



Housing Authority
of the
City of Alameda

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2024 Employee Benefits Package

| VACATION LEAVE | |
|---|--|
| Varies depending on years of service | 10 to 25 days per year |
| SICK LEAVE | |
| Employees on an 8-hour workday | 8 hours per month |
| Employees on a 7.5-hour work day | 7.5 hours per month |
| BEREAVEMENT LEAVE | |
| For death of specified family members | Up to 4 days paid; max 8 days paid per calendar year; additional unpaid leave may be available |
| HOLIDAYS | |
| Regular / Floating | 11 / 3.5 days |
| BILINGUAL PAY | |
| Employees certified to perform bilingual services | \$50 per month for basic; \$100 per month for advanced |
| PENSION | |
| 2% @ 55 Plan or | CALPERS 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 8.25%. |
| HEALTH INSURANCE | |
| Coverage varies with plan chosen by the employee | CALPERS 2024 - Employer pays up to 100 % of the Kaiser Employee + 2 rate which is \$2,655.67 (\$157 PEMHCA contribution plus additional contribution to Cafeteria plan) AHA's retirement health insurance contribution for qualified retirees is made at the PEMCHA minimum payment, currently \$157 per month. |
| *CalPERS medical plan options and rates: https://www.calpers.ca.gov/page/active-members/health-benefits/plans-and-rates ->Public Agency & School Members *Please note that Alameda County is under the Region 1 rates. | |
| DENTAL AND VISION CONTRIBUTION: 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 | |
| DENTAL INSURANCE | |
| | MetLife Dental |
| 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 |
| VISION INSURANCE | VSP Vision Care |
| 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 |
| LIFE / ACCIDENTAL DEATH & DISMEMBERMENT | Lincoln Financial |
| Life Insurance coverage | 1.5 X Annual Salary, \$100,000 max. |
| LONG-TERM DISABILITY COVERAGE | Lincoln Financial |
| Benefit Level / Monthly Benefit | 66.67% / \$7,000 max. |
| EMPLOYEE ASSISTANCE PROGRAM | Lincoln Financial |
| Face to face meetings / phone or web access | 6 / Unlimited |
| SHORT-TERM DISABILITY INSURANCE | State of California |
| Premium is deducted from employee's wages | Approximately 60-70% of earnings for up to 52 weeks |
| EDUCATIONAL REIMBURSEMENT PLAN | |
| Reimbursement of expenses for pre-approved course | \$1,500 maximum annually (if budget permits) |
| BOOT / SHOE ALLOWANCE | |
| Employees required to wear safety shoes / boots | \$220 max. reimbursement |
| ADDITIONAL BENEFITS | |
| 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). | |