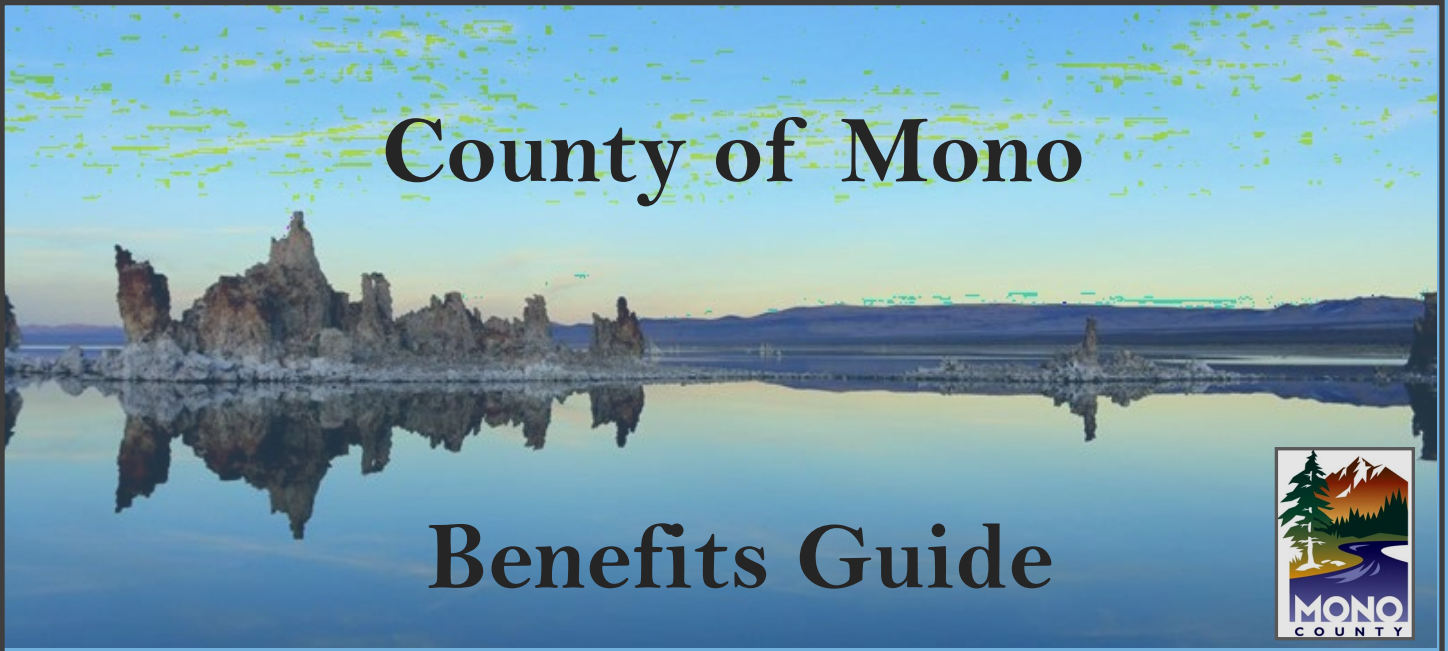




County of Mono



Benefits Guide



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This Benefit Guide is for general educational purposes and is based on information provided by The County of Mono, summary plan descriptions, and other sources. In case of discrepancy, plan documents will prevail over information presented in this guide. Contact Human Resources with any questions.

BENEFITS AT A GLANCE

BENEFIT TYPE	OPTION
MEDICAL PLANS	PERS Choice Plan PERS SELECT Plan PERS Care Plan PORAC (DSA & MCPSOA Employees Only)
DENTAL PLAN	Delta Dental
VISION PLAN	VSP (Vision Service Providers)
FLEXIBLE SPENDING ACCOUNT	<u>WorkTerra:</u> Medical Flexible Spending Account Dependent Care Account
RETIREMENT PLANS	457/401a
EMPLOYEE ASSISTANCE PROGRAM	<u>Trindel:</u> Confidential Professional Counseling <u>Voya:</u> 24/7 Assistance in Behavioral Health Counseling, Wellness Counseling, Financial Counseling/Planning, Family Services, Legal Services, Travel Assistance, Funeral Assistance
OPTIONAL INSURANCES	<u>AFLAC:</u> Accident Insurance Cancer/Specified Disease Insurance Critical Illness Insurance Dental Insurance Hospital Confinement Indemnity Insurance Life Insurance Short Term Disability Insurance Vision Insurance
WELLNESS PROGRAMS	Snowcreek Athletic Club Group Rates Body Shop Gym Group Rates Double Eagle Fitness Center Group Rates Memorial Hall Workout Room
	(See page 25 for contact information)

Who is eligible?

Full time and part time employees hired into permanent benefitted positions, and their eligible dependents.

Required Documents for Benefit Enrollment

- ◇ Marriage Certificate or Declaration of Domestic Partnership
- ◇ Birth Certificate or Adoption papers
- ◇ Social Security Cards

When will the benefits be effective?

The first day of the month following the employee's hire date.



ELIGIBLE DEPENDENTS

- ◆ Spouse or Domestic Partner
- ◆ Children, spouse's children, adopted children up to age 26 (varies for Dental/Vision)
- ◆ Certified Disabled Dependent over age 26
- ◆ Certified "Parent-Child Relationship" Children

When can I enroll or change elections?

- ◆ Within the first 30 days of employment, except for medical coverage, which allows 60 days
- ◆ During open enrollment, currently September-October annually
- ◆ When a qualifying event occurs

What is a qualifying event?




Marriage or Divorce, Birth of a child, or Loss of Coverage

Medical Insurance Plans


Mono County contracts with CalPERS to provide health insurance for its employees and currently offers several Preferred Provider (PPO) Plans which are administered by Anthem Blue Cross. Plans available are PERS Choice, PERSCare, and PORAC (only available to Deputy Sheriff and Public Safety Officers). When considering your healthcare options, it is important to not only look at the per pay period cost to you but to also consider the level of coverage that is right for you and your family.

Healthcare Terms and Definitions

To make an informed decision about your healthcare it is essential that you understand some common terms and what they mean to your health plan. Understanding what these terms refer to will help provide a better knowledge of common costs associated with each plan. For a full glossary of healthcare terms, you can visit <http://www.healthcare.gov/sbc-glossary/>



Coinsurance is your share of the costs of a covered health care service, calculated as a percentage (for example, 20%) of the allowed amount for the service. You generally pay coinsurance plus any deductibles you owe. (For example, if the health insurance or plan's allowed amount for an office visit is \$100 and you've met your deductible, your coinsurance payment of 20% would be \$20. The health insurance or plan pays the rest of the allowed amount.)



Deductible is the amount you owe during a coverage period (usually one year) for covered health care services before your plan begins to pay. An overall deductible applies to all or almost all covered items and services. A plan with an overall deductible may also have separate deductibles that apply to specific services or groups of services. A plan may also have only separate deductibles. (For example, if your deductible is \$1000, your plan won't pay anything until you've met your \$1000 deductible for covered health care service subject to the deductible.)

Out-of-pocket limit is the most you could pay during a coverage period (usually one year) for your share of the costs of covered services. After you meet this limit the plan will usually pay 100% of the allowed amount. This limit helps you plan for health care costs. This limit never includes your premium, balance-billed charges or health care your plan doesn't cover. Some plans don't count all your copayments, deductibles, coinsurance payments, out-of-network payments, or other expenses toward this limit.

Allowed amount is the maximum payment the plan will pay for a covered health care service.



CalPERS Health Plan Benefit Comparison

This chart is not intended to cover all situations and services. Please see each plan's evidence of coverage for complete coverage information.

	PPO	PPO	PPO		PPO		PPO	
BENEFITS	PORAC DSA/PSO	PORAC PARA	PERS Select		PERS Choice		PERS Care	
			PPO	Non-PPO ¹	PPO	Non-PPO ¹	PPO	Non-PPO ¹

Calendar Year Deductible

Individual	\$300 Out of Network Providers \$600	\$300 Out of Network Providers \$600	\$1000 5 credits available to reduce amount to \$500	\$500 (not transferable between plans)	\$500 (not transferable between plans)
Family	\$900 Out of Network Providers \$1800	\$900 Out of Network Providers \$1800	\$2,000 5 credits available to reduce amount to \$1000	\$1,000 (not transferable between plans)	\$1,000 (not transferable between plans)

Maximum Calendar Year Co-pay (excluding pharmacy)

Individual	\$2,000	\$2,000	\$3,000	No Limit	\$3,000	No Limit	\$2,000	No Limit
Family	\$4,000	\$4,000	\$6,000	No Limit	\$6,000	No Limit	\$4,000	No Limit

Hospital

Deductible (per admission)	N/A	N/A	N/A		N/A		\$250	
Inpatient	20%	20%	20%	40%	20%	40%	10%	40%
Outpatient Ambulatory Surgery	20%	20%	20%	40%	20%	40%	10%	40%

Emergency Services

Emergency Room Deductible	N/A	N/A	\$50 (waived if admitted as an inpatient or for observation as an outpatient)	\$50 (waived if admitted as an inpatient or for observation as an outpatient)	\$50 (waived if admitted as an inpatient or for observation as an outpatient)
Emergency (co-pay waived if admitted as an inpatient or for observation as an outpatient)	20%	20%	20% (applies to other services such as physician, x-ray, lab, etc.)	20% (applies to other services such as physician, x-ray, lab, etc.)	10% (applies to other services such as physician, x-ray, lab, etc.)
Non-emergency (Co-pay Waived if admitted as inpatient or for observation as an outpatient)	50% Nonemergency use of an ER room	50% Nonemergency use of an ER room	20% 40%	20% 40%	10% 40%
			(payment for physician charges only; emergency room facility charge is not covered)	(payment for physician charges only; emergency room facility charge is not covered)	(payment for physician charges only; emergency room facility charge is not covered)

¹Non-preferred providers have not contracted with the health plan; therefore, you will be responsible for paying any applicable member deductibles or coinsurance, plus any amount more than the allowed amount.

BENEFITS	PPO	PPO	PPO		PPO		PPO	
	PORAC DSA/PSO	PORAC PARA	PERS Select		PERS Choice		PERS Care	
			PPO	Non-PPO ¹	PPO	Non-PPO ¹	PPO	Non-PPO ¹

Physician Services

Office Visits	\$10	\$10	\$10 <small>\$35 visit if not enrolled with a personal doctor/PCP</small>	40%	\$20	40%	\$20	40%
Specialist Office Visit	\$35	\$35	\$35	40%	\$35	40%	\$35	40%
Physical Therapy	\$20	\$20	20%	40%	20%	40%	10%	40%
Urgent Care Visits	\$35	\$35	\$35	40%	\$35	40%	\$35	40%
Childbirth/ Delivery facility	20% coinsurance	20% coinsurance	20% 40% coinsurance		20% 40% coinsurance		20% 40% coinsurance	
Mental Health Inpatient/Outpatient Care	20%	20%	20%	40%	20%	40%	10%	40%

Diagnostic X-Ray/Lab

	20%	20%	20%	40%	20%	40%	10%	40%
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Prescription Co-Pays

Generic Brands	\$10	\$10	\$5	\$5	\$5
Preferred Brands	\$25	\$25	\$20	\$25	\$20
Non-Preferred Brands	\$45	\$45	\$50	\$50	\$50

Diabetes Services

Glucose Monitors, test strips	Coverage Varies	Coverage Varies	Coverage Varies	Coverage Varies	Coverage Varies
Self-management training	\$10-\$35	\$10-\$35	\$10-\$35 40%	\$20-\$35 40%	\$20-\$35 40%

Acupuncture

\$15/visit	\$15/visit	\$15	40%	\$15	40%	\$15	40%
(acupuncture/chiropractic; combined 20 visits per calendar year)	(acupuncture/chiropractic; combined 20 visits per calendar year)	(acupuncture/chiropractic; combined 20 visits per calendar year)		(acupuncture/chiropractic; combined 20 visits per calendar year)		(acupuncture/chiropractic; combined 20 visits per calendar year)	

Chiropractic

\$15/visit	\$15/visit	\$15	40%	\$15	40%	\$15	40%
(acupuncture/chiropractic combined 20 visits per calendar year)	(acupuncture/chiropractic combined 20 visits per calendar year)	(acupuncture/chiropractic; combined 20 visits per calendar year)		(acupuncture/chiropractic; combined 20 visits per calendar year)		(acupuncture/chiropractic; combined 20 visits per calendar year)	

Preventative Care

No Charge	No Charge	No Charge	No Charge	No Charge
		40% Non-PPO	40% Non-PPO	40% Non-PPO

¹ Non-preferred providers have not contracted with the health plan; therefore, you will be responsible for paying any applicable member deductibles or coinsurance, plus any amount more than the allowed amount.

Dental Insurance Plan

The County currently offers dental coverage administered by Delta Dental and the premiums are 100% employer paid.

- ⇒ To maximize dental benefits employees are highly encouraged to visit a Delta Dental PPO Dentist. PPO network dentists have contracted rates and cannot balance bill you for additional fees. To find a dentist visit www.deltadentalins.com.
- ⇒ No ID card necessary, just provide your dental office with your name, birth date, & social security number.
- ⇒ Incentive plan begins paying 70% of contract allowance for diagnostic, preventative and basic services during the first year with the coinsurance increasing by 10% each year (max 100%) if the enrollee visits the dentist at least once per year.



Eligibility	Primary Enrollee, Spouse or domestic partner and eligible dependent children to the end of the month the dependent turns 19 or 25 if a full-time student			
Deductables	\$25 per person / \$75 per family each calendar year Deductibles apply to Diagnostic and Preventative but is waived for Orthodontics			
Maximums	PPO dentist: \$1,100 per person each calendar year Non-PPO dentist: \$1,000 per person each calendar year			
Waiting Periods	Basic Services: None	Major Services: 6 Months	Prosthodontics: 6 Months	Orthodontics: 12 Months
Benefits and Covered Services	Delta Dental PPO dentists** (In-PPO Network)		Non-PPO dentists ** (Out-of-PPO Network)	
Diagnostic & Preventative Services (Exams, cleanings and x-rays)	70-100%		70-100%	
Basic Services (Fillings, simple tooth extractions and sealants)	70-100%		70-100%	
Endodontics (root canals)	70-100%		70-100%	
Periodontics (gum treatment)	70-100%		70-100%	
Oral Surgery	70-100%		70-100%	
Major Services (crowns, inlays, onlays, and case restorations)	50%		50%	
Prosthodontics (bridges, dentures and implants)	50%		50%	
Orthodontic Benefits (dependent children)	50%		50%	
Orthodontic Maximums	\$1,000 Lifetime		\$1,000 Lifetime	

***Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentist.*

Vision Insurance Plan

Vision benefits are provided by VSP and the premiums are currently 100% employer paid.



Eligibility	Primary Enrollee, Spouse or domestic partner and eligible dependent children to the end of the month the dependent turns 26.	
Benefit	Description	Copay
WellVision Exam	<ul style="list-style-type: none"> \$160 allowance for a wide selection of frames Every 12 months 	\$10 for exam and glasses
Prescription Glasses	Description	Copay
Frame	<ul style="list-style-type: none"> \$160 allowance for a wide selection of frames \$180 allowance for featured frame brands 20% savings on the amount over your allowance \$90 Walmart/Costco Frame allowance Every 12 months 	Combined with exam
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Every 12 months 	Combined with exam
Lens Enhancements	<ul style="list-style-type: none"> Progressive lenses/Custom Progressive lenses Tints/Photochromic adaptive lenses Premium progressive lenses Average savings of 35-40% on other lens enhancements Every 12 months 	<p style="text-align: right;">\$0</p> <p style="text-align: right;">\$0</p> <p style="text-align: right;">\$80-90</p> <p style="text-align: right;">\$120-\$160</p>
Contacts (instead of glasses)	<ul style="list-style-type: none"> \$120 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every 12 months 	Up to \$60
Primary Eyecare	<ul style="list-style-type: none"> Treatment and diagnosis of eye conditions like pink eye, vision loss and monitoring of cataracts, glaucoma and diabetic retinopathy. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details As needed 	\$20



Extra Savings

Glasses and Sunglasses	<ul style="list-style-type: none"> • Extra \$20 to spend on featured frame brands. Go to vsp.com/special offers for details. • 30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% from any VSP provider within 12 months of your last WellVision Exam
Retinal Screening	<ul style="list-style-type: none"> • No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam
Laser Vision Correction	<ul style="list-style-type: none"> • Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities • After surgery; use your frame allowance (if eligible) for sunglasses from any VSP doctor

***VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location.*



Wellness Program



What does "wellness" look like to you?

No matter what you do for your own wellness, the beautiful Eastern Sierra has extensive outdoor choices! And as a Mono County employee, you have the ability to choose from a variety of gym memberships at discounted group rates through a convenient payroll deduction. The County will contribute \$25.00 per month towards a membership with one of the three fitness partners.

Snowcreek Membership		
Type of Membership	Total Monthly Cost	Monthly Employee Cost
Single	\$63.00	\$38.00
Couple	\$90.00	\$65.00
Family	\$105.00	\$80.00
Additional members after 5 are \$15 each		
Double Eagle/Creekside Fitness Center		
Type of Membership	Total Monthly Cost	Monthly Employee Cost
Single	\$56.00	\$31.00
Couple	\$77.00	\$52.00
Family	\$90.00	\$65.00
Additional members after 5 are \$15 each		
Dual Membership to Snowcreek & Double Eagle are available at an additional cost.		
The Body Shop		
Type of Membership	Total Monthly Cost	Monthly Employee Cost
Single	\$40.00	\$15.00
Couple	\$65.00	\$40.00
**Each dependent child is an additional \$10 per month		



Make time for fitness!

The workout room at Memorial Hall in Bridgeport is also available when you sign up with Human Resources.

Flexible Spending Accounts

What is a FSA?

With an FSA, you elect to have your annual contribution (up to the \$2,700 limit set by the IRS) deducted from your paycheck each pay period, in equal installments throughout the year, until you reach the yearly maximum you have specified. The amount of your pay that goes into an FSA will not count as taxable income, so you will have immediate tax savings. FSA dollars can be used during the plan year to pay for qualified expenses and services.



- ◇ A Healthcare FSA allows reimbursement of qualifying out-of-pocket medical expenses.
- ◇ A Dependent Care FSA allows reimbursement of dependent care expenses, (such as daycare) incurred by eligible dependents.

IS AN FSA RIGHT FOR ME?

- ⑥ A FSA is a great way to pay for expenses with pre-tax dollars.
- ⑥ A **Healthcare FSA** could save you money if you or your dependents:
 - ☞ Have out-of-pocket expenses like co-pays, coinsurance, or deductibles for health, prescription, dental or vision plans.
 - ☞ Have a health condition that requires the purchase of prescription medications on an ongoing basis.
 - ☞ Wear glasses or contact lenses or are planning LASIK surgery
 - ☞ Need orthodontia care, such as braces, or have dental expenses not covered by your insurance.
- ⑥ A **Dependent Care FSA** provides pre-tax reimbursement of out-of-pocket expenses related to dependent care. This benefit may make sense if you (and your spouse, if married) are working or in school, and:
 - ☞ Your dependent children under age 13 attend daycare, after-school care or summer day camp.
 - ☞ You provide care for a person of any age whom you claim as a dependent on your federal income tax return and who is mentally or physically incapable of caring for himself or herself.

With all FSA account types, you'll receive access to a secure, easy-to-use web portal where you can track your account balance, view your investment accounts and submit requests for reimbursements. In addition, you'll receive a convenient prepaid benefits card to make it easy to pay for eligible services and products not covered by your health insurance. When you use the card, payments are automatically withdrawn from your account, so there are no out-of-pocket costs and most of the time you won't have to submit receipts to verify the purchase. Just swipe the card and go. It's that easy!

**Before you enroll, you must first decide how much you want to contribute to your account(s). You will want to spend some time estimating your anticipated eligible medical and dependent care expenses for the upcoming plan year, as Federal tax regulations require that the unused amount at the end of the plan year be forfeited.

Retirement Plans



Mono County currently contracts with the California Public Employee's Retirement System or CalPERS to provide retirement benefits to employees. CalPERS is a defined benefit plans which is funded by employee contributions, employer contribution, and earnings from CalPERS investments. A defined benefit plan provides a retirement benefit determined by a set formula which uses your years of service, age at retirement, and your highest earnings in a 12 month or 36-month period, depending on your retirement formula.

Most new members will fall into the Pension Reform Formulas:

- ★ **Local Miscellaneous Group:** **2 % @ 62**
- ★ **Local Safety:** **2.7% @ 57**

If you were a member prior to January 1, 2013, you may be eligible for a formula prior to the Pension Reform rates. Mono County's pre-pension reform formulas, which were in place on December 31, 2012 are:

- ☞ Local Miscellaneous Group: 2.5% @ 55
- ☞ Local Safety-Sheriff Group: 3 % @ 55
- ☞ Local Safety-Fire Group: 2 % @ 50
- ☞ Local Safety-County Peace Officer: 3 % @ 50



BENEFITS OF INVESTMENT

- Professional guidance from local representatives
- Convenient payroll deductions
- Employee directs investments of contributions

457/401(a) Plans

Mono County provides a deferred compensation program through a 457 or 401(a) Plan. Employees have the option to sign up for the 457-deferred compensation plan and contribute up to the maximum amount allowed by the IRS. If the employee contributes a total of 1%-3% of their pre-tax salary, the County will match those contributions up to a maximum of 3% into a 401(a) plan under the employee's name.

VESTING TABLE FOR 401(A) COUNTY CONTRIBUTION

The 401(a) Plan implementing this Article shall provide the following schedule of vesting requirements for any participating employee to earn and be eligible to withdraw or otherwise receive a portion (or in some cases all) of his or her total account value at the time of termination:

Years of COUNTY Service	Portion of Account Value Vested
Less than 1 year	0%
1 year plus 1 day to 2 years	10%
2 years plus 1 day to 3 years	20%
3 years plus 1 day to 4 years	40%
4 years plus 1 day to 5 years	60%
5 years plus 1 day but less than 6 years	80%
6 years	100%

Participating Providers

- ✦ Orion Portfolio Solutions
- ✦ Mass Mutual
- ✦ Valic
- ✦ (see last page for contact info)

Basic Life and Accidental Death & Dismemberment (AD&D) Insurance

Through Voya, the County provides you and your dependents with Basic Life Insurance and AD&D at no cost to you. Basic life pays a benefit to your beneficiary if you pass away during your employment with the County. AD&D insurance pays a benefit to you or your beneficiary, separate from the life insurance benefit, if you are severely injured or die as the result of a covered accident.



	Basic Life	Accidental Death and Dismemberment (AD&D)
General Employees	\$5,000.00	\$15,000.00
At-Will/Elected	\$50,000.00	\$50,000.00
Paramedic	\$50,000.00	\$50,000.00
Basic Dependent Life		
Employee Spouse		\$1,000.00
Employee Child(ren)		\$1,000.00
Employee Child(ren) (6 months and under)		\$100.00

Supplemental Life and Accidental Death & Dismemberment (AD&D) Insurance

Employees have the option of enrolling in Voya’s Supplemental Life Coverage policy for themselves, their spouse and any dependent children (to age 25). This policy is separate from the County provided policy and is paid for by the employee.

- ⚙ Portability: you may apply to continue your Supplemental coverage when you leave County employment, and pay premiums directly to the insurance company
- ⚙ Waiver of Premium: If you become unable to work due to a total disability, your insurance can be continued without premium payment
- ⚙ Convenient Payroll Deductions: Premium deductions are taken directly from your paycheck (semi-monthly), so you never have to worry about late payments or lapse notices.



Supplemental Life and Accidental Death and Dismemberment (All Employees)

\$150,000	•If elected in first 31 days of eligibility no proof of good health is required.
	•After 31 days, proof of good health required
\$500,000	•Maximum amount available to purchase
	•Proof of good health is required

Spouse or Domestic Partner Supplemental Life and Accidental Death and Dismemberment (under 70)

\$50,000	•If elected in first 31 days of eligibility no proof of good health is required.
	•After 31 days, proof of good health required
\$500,000	•Maximum amount available to purchase
	•Proof of good health is required
	•Amount cannot exceed employee amount

Child Supplemental Life (to age 25)

\$10,000	•If elected in first 31 days of eligibility no proof of good health is required.
	•After 31 days, proof of good health required



Employee and Spouse Supplemental Life Insurance Rates

Employee Age	Monthly Rate per \$1000 of Coverage
Under 25	\$0.05
25-29	\$0.06
30-34	\$0.08
35-39	\$0.10
40-44	\$0.14
45-49	\$0.21
50-54	\$0.36
55-59	\$0.60
60-64	\$0.92
65-69	\$1.76
70+	\$2.87

Supplemental Accidental Death and Dismemberment (AD&D) Insurance Rates

Monthly Rate per \$1,000 of Coverage	
Employee	\$0.02
Spouse	\$0.02

Children Life Insurance Rates

Monthly Rate per \$1,000 of Coverage
\$0.21

***It is recommended purchasing equal amounts of Supplemental Life and Supplemental AD&D.*

Optional Insurance

Mono County partners with Aflac to administer the optional insurances. These insurances include, but are not limited to: Supplemental Life, Short-Term Disability, Hospital Confinement Indemnity, Dental, Vision, Accident, Cancer/Specified Disease, Critical Illness, etc.



Benefits paid directly to the employee

Convenient payroll deductions for premiums

Different plan levels allow employee to choose how much coverage is needed

Local representative to administer your policy

If you are interested, you can sign up with our local representative, Roxanne Wiswosser, during open enrollment (every Sept-Oct).

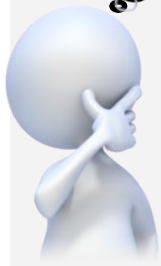
Employee Assistance Program (EAP)

A *FREE* service to all County employees, Trindel Insurance Fund provides for confidential professional counseling to help employees and their family members resolve issues that affect their personal lives and/or work performance.



- ❖ Provides a current Employee Assistance Provider List on their website
- ❖ Verifies the Provider is licensed and insured
- ❖ Pays for three (3) sessions within any six (6) month period per County employee (employee, their spouse, or dependent minor children as defined by the IRS)
- ❖ Provides the best service possible for the County employees

*How do I
start ?*



1. Choose a provider from the EAP Provider List (below or at www.trindel.org)
2. Make an appointment with an EAP Provider of your choice from the List
3. Take a copy of your most recent paystub or your County badge to your first visit
4. Contact Trindel or Jay Sloane (ext 5405 or jsloane@mono.ca.gov) if you have any questions.

This service is to maintain or improve employee efficiency through identification and referrals for counseling, treatment, or therapy in connection with personal problems affecting employee performance.





Employees also have additional options in the Employee Assistance Program provided by VOYA

Eligibility: Employees covered under group life and their spouses and children

📞 Available 24 hours a day, 7 days a week

☎ Confidential toll-free line or via e-mail to speak with live clinicians



Services are provided through ComPsych, and include:

- * **GuidanceResources®** for work-life, behavioral health and wellness services. Includes up to 3 telephonic counseling sessions and 5 face-to-face counseling sessions per issue.
- * **FamilySource®** - provide information and referrals in areas such as child care, adoption, elder care, education, pet care and personal convenience services.
- * **LegalConnect®** - confidential access to staff attorneys who provide practical and understandable information and assistance for a broad range of legal issues.
- * **FinancialConnect®** - family budgeting, credit problems, tax questions, estate planning, investment options, insurance, money management and retirement planning.
- * **Travel Assistance** when traveling more than 100 miles away from home and includes assistance with pre-trip information, emergency and medical services while traveling.
- * **Funeral Assistance Planning** provided by Everest Funeral Package, LLC and includes 24/7 advisor assistance, Pricerunner research, and At-need family support for a wide variety of needs.

** Services provided include a variety of no cost options. If referrals for services are necessary pricing will depend on the extent of your personal needs. Please see Human Resources for more information & full EAP packet provide by VOYA.**

(See last page for contact information)

Paid Time Off

Applicable collective bargaining agreement may provide otherwise

SICK TIME

Employees accrue 12 (eight hour) sick days per year.

VACATION

Initial employment = 3-	10 days per year
10 years of service = 10-	15 days per year
15 years of service = 15-	17 days per year
20 years of service =	19 days per year
20 + years of service =	20 days per year

Permanent part-time or less than full time employee accrue time off on a prorated basis.

COUNTY HOLIDAYS

The County currently recognizes 14 (eight hour) holidays per calendar:

- ❖ New Year's Day,
- ❖ Martin Luther King, Jr Day
- ❖ President's Day
- ❖ Cesar Chavez (if weekday)
- ❖ Memorial Day
- ❖ Juneteenth
- ❖ Fourth of July
- ❖ Labor Day
- ❖ Indigenous Peoples' Day
- ❖ Veteran's Day
- ❖ Thanksgiving Day
- ❖ Day after Thanksgiving
- ❖ Christmas Eve
- ❖ Christmas Day
- ❖ New Year's Eve

PERSONAL HOLIDAYS

The County entitles employees to 2 (eight hour) personal holidays per calendar.



Contact Information



Medical Insurance:
www.anthem.com/ca/calpers

Dental Insurance:
www.deltadentalins.com

Vision Insurance:
www.vsp.com



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