



# Housing Authority of the City of Alameda

<b>2022 Employee Benefits Package</b>	
<b>VACATION LEAVE</b>	
Varies depending on years of service	10 to 25 days per year
<b>SICK LEAVE</b>	
Employees on an 8-hour work day	8 hours per month
Employees on an 7.5-hour work day	7.5 hours per month
<b>BEREAVEMENT LEAVE</b>	
For death of specified family members	Up to 4 days; 8 days max per calendar year
<b>HOLIDAYS</b>	
Regular / Floating	11 / 3.5 days
<b>BILINGUAL PAY</b>	
Employees certified to perform bilingual services	\$50 per month
<b>PENSION</b>	<b>CALPERS</b>
2% @ 55 Plan or	Existing members pay 7%
2% @ 62 for members after 12/31/12	New member rate after 12/31/12 is 50% of normal cost, currently 7.25%
<b>HEALTH INSURANCE</b>	<b>CALPERS</b>
Coverage varies with plan chosen by the employee	2022 - Employer pays up to 100 % of the Kaiser Employee + 2 rate which is \$2,228.36 (\$149 PEMHCA contribution plus additional contribution to Cafeteria plan)
*CalPERS medical plan options and rates: <a href="https://www.calpers.ca.gov/page/active-members/health-benefits/plans-and-rates">https://www.calpers.ca.gov/page/active-members/health-benefits/plans-and-rates</a> *Please note that Alameda County is under the Region 1 rates.	
<b>DENTAL AND VISION CONTRIBUTION:</b> AHA contributes up to the premium for Employee + 2 dental coverage; contributions may be used towards dental and/or vision insurance; any additional premium cost is borne by the employee	
<b>DENTAL INSURANCE</b>	<b>MetLife Dental</b>
Deductibles: Individual/Family	\$50 / \$150
Annual Maximum	\$2,500
Co-Insurance: Preventative / Basic / Major	100 % / 80% / 50%
Orthodontia	Child and Adult
Co-insurance	50%
Lifetime maximum	\$2,500
<b>VISION INSURANCE</b>	<b>VSP Vision Care</b>
Eye exam	Every 12 months, \$10 copay
Prescriptions eyeglasses	\$25 copay, lenses every 12 months, \$130 allowance for frames



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<b>CONTINUED: VISION INSURANCE</b>	<b>VSP Vision Care</b>
Contact lenses (instead of glasses)	\$130 allowance every 12 months, up to \$60 copay
<b>LIFE / ACCIDENTAL DEATH &amp; DISMEMBERMENT</b>	<b>Lincoln Financial</b>
Life Insurance coverage	1.5 X Annual Salary, \$100,000 max.
<b>LONG-TERM DISABILITY COVERAGE</b>	<b>Lincoln Financial</b>
Benefit Level / Monthly Benefit	66.67% / \$7,000 max.
<b>EMPLOYEE ASSISTANCE PROGRAM</b>	<b>Lincoln Financial</b>
Face to face meetings / phone or web access	3 / Unlimited
<b>SHORT-TERM DISABILITY INSURANCE</b>	<b>State of California</b>
Premium is deducted from employee's wages	Approximately 60-70% of earnings for up to 52 weeks
<b>EDUCATIONAL REIMBURSEMENT PLAN</b>	
Reimbursement of expenses for pre-approved course	\$750 maximum annually (if budget permits)
<b>BOOT / SHOE ALLOWANCE</b>	
Employees required to wear safety shoes / boots	\$220 max. reimbursement
<b>ADDITIONAL BENEFITS</b>	
<p>Employees have the option to participate in other benefits at their own cost, including Flexible Spending Accounts, ICMA-RC 457 (Deferred Compensation) and Roth IRA Plans, VSP Vision Care, Lincoln Financial Voluntary Life and AD&amp;D insurance, etc. AHA makes these plans available but does not contribute to the cost (with the exception of VSP if contribution \$ available).</p>	