rate = 8% (ER pays 7%; E pays 1% pre-tax) • TRANSAMERICA ER Rate = 40.8% and EE Rate = 8.55% (ER paid)	<ul style="list-style-type: none"> • 2.5% @ 55 (CalPERS) effective 10/01/2004. • Average 3 highest consecutive years of service. • Optional credit for unused sick leave. • Social Security <u>excluded</u> from formula. • All new hires under CalPERS plan <u>effective 01/01/2001</u>. • Retirement benefits for Firefighter I and II are shown in the Benefits Summary for Police Association. • 2.3% @ 58 - TransAmerica. (Note: no new enrollments after 01/01/2001).

The information contained in this document is a summary of benefits provided to Park District employees. For specific information, please refer to the applicable bargaining unit agreement, appropriate plan documents, or contact the Human Resources Department. Any errors or omissions do not constitute either an expressed or implied contract. The benefits are subject to approved modifications and changes. (Revised 07/19/2011)

East Bay Regional Park District
LOCAL 2428 BENEFITS - 2011

BENEFIT Note: EE=Employee, ER=Employer	DESCRIPTION
RETIREMENT (Medical/Dental) (Effective 01/01/2010) ER cost: (for AARP) EE = \$183.13/mo. EE+I = \$366.26/mo.	<ul style="list-style-type: none"> • <u>Age 55 up to 65</u>: 10+ years of service: \$100/month; 20+ years of service: \$200/month. • Retiree and spouse/domestic partner can continue on Employer plan at retiree's expense. • Reimbursement available if employee retires @ age 55 or older. • <u>Age 65 and over</u>: Employer pays cost of AARP Medical Supplement/Reimbursement Option. • Retiree pays for dental coverage at Employer rate.
AARP MEMBERSHIP ER cost: \$12.50/year per EE or retiree	<ul style="list-style-type: none"> • Employer pays for memberships for current employees beginning at age 64, and for retirees and their spouses/domestic partners.
IRS CODE 125 – Medical & Dependent Care Flexible Spending Accounts (optional) ER cost: \$6.00/month per EE (2010 amounts, depends on elections)	<ul style="list-style-type: none"> • Employer pays administrative/set-up costs. Administered by Flex-Plan Services. • Employee determines own pre-tax payroll deduction amounts. • Medical Expense and Dependent Care reimbursement amounts deducted pre-tax. • Employee may pay own share of medical premiums on a pre-tax basis.
VACATION ACCRUAL	<ul style="list-style-type: none"> • New hire to 5 years of service: 12 days/year. • 5-10 years: 15 days/year. • 11-15 years: 18 days/year. • 16-20 years: 21 days/year. • 20+ years: 21 days/year +1 day for each additional year of service after 20. • If Employee works less than full-time, accrual is pro-rated.
HOLIDAYS	<ul style="list-style-type: none"> • 13.5 days/year (no floating holidays): New Year's Day, Martin Luther King, Jr.'s Birthday, Lincoln's Birthday, Washington's Birthday, Memorial Day, Independence Day, Labor Day, California Admission's Day, Columbus Day, Veteran's Day, Thanksgiving Day and Friday after, Christmas Eve (last 4 hours) and Christmas Day.
SICK LEAVE ACCRUAL	<ul style="list-style-type: none"> • 1 day per month, unlimited accrual. • If Employee works less than full-time, accrual is pro-rated. • Pay-out - retire with 10 years service: ½ unused sick leave, up to 17 days. • Voluntary termination with 10 years service: 1/3 unused sick leave, up to 15 days.
FAMILY DEATH LEAVE	<ul style="list-style-type: none"> • 3 days local, 5 days if out-of-town (over 500 miles from employee's home), with full pay.
DEFERRED COMPENSATION ER cost = based on E contribution	<ul style="list-style-type: none"> • 457 Plan is administered by ICMA-RC. • New hire to 5 years of service: if employee contributes 2% or more of salary, District contributes an amount equal to 1% of salary. • 5+ to 10 years of service: if employee contributes 4% or more, employer contributes 2%. • More than 10 years of service: if employee contributes 6% or more, employer contributes 3%.
JOB INJURY LEAVE	<ul style="list-style-type: none"> • Regular Employees receive up to 6 months with pay. • Medical and dental coverage provided for one year. • Accrue sick leave, vacation, step increases for maximum of 6 months while on leave.

The information contained in this document is a summary of benefits provided to Park District employees. For specific information, please refer to the applicable bargaining unit agreement, appropriate plan documents, or contact the Human Resources Department. Any errors or omissions do not constitute either an expressed or implied contract. The benefits are subject to approved modifications and changes. (Revised 07/19/2011)

East Bay Regional Park District
LOCAL 2428 BENEFITS - 2011

BENEFIT Note: EE=Employee, ER=Employer	DESCRIPTION
STATE DISABILITY INSURANCE and PAID FAMILY LEAVE ER cost: 1.02% of earnings EE cost: 1.02% of earnings (2011 rate; state mandated)	<ul style="list-style-type: none"> • Administered by state Employment Development Department.; first 7 days of disability waiting period/not covered. • Weekly SDI benefit amount is approximately 55% of pay, up to maximum weekly benefit amount of \$917. • SDI benefit payments are integrated with Employer sick pay/used to buy back sick leave hours. • PFL: up to 6 weeks partial reimbursement of missed pay while caring for a family member, to a max. of \$917/week.
LONG TERM DISABILITY (Effective 11/01/2009) ER cost: \$0.43 per \$100 coverage	<ul style="list-style-type: none"> • Employer-paid; income replacement of 60% of salary to maximum of \$5,000. • Coverage begins after six months of employment; provided by Lincoln Financial. • 90 day elimination period (benefits begin 90 days after onset of disability/short term disability benefit exhaustion).
UNIFORM ALLOWANCE ER cost: up to \$235/year ER also provides all safety equipment	<ul style="list-style-type: none"> • Maximum \$235/year for positions requiring uniform. • \$100/year for mechanics, plus overalls are provided. • \$100/year for Industrial Firefighters.
SHIFT DIFFERENTIAL	<ul style="list-style-type: none"> • 25% for all regularly assigned hours after 7:00 p.m. • 2nd shift in equipment maintenance receives 7.5%.
STANDBY PAY	<ul style="list-style-type: none"> • 2 hours pay per 8 hours on standby.
CALL BACK PAY	<ul style="list-style-type: none"> • Greater of overtime rate for actual on-job time + 1 hr travel <u>or</u> 2 hours total, whichever is greater.
WORK IN A HIGHER CLASS	<ul style="list-style-type: none"> • Less than 30 days: \$15/day. • 30+ days: On 31st day, receive actual rate of higher classification, or 5%, whichever is greater.
TUITION REIMBURSEMENT ER cost: \$1,600/year	<ul style="list-style-type: none"> • \$800/year job-related. • \$800/year career-related, can combine with job-related funds - for total of \$1,600/year for career. • Job <u>required</u> training is District paid.
LICENSES & CERTIFICATES	<ul style="list-style-type: none"> • Class A Driver License: \$600/year. • Industrial Firefighter: Class B Driver License: \$300/year. • Industrial Fire Officer: Class B Driver License: \$750/year.
OVERTIME MEAL	<ul style="list-style-type: none"> • \$11 if employee works 2 hours beyond scheduled work period.
PAY ON PROMOTION	<ul style="list-style-type: none"> • Whichever step offers promoting employee a minimum of 5% increase.
SPECIAL PAY	<ul style="list-style-type: none"> • Chemical usage: \$13/day for chemicals on "I Danger" or "II Warning" list. • Full pay for Military and Jury Duty time off. • 13.8% for Water Safety Instruction.
EMPLOYEE ASSISTANCE PROGRAM (EAP) (Effective 01/01/2011) ER cost: \$3.53/month per E EE cost: \$0	<ul style="list-style-type: none"> • Provided by Claremont Behavioral Health. • Up to total of 5 paid visits per issue/per year per employee/eligible dependent(s) in household/at college. • Provides confidential counseling, consulting and referral services in a broad range of work/life concerns. • Coverage begins 1st of month after employment; no enrollment form required.

The information contained in this document is a summary of benefits provided to Park District employees. For specific information, please refer to the applicable bargaining unit agreement, appropriate plan documents, or contact the Human Resources Department. Any errors or omissions do not constitute either an expressed or implied contract. The benefits are subject to approved modifications and changes. (Revised 07/19/2011)