



Housing Authority  
of the  
City of Alameda

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## 2023 Employee Benefits Package

<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 workday	8 hours per month
Employees on a 7.5-hour work day	7.5 hours per month
<b>BEREAVEMENT LEAVE</b>	
For death of specified family members	Up to 4 days paid; max 8 days paid per calendar year; additional unpaid leave may be available
<b>HOLIDAYS</b>	
Regular / Floating	11 / 3.5 days
<b>BILINGUAL PAY</b>	
Employees certified to perform bilingual services	\$50 per month for basic; \$100 per month for advanced
<b>PENSION</b>	
2% @ 55 Plan or	<b>CALPERS</b> 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%; 8.25% beginning 7/1/23.
<b>HEALTH INSURANCE</b>	
Coverage varies with plan chosen by the employee	<b>CALPERS</b> 2023 - Employer pays up to 100 % of the Kaiser Employee + 2 rate which is \$2,375.72 (\$151 PEMCHA contribution plus additional contribution to Cafeteria plan)  AHA's retirement health insurance contribution for qualified retirees is made at the PEMCHA minimum payment, currently \$151 per month.
*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> ->Public Agency & School Members *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 calendar year, \$10 copay
Prescriptions eyeglasses	\$25 copay, lenses every calendar year, \$130 allowance for frames, every other calendar year
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	6 / 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	\$1,500 maximum annually (if budget permits)
<b>BOOT / SHOE ALLOWANCE</b>	
Employees required to wear safety shoes / boots	\$220 max. reimbursement
<b>ADDITIONAL BENEFITS</b>	
Employees have the option to participate in other benefits at their own cost, including Flexible Spending Accounts, Mission Square 457 (Deferred Compensation) and Roth IRA Plans, VSP Vision Care, Lincoln Financial Voluntary Life and AD&D insurance, etc. AHA makes these plans available but does not contribute to the cost (with the exception of VSP if contribution \$ available).	