

CONEJO RECREATION AND PARK DISTRICT BENEFIT SUMMARY

Rev. 1/21	General Employees (Full-Time)	Management Group	Administrators	General Manager												
	Same as general employees, unless otherwise noted															
Term of MOU	2 yr (7/1/19 - 6/30/21)	n/a	n/a	n/a												
CAFETERIA PLAN CONTRIBUTION	<table border="0"> <tr> <td></td> <td style="text-align: center;"><u>Eff. 1/1/20</u></td> <td style="text-align: center;"><u>Eff. 1/1/21</u></td> </tr> <tr> <td>EE Only:</td> <td style="text-align: right;">\$ 564</td> <td style="text-align: right;">\$ 589</td> </tr> <tr> <td>EE + 1:</td> <td style="text-align: right;">\$ 1,008</td> <td style="text-align: right;">\$1,054</td> </tr> <tr> <td>EE + 2+:</td> <td style="text-align: right;">\$1,324</td> <td style="text-align: right;">\$1,383</td> </tr> </table>		<u>Eff. 1/1/20</u>	<u>Eff. 1/1/21</u>	EE Only:	\$ 564	\$ 589	EE + 1:	\$ 1,008	\$1,054	EE + 2+:	\$1,324	\$1,383			
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	EE Only:	\$ 564	\$ 589													
EE + 1:	\$ 1,008	\$1,054														
EE + 2+:	\$1,324	\$1,383														
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)	\$139 in 2020 \$143 in 2021															
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 \$188.97/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	Magellan															
Employer paid	\$2.37/mo premium/employee															
DEFERRED COMPENSATION	ICMA-RC 457 Plan (employee only contributions to IRS limits)		District contributes 3% of IRS limit (\$585 - 2021)	\$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 (\$139 - 2020, \$143 - 2021)</u> <u>Hired before 7/1/09:</u> Stipend based on yrs of service (\$75 + \$15/yr of svc, increases each full yr retired by lesser of CPI or \$15 <u>Hired after 7/1/09:</u> Not eligible (Min only)	Hire before 7/1/09 Employee only medical premium paid based on pre-retirement plan option upon retirement with 10+ yrs service; otherwise Min only	Hire before 7/1/09 Emp & dependent(s) Medical premium paid based upon pre-retirement plan option with 10+ yrs service; otherwise Min only	Hire before 7/1/09 Emp & dependent(s) Medical premium paid based upon pre-retirement plan option with 10+ yrs service; otherwise Min only												

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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/yr	up to 30/yr
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? What % increase?	Yes / 5% between steps			
Does group receive COLA?	Yes			No
COLA	2.5% eff. 7/1/19 2.5% eff. 7/1/20			(see GM contract)
Community Service Allowance	No	No	\$50 / mth	\$100 / mth
EMPLOYEE-PAID OPTIONAL BENEFITS				
Health Care Flexible Spending Account	\$2,750/yr max 2020, 2021			
Dependent Care Flexible Spending Acct	\$5,000/yr max			
Dependent Life insurance	\$5,000 / \$1.64 premium/mth			