

Castro Valley Sanitary District
Employee Benefits
MOU Effective September 26, 2021 through June 30, 2026

Holidays	12 days	per year
Annual Leave	94 hours 136 hours 154 hours 172 hours	0-3 years 4-10 years 11 - 14 years 15 years +
Sick Leave	96 hours	per year
Health Plan	PERS Health	An employee is able to choose from a variety of CalPERS Health Plans. CVSan offers Kaiser insurance at no cost to the employee. When an employee chooses a plan other than Kaiser they are responsible for paying the difference between Kaiser plan (whether single, with dependent or family) and the chosen plan.
	In Lieu Coverage for those declining District Coverage, must provide evidence of coverage	One half of Kaiser Single Rate monthly premium, to employee's deferred comp account
Dental Plan	Principal Dental Plan	Fully paid for Employee and Dependents
Uniforms	For WW Workers	Provided by CVSan
Safety Boots/Shoes	Self Funded/Represented Employees:	\$400 Per Two MOU years; \$200 if eligibility occurs during second MOU year
Life Insurance	MetLife Life Insurance	\$50,000 Life & \$50,000 ADD
Retirement	CalPERS Retirement System	
Tier 1	2.7% @ 55 Formula for employees hired on or before 6/12/11	CVSan shall contribute monthly 8% of ea. employee's basic monthly salary. Each employee shall contribute 1% of their basic monthly salary towards employer's contribution.
Tier 2	2% @ 55 Formula for employees hired after 6/12/11	CVSan shall contribute monthly 7% of each employee's basic monthly salary. Each employee shall contribute 3.5% of their basic monthly salary towards employer's contribution.
	Single Highest Year - basis Conversion of EPMC to salary during final compensation year	
Tier 3	2% @ 62 Formula for employees hired after 1/1/2013	Employees shall contribute half of the normal costs as stated in PEPR law and CVSan shall contribute monthly the other portion as required.
Vision Plan	MetLife	IN THE NETWORK: Eye exam \$10 copay. Frames \$25 copay, allowance \$200. Costco, Walmart and Sam's Club \$25 copay, allowance \$110. Additional 20% savings at all participating locations except Costco, Walmart and Sam's Club. Once every 12 months. Standard corrective lenses covered in full after \$25 copay. Contact lenses maximum copay \$60, allowance \$200. OUT OF NETWORK: Eye exam up to \$45, frames up to \$70, contact lenses between \$105 and \$210, etc.
	For Represented Employees	SAFETY GLASSES: Prescription Safety glasses and Blue Light filtered glasses shall be provided to employees as required. Prescription Safety glasses shall be issued to field employees and Blue Light filtered glasses shall be issued to non-field employees. Employees who do not have prescription glasses shall have the Blue Light filtered glasses reimbursement capped at \$50.00 per year.
Social Security	CVSan does not participate in Social Security for regular employees	
Survivor Benefits	CalPERS Third Level Benefits	\$3.50 per mo. paid by CVSD \$2.00 per mo. paid by employee
Tuition Reimbursement	Self Funded	Annual pooled amount at General Manager discretion
Deferred Comp 457 Plan	CalPERS/VOYA	For unrepresented employees: \$800 per year match during 0-2 years, after probation \$1,600 per year match during 3-4 years \$2,400 per year match during 4 + years For represented employees: \$1,000 per year match during 1-3 years \$2,500 per year matching during 3-5 years \$5,000 per year matching during 5 + years
Short Term Disability	State Elective Coverage (SDI)	Provided by SDI of California. Paid for by CVSan.
Long Term Disability	MetLife 180 days elimination period	Paid for by CVSan. 60% of predisability monthly earnings.
Other Post Employment Benefits	CalPERS Health Plan Kaiser	Employee coverage only (lifetime) (excluding spouse or eligible Domestic Partner).
Other Employee Paid Benefits	Colonial Life Pre-paid Legal Services	