

CITY OF HERMOSA BEACH - BENEFIT MATRIX

April 20, 2016

BENEFIT	GENERAL & SUPERVISORY	UNREPRESENTED	PROFESSIONAL & ADMINISTRATIVE	MANAGEMENT	FIRE ASSOCIATION	POLICE MGMT	POA OFFICERS & SGTS
<i>HEALTH INSURANCE</i>	City pays Emp. +1 premium per month (see attached "rates matrix")	City pays Emp. +1 premium per month (see attached "rates matrix")	City pays Emp. +1 premium per month (see attached "rates matrix") \$666/mo. cash in-lieu	\$947.56 per month - Flexible Benefit Plan (Medical, Dental, Vision, or Cash in-lieu)	\$900 per month - Flexible Benefit Plan (Medical, Dental, Vision, or Cash in-lieu)	Up to \$1,563.86 per month for HMO Plan Up to \$1,860.06 per month for PPO Plan (Any increase in premium rates split 80/20 City/Association)	Up to \$1,932.04 per month for HMO Plan Up to \$2,302.46 per month for PPO Plan
<i>VISION (VSP)</i> <i>City paid</i> <i>12/12/24</i> <i>\$8.24/\$16.47/\$21.26</i> \$0 co-pay- Exam every 12 mos. Lenses every 12 mos. & frames every 24 mos. Family Coverage available.	City contribution: \$0.00 (Emp. paid)	City contribution: \$0.00 (Emp. paid)	City contribution: \$0.00 (Emp. paid)	Included in Flex Benefit.	Included in Flex Benefit.	City contribution: \$0.00 (Emp. paid)	City contribution: \$0.00 (Emp. paid)
<i>DENTAL INSURANCE</i> <i>HMO:</i> <i>13.70/23.20/36.50</i> <i>PPO:</i> <i>62.90/125.44/226.30</i>	Full family coverage (see attached "rates matrix")	Full family coverage (see attached "rates matrix")	Full family coverage (see attached "rates matrix")	Included in Flex Benefit.	Included in Flex Benefit.	Currently up to \$31.40/mo. for HMO plan Currently up to \$178.82/mo. For PPO plan Note: Increase cost split 80% city & 20%/emp.	Currently up to \$31.40/mo. for HMO plan Currently up to \$178.82/mo. For PPO plan Note: Increase cost split 80% city & 20%/emp.
<i>LIFE INSURANCE & AD&D</i> .25 per thousand	\$40,000 Cost to City \$10.00/mo	1xAnnual Cost to City \$16.93 - \$27.13,mo.	1xAnnual Cost to City \$19.20 - \$19.80,mo.	2xAnnual (max \$200,000) Cost to City \$50.00	\$70,000 Cost to City \$17.50	2xAnnual (max \$200,000) Cost to City \$50.00	\$60,000 Cost to City \$15.00

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<i>LONG TERM DISABILITY (66.66% of monthly salary after 90 days) City Cost \$.66/100.</i>	\$4,500 max benefit. Cost to City: Up to \$29.70/mo.	\$6,000 max benefit. Cost to City: Up to \$39.60/mo.	\$6,000 max benefit. Cost to City: Up to \$39.60/mo.	\$9,000 max benefit. Cost to City: Up to \$59.40/mo.	Provided thru Association Plan. No City contribution.	Provided thru Association Plan. No City contribution	Provided thru Association Plan. No City contribution
<i>SHORT TERM DISABILITY (66.67% of monthly salary after 30 day wait period; maximum 9 week benefit. .17/100)</i>	Maximum benefit \$1,125 Cost to City: \$1.91/mo.	Maximum benefit \$1,500 Cost to City: 2.55/mo	Maximum benefit \$1,500 Cost to City: 2.55/mo	Maximum benefit \$2,775 Cost to City: 4.72/mo	Provided thru Association Plan. No City contribution.	Provided thru Association Plan. No City contribution.	Provided thru Association Plan. No City contribution.
<i>PERS Retirement</i>	TIER I: 2% @ 55 7% paid by employee City rate: 30.315% TIER II: 2% @ 60 7% paid by employee City Rate: 7.684% TIER III: 2% @ 62 50% of "normal cost" paid by employee. City Rate: 6.566%	TIER I: 2% @ 55 7% paid by employee City rate: 30.315% TIER II: 2% @ 60 7% paid by employee City Rate: 7.684% TIER III: 2% @ 62 50% of "normal cost" paid by employee. City Rate: 6.566%	TIER I: 2% @ 55 7% paid by employee City rate: 30.315% TIER II: 2% @ 60 7% paid by employee City Rate: 7.684% TIER III: 2% @ 62 50% of "normal cost" paid by employee. City Rate: 6.566%	TIER I: 2% @ 55 7% paid by employee City rate: 30.315% TIER II: 2% @ 60 7% paid by employee City Rate: 7.684% TIER III: 2% @ 62 50% of "normal cost" paid by employee. City Rate: 6.566%	TIER I: 3% @ 55 9% paid by employee City Rate: 63.745% TIER II: 2% @ 50 9% paid by employee City Rate:17.269% TIER III: 2.7 @ 57 50% of "normal cost" paid by employee. City rate:12.857%	TIER I: 3% @ 50 9% paid by employee City Rate: 89.161% TIER II: 2% @ 50 9% paid by employee City Rate:17.269% TIER III: 2.7 @ 57 50% of "normal cost" paid by employee. City rate: 12.851%	TIER I: 3% @ 50 9% paid by employee City Rate: 89.161% TIER II: 2% @ 50 9% paid by employee City Rate:17.269% TIER III: 2.7 @ 57 50% of "normal cost" paid by employee. City rate: 12.851%

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<i>HOLIDAY LEAVE</i> <i>Maximum Accrual</i>	4/10 Schedule: 90 hours/year (9 fixed holidays). Accrual cap 100 hrs. 4/40 Schedule: 98 hours/year. Schedule set each year. (Additional 10 hrs. for Christmas Eve OR NY Eve.)	4/10 Schedule: 90 hours/year (9 fixed holidays). Accrual cap 100 hrs. 4/40 Schedule: 98 hours/year. Schedule set each year. (Additional 10 hrs. for Christmas Eve OR NY Eve.)	4/10 Schedule: 90 hours/year (9 fixed holidays). Accrual cap 100 hrs. 4/40 Schedule: 98 hours/year. Schedule set each year. (Additional 10 hrs. for Christmas Eve OR NY Eve.)	Same as Professional & Administrative Unit (Additional 10 hrs. for Christmas Eve OR NY Eve.)	Accrue 12 hrs per month. Employee option to accrue time OR receive pay. Accrual Cap 480 hours (Additional 10 hrs. for Christmas Eve OR NY Eve.)	10 Fixed, Cap 192 hours (Additional 10 hrs. for Christmas Eve OR NY Eve.)	Accrue 9.33 hours/month. (112 hrs/yr). Employee option to accrue as time OR receive pay. Accrual Cap 112 hours (Additional 10 hrs. for Christmas Eve OR NY Eve.)
<i>DEFERRED COMPENSATION</i>	100% employee contribution	100% employee contribution	100% employee contribution	City contributes maximum \$8,000/yr.	100% employee contribution	100% employee contribution	100% employee contribution
<i>VACATION LEAVE</i> (Annual Accrual)	First year, 80 hours 4 th year, 96 hours 6 th year, 112 hours 10 th year, 128 hours 14 th year, 144 hours 18 th year +,160 hours Cap at 30 month accrual. Auto cash out of excess. Employee may cash out up to 80 hours/fiscal year	First year, 80 hours 4 th year, 96 hours 6 th year, 112 hours 10 th year, 128 hours 14 th year, 144 hours 18 th year +,160 hours Cap at 30 month accrual. Auto cash out of excess	First year, 80 hours 4 th year, 96 hours 6 th year, 112 hours 10 th year, 128 hours 14 th year, 144 hours 18 th year +,160 hours Cap at 30 month accrual. Auto cash out of excess	First year, 114 hours 5 th year, 138 hours 10yr +, 178 hours Cap at 30 month accrual. Auto cash out of excess	First year, 5 shifts (120 hrs.) 2 nd year, 6 shifts (144 hrs.) 5 th year, 7 shifts (168 hrs.) 9 th year, 9 shifts (216 hrs.) 14 th year, 11 shifts (336 hrs.) 18 th year, 12 shifts (288 hrs.) Cap at 15 shifts (360 hrs.). Auto cash-out of excess)	First year, 96 hrs. 7 th year, 112 hrs. 8 th year, 136 hrs 15 th year, 160 hrs. 16 th year, 168 hrs. 17 th year, 176 hrs. Cap at 270 hours. Auto cash-out of excess.	First year, 96 hrs. 7 th year, 112 hrs. 8 th year, 136 hrs 15 th year, 160 hrs. 16 th year, 168 hrs. 17 th year, 176 hrs. Cap at 270 hours. Auto cash-out of excess.

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<i>CERTIFICATION PAY FOR SKILL AND OTHER PAY</i>	\$300/certificate/person for ICBO Certificate. (i.e. Plumbing Insp; Uniform Fire Code; Electrical Insp; Mechanical Insp.) See attached "Premium Pays" for additional	None	See attached "Premium Pays" for additional	See attached "Premium Pays" for additional	See attached "Premium Pays" for additional	See attached "Premium Pays" for additional	See attached "Premium Pays" for additional
<i>FLSA WORK SCHEDULE/OT ELIGIBILITY</i>	7-Day work-period (168 hour consecutive period) OT paid for excess of 40 hours in a work-period. Hours worked exclusion in a Work-Period: "A" time; sick leave; jury duty; military leave.	7-Day work-period (168 hour consecutive period) OT paid for excess of 40 hours in a work-period. Hours worked exclusion: - None	7-Day work-period (168 hour consecutive period) OT paid for excess of 40 hours in a work-period. (Non-Exempt Only – 3 positions) Hours worked exclusion: - None	NA (All FLSA Exempt – No OT)	FLSA 7K Exemption. Work-period 28 days. "Premium Overtime" paid for hours in excess of 212 in a work-period. FLSA "OT" Fire typically works 56 hrs/week. FLSA requires hours above 53/week to be reported as "Premium Pay" Hours worked exclusion: - None	NA (All FLSA Exempt –(No OT)	FLSA 7K Exemption. Work-period 28 days. "Premium Overtime" paid for hours in excess of 212 in a work-period. Hours worked exclusion in a Work-Day: Vacation; Holiday Leave; Sick Leave; Comp Leave; 4850 Time.