



City of Orinda
Benefits Summary Matrix
January 1, 2019

| Benefit | Teamsters, Local No. 856 | Unrepresented Employee Group | City Manager |
|--|---|---|---|
| Term of Memorandum of Understanding (MOU), Resolution or Contract | 7/1/2017 - 6/30/2019 | 7/1/2017 - 6/30/2019 | 10/1/2017 - 6/30/2019, Salary & all benefits pro-rated to reflect .9 FTE |
| Scheduled Salary Increases | 3% increase effective 11/1/2017; 3% effective 7/1/2018 | 3% increase effective 7/1/2017; 3% increase effective 7/1/2018 | Potential for salary increase |
| Medical Benefits: Provider is CalPERS Health: The City agrees to increase City contributions for insurance premiums by an amount equal to 7% (based on Kaiser rates for each premium level during each calendar). | Effective 1/1/2019 - 12/31/2019 Employee: \$768.25/mo. Employee + 1: \$1,536.50/mo. Employee + 2: \$1,997.45/mo. | Effective 1/1/2019 - 12/31/2019 Employee: \$768.25/mo. Employee + 1: \$1,536.50/mo. Employee + 2: \$1,997.45/mo. | Effective 1/1/2019 - 12/31/2019 Employee: \$768.25/mo. Employee + 1: \$1,536.50/mo. Employee + 2: \$1,997.45/mo. |
| Medical In-Lieu Payment: For employees who certify they have current medical coverage for them self and all dependents, employee can elect to receive cash in-lieu payment. | \$474.93/mo. | \$474.93/mo. | \$474.93/mo. |
| Retiree Medical Benefits: Provider is CalPERS Health: Medical coverage may be carried into retirement after 7 years of service & minimum 55 years of age. | 2019 Employer Contribution \$115.60/mo. | 2019 Employer Contribution \$115.60/mo. | 2019 Employer Contribution \$115.60/mo. |
| Dental Benefits: Provider is Delta Dental. The City pays the dental premiums. | Effective 1/1/2019 - 12/31/2019 Employee: \$56.04/mo. Employee + 1: \$103.43/mo. Employee + Family: \$136.94/mo. | Effective 1/1/2019 - 12/31/2019 Employee: \$56.04/mo. Employee + 1: \$103.43/mo. Employee + Family: \$136.94/mo. | Effective 1/1/2019 - 12/31/2019 Employee: \$56.04/mo. Employee + 1: \$103.43/mo. Employee + Family: \$136.94/mo. |
| Vision Benefits: Provider is Vision Service Plan (VSP). The City pays the vision premiums. | Effective 1/1/2019 - 12/31/2020 Employee: \$8.96/mo. Employee + 1: \$14.93/mo. Employee + Family: \$26.78/mo. | Effective 1/1/2019 - 12/31/2020 Employee: \$8.96/mo. Employee + 1: \$14.93/mo. Employee + Family: \$26.78/mo. | Effective 1/1/2019 - 12/31/2020 Employee: \$8.96/mo. Employee + 1: \$14.93/mo. Employee + Family: \$26.78/mo. |
| Retirement Benefits: Provider is ICMA-RC. <i>CalPERS retirement benefits <u>are not</u> provided.</i> | 401(a) defined contribution plan. Employer contributes 13% of base monthly salary. | 401(a) defined contribution plan. Employer contributes 13% of base monthly salary, plus Employer will match up to 3% of Employee contribution. | 401(a) defined contribution plan. Employer contributes 13% of base monthly salary, plus Employer will match up to 3% of Employee contribution. |
| Deferred Compensation: Provider is ICMA-RC. | 457 Plan. Employer will match up to 3% of Employee contribution. | 457 Plan. Employee voluntary contribution with no Employer match. | 457 Plan. Employee voluntary contribution with no Employer match. |
| Social Security | City does not participate | City does not participate | City does not participate |

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| Medicare | Employer and Employee pay 1.45% of salary. | Employer and Employee pay 1.45% of salary. | Employer and Employee pay 1.45% of salary. |
| Life Insurance & Accidental Death & Dismemberment: Provider is The Standard. | 1X annual salary | 1x annual salary | \$100,000 |
| Short / Long Term Disability: Provider is The Standard | Employer Paid | Employer Paid | Employer Paid |
| State Disability Insurance (SDI): Provider is the State of California Employment Development Department | Employee Paid | Employee Paid | Employee Paid |
| Flexible Benefits Plan: (Cafeteria plan pursuant to Section 125). Provider is Benefits Administration Corporation (BAC). This plan offers Dependent Care Assistance (DCAP) and Unreimbursed Medical Expense accounts. | DCAP: \$5,000 annual maximum Unreimbursed Medical: \$2,650 annual maximum | DCAP: \$5,000 annual maximum Unreimbursed Medical: \$2,650 annual maximum | DCAP: \$5,000 annual maximum Unreimbursed Medical: \$2,650 annual maximum |
| General Leave: Annual General Leave Accrual is according to years of service. | 19 days during 1st year 20 days during 2nd year 21 days during 3rd year 22 days during 4th year 23 days during 5th year 24 days during 6th year 25 days after 7 or more years | 19 days during 1st year 20 days during 2nd year 21 days during 3rd year 22 days during 4th year 23 days during 5th year 24 days during 6th year 25 days after 7 or more years | 19 days during 1st year 20 days during 2nd year 21 days during 3rd year 22 days during 4th year 23 days during 5th year 24 days during 6th year 25 days after 7 or more years |
| Administrative Leave: Leave granted to FLSA exempt personnel, based on level of position. | None | Directors: 80 hours per fiscal year (no carry-over) Mid-Managers: 60 hours per fiscal year (no carry over). City Manager can approve up to 20 additional hours. | None |
| Bereavement Leave: In case of a death in an employee's immediate family. | 3 days of paid leave | 3 days of paid leave | 3 days of paid leave |
| Holidays and Holiday Pay | 10.5 holidays <i>plus</i> 2 floating holidays | 10.5 holidays <i>plus</i> 2 floating holidays | 10.5 holidays <i>plus</i> 2 floating holidays |
| CA Parent Leave Act | Up to 12 weeks off for New Baby Bonding. Employer pays full health insurance during time off. See Human Resources for requirements. | Up to 12 weeks off for New Baby Bonding. Employer pays full health insurance during time off. See Human Resources for requirements. | Up to 12 weeks off for New Baby Bonding. Employer pays full health insurance during time off. See Human Resources for requirements. |
| Uniform Allowance & Boots: See MOU for applicable classifications. | Uniforms: as deemed appropriate. Boots: Up to \$200/once every year <i>OR</i> every other year depending upon job classification. | Not applicable | Not applicable |
| Standby Pay | \$200/week | Not applicable | Not applicable |

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|--|--|--|-----------------------------------|
| Call Out Pay | 1 1/2 times hourly rate with 2 hour minimum pay | Not applicable | Not applicable |
| Professional Growth | \$1,200/fiscal year | \$1,200/fiscal year | As deemed necessary |
| Acting Pay / Working in Higher Classification | At least 5% increase | At least 5% increase | Not Applicable |
| Recreation Classes: Classes are partially subsidized. | Employee pays 50% of resident fee | Employee pays 50% of resident fee | Employee pays 50% of resident fee |
| Vehicle Allowance | Current IRS standard mileage reimbursement rates apply | Current IRS standard mileage reimbursement rates apply | \$800/mo. |

Notes:

Rates and coverage are calculated based on regular, full-time employees.
 Full-time employees are classified as working 40 hours per week.
 Part-time employees receive pro-rated benefits.