

CONEJO RECREATION AND PARK DISTRICT BENEFIT SUMMARY

Rev. 7/18	General Employees (Full-Time)	Management Group	Administrators	General Manager												
		Same as general employees, unless otherwise noted														
Term of MOU	2 yr (7/1/17 - 6/30/19)	n/a	n/a	n/a												
CAFETERIA PLAN CONTRIBUTION	<table style="margin-left: auto; margin-right: auto;"> <tr> <td></td> <td style="text-align: center;"><u>Eff. 1/1/17</u></td> <td style="text-align: center;"><u>Eff. 1/1/18</u></td> </tr> <tr> <td>EE Only:</td> <td style="text-align: right;">\$ 514</td> <td style="text-align: right;">\$ 526</td> </tr> <tr> <td>EE + 1:</td> <td style="text-align: right;">\$ 919</td> <td style="text-align: right;">\$ 940</td> </tr> <tr> <td>EE + 2+:</td> <td style="text-align: right;">\$1,207</td> <td style="text-align: right;">\$1,235</td> </tr> </table>		<u>Eff. 1/1/17</u>	<u>Eff. 1/1/18</u>	EE Only:	\$ 514	\$ 526	EE + 1:	\$ 919	\$ 940	EE + 2+:	\$1,207	\$1,235			
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	EE Only:	\$ 514	\$ 526													
EE + 1:	\$ 919	\$ 940														
EE + 2+:	\$1,207	\$1,235														
Notes	To use for medical, dental and life premiums; employee pays premiums over allowance															
Annual Increase	Beg 1/1/15, 2/3 of the Avg of individual plan rates as reported by CalPERS, up to max of 6%															
Minimum Employer Contribution (for medical premium only)	\$128 in 2017 \$133 in 2018															
Basic Needs Allowance (BNA)	\$200/month	No	No	No												
MEDICAL	CalPERS Health Plans															
Other Health Plan?	No															
Employer medical contribution	see above															
DENTAL	Nippon															
Employer contribution (pd with Cafeteria Plan Contribution)	up to \$173.91/mth premium/employee															
Group Term Life	The Standard															
Employee Life/AD&D (Employer paid with Cafeteria Plan Contribution)	1x annual salary up to \$60k \$0.26 / \$1,000			+ \$150 / mth												
VISION	No insurance provider															
Reimbursement of expenses	\$200 / yr / employee			\$200 / yr												
EAP	MHN															
Employer paid	\$5.03/mo premium/employee															
DEFERRED COMPENSATION	ICMA-RC															
Plan / max. mo. (employer paid)	457 Plan (employee only contributions to IRS limits)		District contributes 3% of IRS limit (\$555 in 2018)	\$7,680 / yr												
RETIREMENT	CalPERS - all eligible members															
Member contribution	Member pays															
% formula	2% @ 55 (hire before 12/4/09) 2% @ 60 (hire after 12/4/09) 2% @ 62 (eff 2013 - PEPRA)															
EPMC reported as income?	<u>No, not applicable</u>															
Final Compensation	Mbr prior to 2013: Single highest year; Otherwise New Member: Three year average (PEPRA)															
Retirement Stipend	<u>Min contribution (\$133 in 2018)</u> Hired before 7/1/09: Stipend based on yrs of service (\$75 + \$15/yr of svc, <u>and increasing \$15 ea full yr retired</u>) Hired after 7/1/09: Not eligible (min only)	Employee only medical cost upon retirement with 10+ yrs service	Medical premium paid based upon pre- retirement plan option with 10+ yrs service	Medical premium paid based upon pre- retirement plan option with 10+ yrs service												

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LEAVES, HOLIDAYS				
Holiday hours (# per year)	72 (9 days)			
Floating holiday hours (# per year)	24 (3 days)			
VACATION (based on service years)				
A. min days accrued per year / # years	10 / up to 5 yrs		15 days + 1 day/yr	20 days + 1 day/yr
B. max days accrued per year / # years	20 / up to 20+ yrs		up to 20	
Vacation cash out	Up to 60 hrs/yr (under certain circumstances)			
SICK Leave				
A. min hrs accrued per year	96 (12 days)			
B. max hrs accrued per year	96 (12 days)			
Sick Leave Conversion				
A. Upon termination	<u>No cash out</u>			
B. Upon retirement	Credited to service yrs w/CalPERS <u>OR</u> w/10+ yrs service cash out up to 2,500 hours at 50%			
DISABILITY BENEFIT (employer paid)	50% of salary up to \$475 per pay period after 30 day elimination period (up to 6mo, may be extended with GM apprvl)			
OTHER BENEFITS				
Car Allowance	No	\$100-\$200 / mth (select positions)	\$275-\$325 / mth	\$500 / mth
Mileage Reimbursement Amount	Standard federal rate			
Physical - \$ max paid / frequency	No		Reimburse \$300-\$500 deductible / yr	
Tuition Reimbursement	Yes			
Computer Purchase Program Loan / Term (i.e., interest/repayment program)	\$3,000 0% / 2yrs			
Wellness	No			\$50 / mth
PAY PROGRAM				
Is employee group on merit step increase?	Yes / 5% between steps			
What % increase?				
Does group receive COLA?	Yes			No
COLA	2.5% eff. 7/1/17 2.5% eff. 7/1/18			(see GM contract)
Community Service Allowance	No	No	\$50 / mth	\$100 / mth
EMPLOYEE-PAID OPTIONAL BENEFITS				
Health Care Flexible Spending Account	\$2,400/yr max			
Dependent Care Flexible Spending Acct	\$5,000/yr max			
Dependent Life insurance	\$5,000 / \$1.64 premium/mth			