CITY OF HAYWARD BENEFIT SUMMARY - EFFECTIVE 01/01/2024

	SEIU Local 1021	SEIU Local 1021	Local 21	HAME	Unrepresented	Unrepresented	POA	Police Management	Local 1909	Local 1909	Fire Chiefs	SEIU Local 1021	Unrepresented
ITEM	CLERICAL & RELATED	MAINTENANCE	PROF & TECH ENG	НАМЕ	UNREP Executive	UNREP Non-Executive (Exempt and Non-Exempt)	POLICE	POLICE MGMT	FIRE	FIRE OFFICERS	FIRE CHIEFS	SR. & LIB PAGES (Budgeted & work 20 hrs. or more)	ELECTED OFFICIALS
1. MAXIMUM MONTHLY CIT	Y MEDICAL CONTRIBU	TION (City contracts with	CalPERS for Medical); ple	ease visit https://www.calpers	s.ca.gov/docs/health-rates-i	egion-1-2023.pdf for plan cos	ts.						
PERS - One Party	\$1,021.41	\$1,021.41	\$982.02	\$919.27	\$1,051.42	\$919.27	\$1,076.84	\$1,076.84	\$1,339.70	\$1,339.70	\$1,314.27	\$280.00	\$919.99
PERS - Two Party	\$2,042.82	\$2,042.82	\$1,964.03	\$1,838.54	\$2,102.83	\$1,838.54	\$2,153.68	\$2,153.68	\$2,679.40	\$2,679.40	\$2,628.54	Flat amount for	\$1,839.98
PERS - Three or More	\$2,655.67	\$2,655.67	\$2,553.25	\$2,390.10	\$2,733.68	\$2,390.10	\$2,799.78	\$2,799.78	\$3,483.22	\$3,483.22	\$3,417.10	medical, dental, vision	\$2,391.97
2. MONTHLY ALTERNATIVE	BENEFIT (IN LIEU OF	MEDICAL CONTRIBUTIO	NS)										
One Party	\$210.00	\$210.00	\$210.00	\$210.00	\$210.00	\$210.00	\$210.00	\$210.00	\$668.63	\$668.63	\$150.00		
Two Party	\$380.00	\$380.00	\$380.00	\$380.00	\$380.00	\$380.00	\$380.00	\$380.00	\$1,337.26	\$1,337.26	\$270.00	N/A	N/A
Three or More	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$1,738.44	\$1,738.44	\$350.00		
3. RETIREE MEDICAL	RETIREE MEDICAL												
Retired	After 12/31/07	After 12/31/07	After 12/31/07				Hired after 5/1/2012	Hired into HPOA After 05/01/12					
Paid Directly to PERS	\$157.00	\$157.00	\$157.00	\$157.00	\$157.00	\$157.00	\$157.00	\$157.00	\$157.00	\$157.00	\$157.00		\$157.00
Reimbursed through A/P	<u>\$117.72</u>	\$117.72	<u>\$117.72</u>	<u>\$117.72</u>	\$80.31	\$80.31	\$351.30	<u>\$351.30</u>	<u>\$351.30</u>	\$351.30	<u>\$351.30</u>	N/A	<u>\$80.31</u>
Total Monthly Contribution	\$274.72	\$274.72	\$274.72	<u>\$274.72</u>	\$237.31	\$237.31	\$508.30	<u>\$508.30</u>	\$508.30	\$508.30	\$508.30		<u>\$237.31</u>
Retired	12/30/07 & Before	12/30/07 & Before	12/30/07 & Before				Hired before 05/01/12	Hired into HPOA 05/01/12 & Before					
Paid Directly to PERS	\$157.00	\$157.00	\$157.00				\$157.00	\$157.00					
Reimbursed through A/P	<u>\$69.01</u>	<u>\$69.01</u>	<u>\$69.01</u>				<u>\$756.74</u>	<u>\$756.74</u>					
Total Monthly Contribution	\$226.01	\$226.01	\$226.01				<u>\$913.74</u>	<u>\$913.74</u>					
EE contribution													
Vesting*	10 yrs. of City service- Effective 1/1/08	10 yrs. of City service- Effective 1/1/08	10 yrs. of City service- Effective 1/1/08	10 yrs. of City service- Effective 1/1/06	N/A	N/A	10 yrs. of City service- Effective 7/1/04	10 yrs. of City service- Effective 1/1/03	10 yrs. of City service- Effective 1/1/04	N/A	N/A	N/A	N/A

^{*}Police - Vesting requirement does not apply to Industrial Disability Retirements.
**This amount changes each year to match the Kaiser Bay Area single party rate.

4. MAXIMUM MONTHLY CI	. MAXIMUM MONTHLY CITY DENTAL CONTRIBUTION (For premiums and employee contributions, please see rate sheets)													
Delta Dental -	EE only \$45.22	EE only \$45.22	EE only \$51.97	EE only \$51.97	EE only \$51.97	EE only \$51.97	EE only \$64.60	EE only \$64.60	EE only \$64.60	EE only \$64.60	\$64.96	Included in Medical City	EE only \$32.48	
Monthly Premium	EE + 1 \$76.87	EE + 1 \$76.87	EE + 1 \$88.35	EE + 1 \$88.35	EE + 1 \$88.35	EE + 1 \$88.35	EE + 1 \$109.80	\$110.44	Contribution	EE + 1 \$55.22				
	EE + Fam \$117.58	EE + Fam \$117.58	EE + Fam \$135.13	EE + Fam \$135.13	EE + Fam \$135.13	EE + Fam \$135.13	EE + Fam \$167.95	\$168.91		EE + Fam \$84.86				
United Concordia -	EE Only \$24.22	EE Only \$24.22	EE Only \$24.22	EE Only \$24.22	EE Only \$24.22	EE Only \$24.22	EE Only \$30.28	EE Only \$30.28	EE Only \$30.28	EE Only \$30.28	EE Only \$30.28	Included in Medical City Contribution	EE Only \$15.14	
Monthly Premium	EE + 1 \$60.96	EE + 1 \$60.96	EE + 1 \$60.96	EE + 1 \$60.96	EE + 1 \$60.96	EE + 1 \$60.96	EE + 1 \$76.20	EE + 1 \$76.20		EE + 1 \$38.10				
	EE + Fam \$60.96	EE + Fam \$60.96	EE + Fam \$60.96	EE + Fam \$60.96	EE + Fam \$60.96	EE + Fam \$60.96	EE + Fam \$76.20	EE + Fam \$76.20		EE + Fam \$38.10				
5. MAXIMUM MONTHLY CI	TY VISION CONTRIBUTION	ON (For premiums and e	mployee contribution, plea	se see rate sheets)										
Vision Service Plan	EE only \$4.97	EE only \$4.97	EE only \$4.97	EE only \$4.97	EE only \$4.97	EE only \$4.97	EE only \$9.94	EE only \$9.94	EE only \$9.94	EE only \$9.94	EE only \$9.94	Included in Medical City Contribution	EE only \$9.94	
(VSP) Monthly	EE + 1 \$9.72	EE + 1 \$9.72	EE + 1 \$9.72	EE + 1 \$9.72	EE + 1 \$9.72	EE + 1 \$9.72	EE + 1 \$19.44	EE + 1 \$19.44		EE + 1 \$19.44				
	EE + Fam \$15.50	EE + Fam \$15.50	EE + Fam \$15.50	EE + Fam \$15.50	EE + Fam \$15.50	EE + Fam \$15.50	EE + Fam \$31.00	EE + Fam \$31.00		EE + Fam \$31.00				

CITY OF HAYWARD BENEFIT SUMMARY - EFFECTIVE 01/01/2024

	SEIU Local 1021	SEIU Local 1021	Local 21	HAME	Unrepresented	Unrepresented	POA	Police Management	Local 1909	Local 1909	Fire Chiefs	SEIU Local 1021	Unrepresented
ITEM	CLERICAL & RELATED	MAINTENANCE	PROF & TECH ENG	НАМЕ	UNREP Executive	UNREP Non-Executive (Exempt and Non-Exempt)	POLICE	POLICE MGMT	FIRE	FIRE OFFICERS	FIRE CHIEFS	SR. & LIB PAGES (Budgeted & work 20 hrs. or more)	ELECTED OFFICIALS
6. CITY PAID BASIC LIFE IN	. CITY PAID BASIC LIFE INSURANCE, AD&D												
Coverage	\$50,000 FT & \$25,000 PT	\$50,000 FT & \$25,000 PT	\$50,000 FT & \$25,000 PT	1 X Annual Salary	2 X Annual Salary	1 X Annual Salary	N/A	2 X Annual Salary	N/A - offered through Local 1909	1 X Annual Salary	1 X Annual Salary	\$25,000	1 X Annual Salary
Lincoln Financial - Monthly	\$4.75 FT & \$2.25 PT	\$4.75 FT & \$2.25 PT	\$4.75 FT & \$2.25 PT	\$0.095 per \$1000/Annual Salary	\$0.095 per \$1000/Annual Salary	\$0.095 per \$1000/Annual Salary	N/A	\$0.095 per \$1000/Annual Salary	N/A	\$0.095 per \$1000/Annual Salary	\$0.095 per \$1000/Annual Salary	\$2.63	\$0.105 per \$1000/Annual Salary
7. SHORT TERM/LONG TER	RM DISABILITY INSURAN	ICE/PAID FAMILY LEAV	E										
STD/LTD/PFL Provider, Coverage, Cost Varies by Group	N/A - Covered by SDI	N/A - Covered by SDI	60% of Salary	STD/LTD 66 2/3 % of Salary PFL up to \$1,540/week (City Sponsored Benefit - through Lincoln Financial)	PFL up to \$1,540/week (City	PFL up to \$1,540/week (City	N/A - Provided through POA	STD/LTD 66 2/3 % of Salary PFL up to \$1,540/week (City Sponsored Benefit - through Lincoln Financial)	N/A - Provided through Local 1909	STD/LTD 66 2/3 % of Salary PFL up to \$1,540/week (City Sponsored Benefit - through Lincoln Financial)	STD/LTD 66 2/3 % of Salary PFL up to \$1,540/week (City Sponsored Benefit - through Lincoln Financial)	N/A	N/A
LTD - Monthly STD/PFL - Weekly	N/A	N/A	(employee paid) LTD only: \$0.19 per \$100 of covered payroll	LTD: \$0.33 per \$100 of covered payroll STD/PFL: \$.21 per \$10 of covered payroll	LTD: \$0.33 per \$100 of covered payroll STD/PFL: \$.21 per \$10 of covered payroll	LTD: \$0.33 per \$100 of covered payroll STD/PFL: \$.21 per \$10 of covered payroll	N/A	LTD: \$0.33 per \$100 of covered payroll STD/PFL: \$.21 per \$10 of covered payroll	N/A	N/A	LTD: \$0.33 per \$100 of covered payroll STD/PFL: \$.21 per \$10 of covered payroll	N/A	N/A
8. STATE DISABILITY INSUF	RANCE/PAID FAMILY LE	AVE INSURANCE											
Coverage	Up to \$1,540/week	Up to \$1,540/week	Up to \$1,540/week	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Up to \$1,540/week	N/A
EDD - Per Pay Period (Employee Paid)	0.9% X Salary, Max Withholding \$1,378.48	0.9% X Salary, Max Withholding \$1,378.48	0.9% X Salary, Max Withholding \$1378.48	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0.9% X Salary, Max Withholding \$1,378.48	N/A
9. MEDICARE - Hired After 3	3/31/86												
Medicare - Per Pay Period (Employee & City Paid)	1.45% X Salary	1.45% X Salary	1.45% X Salary	1.45% X Salary	1.45% X Salary	1.45% X Salary	1.45% X Salary	1.45% X Salary	1.45% X Salary	1.45% X Salary	1.45% X Salary	1.45% X Salary	1.45% X Salary
*Effective 1/1/13, an addition	al Medicare Tax of 0.9%	is applicable to wages an	d compensation received in	excess of: Married filing joint -	\$250,000; Married filing separ	rately - \$125,000; Single/Head	of Household/Qualifying	widow(er) - \$200,000	ļ.	ļ	ļ		
10. CITY PROVIDED EMPLO	YEE ASSISTANCE PRO	GRAM											
# of Sessions	10 for all employees EXCEPT Communications Center employees who receive First Responder benefit of 20 visits	10	10	10	10	10	20	20	20	20	20	10	N/A
Concern EAP - Monthly	\$4.85/\$9.11	\$4.85	\$4.85	\$4.85	\$4.85	\$4.85	\$9.11	\$9.11	\$9.11	\$9.11	\$9.11	\$4.85	N/A

CITY OF HAYWARD BENEFIT SUMMARY - EFFECTIVE 01/01/2024

	SEIU Local 1021	SEIU Local 1021	Local 21	HAME	Unrepresented	Unrepresented	POA	Police Management	Local 1909	Local 1909	Fire Chiefs	SEIU Local 1021	Unrepresented
ITEM	CLERICAL & RELATED	MAINTENANCE	PROF & TECH ENG	HAME	UNREP Executive	UNREP Non-Executive (Exempt and Non-Exempt)	POLICE	POLICE MGMT	FIRE	FIRE OFFICERS	FIRE CHIEFS	SR. & LIB PAGES (Budgeted & work 20 hrs. or more)	ELECTED OFFICIALS
11a. RETIREMENT - CalPERS	6 ("Classic" Members)	- Retirement subject to	annual compensation limit	ts (see https://www.calpers.c	a.gov/page/employers/polic	ies-and-procedures/circular-let	ters/200-001-24)						
Formula	2.5% @ 55	2.5% @ 55	2.5% @ 55	2.5% @ 55	2.5% @ 55	2.5% @ 55	3% @ 50	3% @ 50	3% @ 50	3% @ 50	3% @ 50	2.5% @ 55	2.5% @ 55, if elected to participate
CalPERS Employer Rate Including UAL (Published)	26.330%	26.330%	26.330%	26.330%	26.330%	26.330%	52.960%	52.960%	44.550%	44.550%	44.550%	26.330%	26.330%
CalPERS Published Employee Rate	8.000%	8.000%	8.000%	8.000%	8.000%	8.000%	9.000%	9.000%	9.000%	9.000%	9.000%	8.000%	8.000%
Employer Rate (EE Paid)	4.500%	4.500%	3.000%	3.000%	5.000%	3.000%	6.000%	6.000%	6.000%	6.000%	6.000%	4.500%	0.000%
Employer Rate (City Paid)	21.830%	21.830%	23.330%	23.330%	21.330%	23.330%	46.960%	46.960%	38.550%	38.550%	38.550%	21.830%	26.330%
Employee Rate (EE paid)	8.000%	8.000%	8.000%	8.000%	8.000%	8.000%	9.000%	9.000%	9.000%	9.000%	9.000%	8.000%	8.000%
Employee Rate (City paid)	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%
Total City paid PERS	21.830%	21.830%	23.330%	23.330%	22.400%	23.330%	46.960%	46.960%	38.550%	38.550%	38.550%	21.830%	26.330%
Total Employee paid PERS	12.500%	12.500%	11.000%	11.000%	13.000%	11.000%	15.000%	15.000%	15.000%	15.000%	15.000%	12.500%	8.000%
11b. RETIREMENT - CalPERS	6 ("New" Members) - R	etirement subject to an	nual compensation limits (see https://www.calpers.ca.g	ov/page/employers/policies	-and-procedures/circular-letter	s/200-001-24)						
Formula	2.0% @ 62	2.0% @ 62	2.0% @ 62	2.0% @ 62	2.0% @ 62	2.0% @ 62	2.7% @ 57	2.7% @ 57	2.7% @ 57	2.7% @ 57	2.7% @ 57	2.0% @ 62	2.0% @ 62, if elected to participate
CalPERS Employer Rate Including UAL (Published)	26.330%	26.330%	26.330%	26.330%	26.330%	26.330%	52.960%	52.960%	44.550%	44.550%	44.550%	26.330%	26.330%
CalPERS Published Employee Rate	6.750%	6.750%	6.750%	6.750%	6.750%	6.750%	13.500%	13.500%	11.250%	11.250%	11.250%	6.750%	6.250%
Employer Rate (EE Paid)	5.000%	5.000%	3.000%	3.000%	5.000%	3.000%	1.500%	1.500%	3.750%	3.750%	3.750%	5.000%	0.000%
Employer Rate (City Paid)	21.330%	21.330%	23.330%	23.330%	21.330%	23.330%	51.460%	51.460%	40.800%	40.800%	40.800%	21.330%	26.330%
Employee Rate (EE paid)	6.750%	6.750%	6.750%	6.750%	6.750%	6.750%	13.500%	13.500%	11.250%	11.250%	11.250%	6.750%	6.250%
Employee Rate (City paid)	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%
Total City paid PERS	21.330%	21.330%	23.330%	23.330%	21.330%	23.330%	51.460%	51.460%	40.800%	40.800%	40.800%	21.330%	26.330%
Total Employee paid PERS	11.750%	11.750%	9.750%	9.750%	11.750%	9.750%	15.000%	15.000%	15.000%	15.000%	15.000%	11.750%	6.250%

BENEFIT SUMMARY - EFFECTIVE 01/01/2024

	SEIU Local 1021	SEIU Local 1021	Local 21	HAME	Unrepresented	Unrepresented	POA	Police Management	Local 1909	Local 1909	Fire Chiefs	SEIU Local 1021	Unrepresented
ITEM	CLERICAL & RELATED	MAINTENANCE	PROF & TECH ENG	НАМЕ	UNREP Executive	UNREP Non-Executive (Exempt and Non-Exempt)	POLICE	POLICE MGMT	FIRE	FIRE OFFICERS	FIRE CHIEFS	SR. & LIB PAGES (Budgeted & work 20 hrs. or more)	ELECTED OFFICIALS
2. HOLIDAYS & HOLIDAY PA	AY												
									(40 HR Positions)	(40 HR Positions)			
Annual - Total Days	14.5	14.5	14.5	14.5	14.5	14.5	0	0	14	14	14	58 hours	N/A
Christmas Eve - Hours	8	8	8	8	8	8	0	0	4	4	4		
New Year's Eve - Hours	4	4	4	4	4	4	0	0	4	4	4		
Pay in lieu of holiday									(56 HR Positions)	(56 HR Positions)			
(Public Safety Only)							6.73 % X Salary	6.73 % X Salary	5.77% X Salary	5.77% X Salary			
							(40 hrs.)	(40 hrs.)	(56 hrs.)	(56 hrs.)			
3. VACATION LEAVE ACCR	UALS												
	1st yr - 80 hrs	1st yr - 80 hrs	1st yr - 80 hrs	1st yr - 80 hrs	1st yr - 80 hrs	1st yr - 80 hrs	1st yr - 80 hrs	1st yr - 80 hrs	(40 hrs)	(40 hrs)	(40 hrs)	1st yr - 80 hrs	N/A
	5-9 yrs -120 hrs	5-9 yrs -120 hrs	5-9 yrs -120 hrs	5-9 yrs -120 hrs	5-9 yrs -120 hrs	5-9 yrs -120 hrs	5-9 yrs - 120 hrs	5-9 yrs -120 hrs	1st yr - 100 hrs	1st yr - 100 hrs	1st yr - 100 hrs	5-9 yrs -120 hrs	
Annual	10 yrs+ -160 hrs	10 yrs+ -160 hrs	10 yrs+ -160 hrs	10 yrs+ -160 hrs	10 yrs+ -160 hrs	10 yrs+ -160 hrs	10-14 yrs - 160 hrs	10-14 yrs -160 hrs	5-14 yrs - 160 hrs	5-14 yrs - 160 hrs	5-14 yrs - 160 hrs	10 yrs+ -160 hrs	
	20 yrs+ - 200 hrs	20 yrs+ - 200 hrs	20 yrs+ - 200 hrs	20 yrs+ - 200 hrs	20 yrs+ - 200 hrs	20 yrs+ - 200 hrs	15 yrs+ - 200 hrs	15 yrs+ - 200 hrs	15 yrs+ - 200 hrs	15 yrs+ - 200 hrs	15 yrs+ - 200 hrs	20 yrs+ - 200 hrs	
									(56 hrs)	(56 hrs)	(56 hrs)	* Prorated based on	
									1st yr - 169 hrs	1st yr - 100 hrs	1st yr - 100 hrs	actual hrs worked	
									5-14 yrs - 240 hrs	5-14 yrs - 160 hrs	5-14 yrs - 160 hrs		
									15 yrs+ - 300 hrs	15 yrs+ - 200 hrs	15 yrs+ - 200 hrs		
/acation Usage Restrictions		Employees accrue but cannot use during first 6 months	Employees accrue but cannot use during first 3 months	Employees accrue but cannot use during first 6 months	N/A	N/A	Employees accrue but cannot use during first 6 months		Employees accrue but cannot use during first 6 months	Employees accrue but cannot use during first 6 months	Employees accrue but cannot use during first 6 months	Employees accrue but cannot use during first 6 months	N/A
4. SICK LEAVE ACCRUALS													
Annual	96 hrs	96 hrs	96 hrs	96 hrs	96 hrs	96 hrs	96 hrs	96 hrs	(40 hrs) - 103 hrs	(40 hrs) - 103 hrs	(40 hrs) - 103 hrs	96 hrs	N/A
									(56 hrs) - 144 hrs	(56 hrs) - 144 hrs	(56 hrs) - 144 hrs	*Prorated based on hrs worked	
Max Accumulation	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	720 Hours	N/A
Sick Leave Usage Restrictions	N/A	N/A	Employees accrue but cannot use during first 3 months	Employees accrue but cannot use during first 3 months	N/A	N/A	Employees accrue but cannot use during first 3 months		Employees accrue but cannot use during first 3 months	Employees accrue but cannot use during first 3 months	Employees accrue but cannot use during first 3 months	Employees accrue but cannot use during first 3 months	N/A
Separation Payoff*	1% X # City service years X Payrate	1% X # City service years X Payrate	1% X # City service years X Payrate	1% X # City service years X Payrate	1% X # City service years X Payrate	1% X # City service years X Payrate	Varies - 0% - 1.5% X City service years X	Varies - 0% - 1.5% X City service years X Payrate	1% X # City service years X Payrate	1% X # City service years X Payrate	1% X # City service years X Payrate	1% X # City service years X Payrate	N/A

BENEFIT SUMMARY - EFFECTIVE 01/01/2024

Last Revised 01/01/2024

	SEIU Local 1021	SEIU Local 1021	Local 21	HAME	Unrepresented	Unrepresented	POA	Police Management	Local 1909	Local 1909	Fire Chiefs	SEIU Local 1021	Unrepresented
ITEM	CLERICAL & RELATED	MAINTENANCE	PROF & TECH ENG	НАМЕ	UNREP Executive	UNREP Non-Executive (Exempt and Non-Exempt)	POLICE	POLICE MGMT	FIRE	FIRE OFFICERS	FIRE CHIEFS	SR. & LIB PAGES (Budgeted & work 20 hrs. or more)	ELECTED OFFICIALS
15. UNIFORM ALLOWANCE													
Annual	Clerical: \$275* (paid on a per pay period basis)	Up to \$250 - Safety Shoes (reimbursement)*	\$275 - Police ID Spec* Up to \$300 - Safety Shoes (reimbursement)* Up to \$125 - Prescription Safety Glasses(reimb)*	Up to \$250 - Safety Shoes (reimbursement)*	\$480 - Fire Chief \$440 - Police Chief (paid on a per pay period basis)	N/A	\$900 (paid on a per pay period basis)	\$900 (paid on a per pay period basis)	\$430 (paid on a per pay period basis)	\$480 (paid on a per pay period basis)	\$480 (paid on a per pay period basis)	N/A	N/A
*For specific job classification	s per the MOU. (See MO	U for full list of job class	sifications). Please refer to M	OU for maximums on purchases	s made inside/outside the City	of Hayward							
16. EDUCATIONAL INCENTI	VE												
Per Pay Period	N/A	N/A	N/A	N/A	N/A	N/A	Int. POST - 2.5% Int. POST + BA - 5% Adv. POST - 7.5% Adv. POST + MA- 10% (see MOU for more information)	Int. POST - 2.5% Int. POST - BA - 5% Adv. POST - 7.5% Adv. POST + MA- 10% Management POST + MA - 12.5% (see MOU for more information)	2.5% - AA 5.0% - BA 7.5% perm @ 10 yrs	2.5% - AA 5.0% - BA 7.5% perm @ 10 yrs	2.5% - AA 5.0% - BA 7.5% perm @ 10 yrs	N/A	N/A
17. CONTINUOUS SERVICE	PAY												
	25 yrs 2.5% 30+ yrs 7.5% (see MOU for more information)	25 yrs 2.5% 30+ yrs 7.5% (see MOU for more information)	N/A	N/A	N/A	N/A	Sworn Years 15 yrs 3% 20 yrs 6% 25 yrs 10% (see MOU for more information)	Sworn Years 15 yrs 3% 20 yrs 6% 24 yrs 10%, Plus 1% on each anniversary thereafter, up to a max of 15% (see MOU for more information)	15 yrs 2% Plus 1% on each anniversary thereafter, up to a max of 25 (see MOU for more information)	15 yrs 2% Plus 1% on each anniversary thereafter, up to a max of 12% (@25 years) (see MOU for more information)	N/A	N/A	N/A
18. EDUCATIONAL REIMBU	RSEMENT		_										
Annual - Subject to MOU Restrictions & Limit	\$1,000	\$1,000	\$1,500	\$1,000	\$1,000	\$1,000	N/A	\$750	N/A	N/A	N/A	N/A	N/A
19. HEALTH AND WELLNES	S REIMBURSEMENT												
Annual or Monthly Maximum	FT: \$600/ Per FY PT: \$300/ Per FY	FT: \$600/ Per FY PT: \$300/Per FY	FT: \$600/ Per FY PT: \$300/ Per FY	FT: \$600/ Per FY	\$100/Month	FT: \$600/ Per FY	N/A	\$1,200/FY	N/A	N/A	N/A	PT: \$300/FY	N/A
20. PROFESSIONAL DEVEL	OPMENT REIMBURSEN	IENT											
Annual Maximum	N/A	N/A	\$350.00	\$500.00	Personal Equipment Stipend	\$500.00	N/A	N/A	N/A	N/A	N/A	N/A	N/A