



**STANISLAUS COUNTY
REGULAR FULL-TIME REPRESENTED EMPLOYEES
2024 BENEFIT SUMMARY**
Revised 01/2024

TYPE	SEMI-MONTHLY PREMIUMS	DESCRIPTION	SUBJECT TO TAXES
MEDICAL INSURANCE HEALTH PARTNERS OF NORTHERN CALIFORNIA (HPNC) OR UNITED HEALTHCARE (UHC) Medical Plan Carrier is based on employee's zip code. See Employee Benefit Guide for zip code list.	HDHP WITH HSA Employee Only \$432.00 Employee+1 \$864.50 Family \$1,167.00 EPO Employee Only \$516.50 Employee + 1 \$1,033.00 Family \$1,394.50 Health Savings Account (HSA) funded by the County: \$1,350 single per year. \$2,500 family per year. \$23.75 semi-monthly medical waive credit provided with proof of other coverage.	Employee/dependent HDHP coverage paid at approximately 95%. Please reference 2024 insurance rates for share-of-cost description. Employee/dependent EPO coverage paid at approximately 80%. Employees working a benefitted percentage schedule will have a reduced employer contribution toward health insurance benefits. 30-34 hours/week = 75% of the employer contribution. 35-39 hours/week = 90% of the employer contribution. Employee share will be deducted semi-monthly before tax from paycheck.	Premium Federal/State—No FICA/Medicare—No Retirement Contributable—No Waive Federal/State—Yes FICA/Medicare—Yes Retirement Contributable— Dependent on Retirement Tier
DENTAL INSURANCE DELTA DENTAL	CORE PLAN Employee Only \$15.50 Employee + 1 \$31.00 Family \$54.00 BUYUP PLAN Employee Only \$25.00 Employee + 1 \$50.00 Family \$86.50	Employee/dependent Dental coverage paid at 80% of the Core Plan. Employees working a benefitted percentage schedule will have a reduced contribution toward health insurance benefits. Employee share will be deducted semi-monthly before tax from paycheck.	Premium Federal/State—No FICA/Medicare—No Retirement Contributable—No
VISION INSURANCE VSP	CHOICE PLAN Employee Only \$3.75 Employee + 1 \$7.50 Family \$10.00	Employee/dependent Vision coverage paid at 80%. Employees working a benefitted percentage schedule will have a reduced contribution toward health insurance benefits. Employee share will be deducted semi-monthly before tax from paycheck.	Premium Federal/State—No FICA/Medicare—No Retirement Contributable—No
SUPPLEMENTAL EMPLOYEE AND SPOUSAL TERM AD&D LIFE INSURANCE AND CHILD TERM LIFE INSURANCE VOYA/RELIASTAR	Opt. 1 - \$ 20,000..... \$ 2.10 EE and SP Opt. 2 - \$ 30,000..... \$ 3.15 EE and SP Opt. 3 - \$ 50,000..... \$ 5.25 EE Only Opt. 4 - \$100,000..... \$10.50 EE Only Opt. 5 - \$150,000..... \$15.75 EE Only Opt. 6 - \$200,000..... \$21.00 EE Only Opt. 7 - \$250,000..... \$26.25 EE Only Opt. 8 - \$300,000..... \$31.50 EE Only Opt. 1 - \$ 10,000..... \$ 1.25 CH Only	This is a voluntary benefit offered to employees with two options available for spouses. All premiums will be deducted semi-monthly after tax from paycheck.	Premium Federal/State—Yes FICA/Medicare—Yes Retirement Contributable—No
BASIC TERM LIFE INSURANCE VOYA/RELIASTAR	Regular Employee Basic Term Life \$10,000 - \$0.45 Attorneys Basic Term Life and AD&D \$50,000 - \$2.73	County pays 100% of Basic Term and Basic Term AD&D Life insurance premiums.	Premium Federal/State—No FICA/Medicare—No Retirement Contributable—No
ACCIDENT AND CRITICAL ILLNESS INSURANCE VOYA/RELIASTAR	See Employee Benefit Guide for Rates.	These are voluntary benefits offered to employees and their dependents. All premiums will be deducted semi-monthly after tax from paycheck.	Premium Federal/State—Yes FICA/Medicare—Yes Retirement Contributable—No



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TYPE	BIWEEKLY	DESCRIPTION	SUBJECT TO TAXES
VACATION ACCRUAL	3.08 hours biweekly first 2 years. 4.62 hours biweekly beginning year 3 thru 10. 6.16 hours biweekly beginning year 11 thru 20. 7.70 hours biweekly beginning year 21. Prorated if work less than 80 hours base.	80 hours—2 weeks annually 120 hours—3 weeks annually 160 hours—4 weeks annually 200 hours—5 weeks annually Maximum depends on Bargaining Unit. MOU provisions apply as appropriate.	Taxed when time is used. Federal/State—Yes FICA/Medicare—Yes Retirement Contributable—Yes
VACATION FLOATS	0.62 hours biweekly - posted as part of per pay period vacation accrual.	16 hours total annually - additional vacation included in biweekly accruals.	Taxed when time is used. Federal/State—Yes FICA/Medicare—Yes Retirement Contributable—Yes
ANNUAL VACATION CASH OUT ALLOWANCE		Cash out per fiscal year contingent upon departmental budget/approval. See MOU provisions for cash-out amounts.	Federal/State—Yes FICA/Medicare—Yes Retirement Contributable— Dependent on Retirement Tier
TERM VACATION CASH OUT		Balance of hours paid at termination.	Federal/State—Yes FICA/Medicare—Yes Retirement Contributable—No
SICK LEAVE ACCRUAL	3.7 hours per pay period. Prorated if work less than 80 hours base.	96.20 hours annually.	Taxed when time is used. Federal/State—Yes FICA/Medicare—Yes Retirement Contributable—Yes
TERM SICK LEAVE CASH OUT		Please check applicable MOU for cash-out provisions.	Federal/State—Yes FICA/Medicare—Yes Retirement Contributable—No



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CONFIDENTIAL EMPLOYEES
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TYPE	SEMI-MONTHLY PREMIUMS	DESCRIPTION	SUBJECT TO TAXES
MEDICAL INSURANCE HEALTH PARTNERS OF NORTHERN CALIFORNIA (HPNC) OR UNITED HEALTHCARE (UHC) Medical Plan Carrier is based on employee's zip code. See Employee Benefit Guide for zip code list.	HDHP WITH HSA Employee Only..... \$432.00 Employee+1 \$864.50 Family..... \$1,167.00 EPO Employee Only..... \$516.50 Employee + 1 \$1,033.00 Family..... \$1,394.50 Health Savings Account (HSA) funded by the County: \$1,350 single per year. \$2,500 family per year. \$75.00 semi-monthly medical waive credit provided with proof of other coverage.	Employee/dependent HDHP coverage paid at approximately 95%. Please reference 2024 insurance rates for share-of-cost description. Employee/dependent EPO coverage paid at approximately 80%. Employees working a benefitted percentage schedule will have a reduced employer contribution toward health insurance benefits. 30-34 hours/week = 75% of the employer contribution. 35-39 hours/week = 90% of the employer contribution. Employee share will be deducted semi-monthly before tax from paycheck.	Premium Federal/State—No FICA/Medicare—No Retirement Contributable—No Waive Federal/State—Yes FICA/Medicare—Yes Retirement Contributable— Dependent on Retirement Tier
DENTAL INSURANCE DELTA DENTAL	CORE PLAN Employee Only..... \$15.50 Employee + 1 \$31.00 Family..... \$54.00 BUYUP PLAN Employee Only..... \$25.00 Employee + 1 \$50.00 Family..... \$86.50	Employee/dependent Dental coverage paid at 80% of the Core Plan. Employees working a benefitted percentage schedule will have a reduced contribution toward health insurance benefits. Employee share will be deducted semi-monthly before tax from paycheck.	Premium Federal/State—No FICA/Medicare—No Retirement Contributable—No
VISION INSURANCE VSP	CHOICE PLAN Employee Only..... \$3.75 Employee + 1 \$7.50 Family..... \$10.00	Employee/dependent Vision coverage paid at 80%. Employees working a benefitted percentage schedule will have a reduced contribution toward health insurance benefits. Employee share will be deducted semi-monthly before tax from paycheck.	Premium Federal/State—No FICA/Medicare—No Retirement Contributable—No
SUPPLEMENTAL EMPLOYEE AND SPOUSAL TERM AD&D LIFE INSURANCE AND CHILD TERM LIFE INSURANCE VOYA/RELIASTAR	Opt. 1 - \$ 20,000 \$ 2.10 EE and SP Opt. 2 - \$ 30,000 \$ 3.15 EE and SP Opt. 3 - \$ 50,000 \$ 5.25 EE Only Opt. 4 - \$100,000 \$10.50 EE Only Opt. 5 - \$150,000 \$15.75 EE Only Opt. 6 - \$200,000 \$21.00 EE Only Opt. 7 - \$250,000 \$26.25 EE Only Opt. 8 - \$300,000 \$31.50 EE Only Opt. 1 - \$ 10,000 - \$ 1.25 CH Only	This is a voluntary benefit offered to employees with two options available for spouses. All premiums will be deducted semi-monthly after tax from paycheck.	Premium Federal/State—Yes FICA/Medicare—Yes Retirement Contributable—No
BASIC TERM LIFE INSURANCE VOYA/RELIASTAR	Regular Employee Basic Term Life \$10,000 - \$0.45.	County pays 100% of Basic Term and Basic Term AD&D Life insurance premiums.	Premium Federal/State—No FICA/Medicare—No Retirement Contributable—No
ACCIDENT AND CRITICAL ILLNESS INSURANCE VOYA/RELIASTAR	See Employee Benefit Guide for rates.	These are voluntary benefits offered to employees and their dependents. All premiums will be deducted semi-monthly after tax from paycheck.	Premium Federal/State—Yes FICA/Medicare—Yes Retirement Contributable—No



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VACATION FLOATS	0.62 hours biweekly - posted as part of per pay period vacation accrual.	16 hours total annually - additional vacation included in biweekly accruals.	Taxed when time is used. Federal/State—Yes FICA/Medicare—Yes Retirement Contributable—Yes
ANNUAL VACATION CASH OUT ALLOWANCE		Cash out per fiscal year contingent upon departmental budget/approval. 40 hours with 100 hours minimum balance. 60 hours with 200 hours minimum balance.	Federal/State—Yes FICA/Medicare—Yes Retirement Contributable— Dependent on Retirement Tier
TERM VACATION CASH OUT		Balance of hours paid at termination.	Federal/State—Yes FICA/Medicare—Yes Retirement Contributable—No
SICK LEAVE ACCRUAL	3.7 hours per pay period. Prorated if less than 80 hours base.	96.20 hours annually.	Taxed when time is used. Federal/State—Yes FICA/Medicare—Yes Retirement Contributable—Yes
TERM SICK LEAVE CASH OUT		0% - 0-6 years of service. 25% - 6+ years of service. 50% - Upon retirement (service or disability) or death up to 600 hours or individual maximum set in 11/9/94 and 1/18/95. Employees receive hour for hour retirement service credit for any sick leave above 600 hours or their personal maximum amount.	Federal/State—Yes FICA/Medicare—Yes Retirement Contributable—No
DEFERRED COMPENSATION	1.0% of base wages.	County pays 1.0% of employee's base wages to designated deferred compensation plan.	Federal/State—No FICA/Medicare—No Retirement Contributable— Dependent on Retirement Tier
PROFESSIONAL DEVELOPMENT	\$400 annually (fiscal year).	Reimbursement allowance to assist eligible employees in achieving professional and educational growth related to their professional position. The allowance covers work-related expenditures such as classes and seminars, professional memberships, registration fees, educational materials, tools, and equipment. See policy for further detail.	Reimbursement can be either: Taxable Federal/State—Yes FICA/Medicare—Yes Retirement Contributable—No Non-Taxable Federal/State—No FICA/Medicare—No Retirement Contributable—No



**STANISLAUS COUNTY
MANAGEMENT EMPLOYEES*
2024 BENEFIT SUMMARY**

Revised 01/2024

*Management Lieutenants, please refer to your MOU.

TYPE	SEMI-MONTHLY PREMIUMS	DESCRIPTION	SUBJECT TO TAXES
MEDICAL INSURANCE HEALTH PARTNERS OF NORTHERN CALIFORNIA (HPNC) OR UNITED HEALTHCARE (UHC) Medical Plan Carrier is based on employee's zip code. See Employee Benefit Guide for zip code list.	HDHP WITH HSA Employee Only\$432.00 Employee+1.....\$864.50 Family\$1,167.00 EPO Employee Only\$516.50 Employee + 1\$1,033.00 Family\$1,394.50 Health Savings Account (HSA) funded by the County: \$1,350 single per year. \$2,500 family per year. \$75.00 semi-monthly medical waive credit provided with proof of other coverage.	Employee/dependent HDHP coverage paid at approximately 95%. Please reference 2024 insurance rates for share-of-cost description. Employee/dependent EPO coverage paid at approximately 80%. Employees working a benefitted percentage schedule will have a reduced employer contribution toward health insurance benefits. 30-34 hours/week = 75% of the employer contribution. 35-39 hours/week = 90% of the employer contribution. Employee share will be deducted semi-monthly before tax from paycheck.	Premium Federal/State—No FICA/Medicare—No Retirement Contributable—No Waive Federal/State—Yes FICA/Medicare—Yes Retirement Contributable— Dependent on Retirement Tier
DENTAL INSURANCE DELTA DENTAL	CORE PLAN Employee Only\$15.50 Employee + 1\$31.00 Family\$54.00 BUYUP PLAN Employee Only\$25.00 Employee + 1\$50.00 Family\$86.50	Employee/dependent Dental coverage paid at 80% of the Core Plan. Employees working a benefitted percentage schedule will have a reduced contribution toward health insurance benefits. Employee share will be deducted semi-monthly before tax from paycheck.	Premium Federal/State—No FICA/Medicare—No Retirement Contributable—No
VISION INSURANCE VSP	CHOICE PLAN Employee Only\$3.75 Employee + 1\$7.50 Family\$10.00	Employee/dependent Vision coverage paid at 80%. Employees working a benefitted percentage schedule will have a reduced contribution toward health insurance benefits. Employee share will be deducted semi-monthly before tax from paycheck.	Premium Federal/State—No FICA/Medicare—No Retirement Contributable—No
SUPPLEMENTAL EMPLOYEE AND SPOUSAL TERM AD&D LIFE INSURANCE AND CHILD TERM LIFE INSURANCE VOYA/RELIASTAR	Opt. 1 - \$ 20,000\$ 2.10 EE and SP Opt. 2 - \$ 30,000\$ 3.15 EE and SP Opt. 3 - \$ 50,000\$ 5.25 EE Only Opt. 4 - \$100,000\$10.50 EE Only Opt. 5 - \$150,000\$15.75 EE Only Opt. 6 - \$200,000\$21.00 EE Only Opt. 7 - \$250,000\$26.25 EE Only Opt. 8 - \$300,000\$31.50 EE Only Opt. 1 - \$ 10,000\$ 1.25 CH Only	This is a voluntary benefit offered to employees with two options available for spouses. All premiums will be deducted semi-monthly after tax from paycheck.	Premium Federal/State—Yes FICA/Medicare—Yes Retirement Contributable—No
BASIC TERM AD&D LIFE INSURANCE VOYA/RELIASTAR	Regular Employee Basic Term Life \$30,000 - \$1.64.	County pays 100% of Basic Term Life and AD&D insurance premiums.	Premium Federal/State—No FICA/Medicare—No Retirement Contributable—No
ACCIDENT AND CRITICAL ILLNESS INSURANCE VOYA/RELIASTAR	See Employee Benefit Guide for Rates.	These are voluntary benefits offered to employees and their dependents. All premiums will be deducted semi-monthly after tax from paycheck.	Premium Federal/State—Yes FICA/Medicare—Yes Retirement Contributable—No



STANISLAUS COUNTY MANAGEMENT EMPLOYEES* 2024 BENEFIT SUMMARY

Revised 01/2024

**Management Lieutenants, please refer to your MOU.*

TYPE	BIWEEKLY	DESCRIPTION	SUBJECT TO TAXES
VACATION ACCRUAL	3.08 hours biweekly first 2 years. 4.62 hours biweekly beginning year 3 thru 10. 6.16 hours biweekly beginning year 11 thru 20. 7.70 hours biweekly beginning year 21. Prorated if less than 80 hours base.	80 hours—2 weeks annually 120 hours—3 weeks annually 160 hours—4 weeks annually 200 hours—5 weeks annually Maximum of 800 hours plus one year accruals.	Taxed when time is used. Federal/State—Yes FICA/Medicare—Yes Retirement Contributable—Yes
VACATION FLOATS	1.24 hours biweekly - Posted as part of per pay period vacation accrual.	32 hours total annually - additional vacation included in biweekly accruals.	Taxed when time is used. Federal/State—Yes FICA/Medicare—Yes Retirement Contributable—Yes
ANNUAL VACATION CASH OUT ALLOWANCE		Twice in any 12-month period (total up to individual annual vacation accrual rate). Contingent upon departmental budget/approval.	Federal/State—Yes FICA/Medicare—Yes Retirement Contributable— Dependent on Retirement Tier
TERM VACATION CASH OUT		Balance of hours paid at termination.	Federal/State—Yes FICA/Medicare—Yes Retirement Contributable—No
MANAGEMENT LEAVE		56 hours per year, no carry over, no cash out. Use it or lose it. Prorated for new Manager.	Federal/State—Yes FICA/Medicare—Yes Retirement Contributable—Yes
SICK LEAVE ACCRUAL	3.7 hours per pay period. Prorated if less than 80 hours base.	96.20 hours annually.	Taxed when time is used. Federal/State—Yes FICA/Medicare—Yes Retirement Contributable—Yes
TERM SICK LEAVE CASH OUT		0% - Less than one year of service. 25% - Over one year of service. 75% - Upon retirement (service/disability) or death up to 600 hours or individual maximum set in 11/9/94 and 1/18/95. Employees receive hour for hour retirement service credit for any sick leave above 600 hours or their personal maximum amount.	Federal/State—Yes FICA/Medicare—Yes Retirement Contributable—No
SICK LEAVE CONVERSION		Convert sick leave to vacation time at open enrollment. Rate = 40%. Remaining sick leave balance = 500 hours.	Taxed when time is used. Federal/State—Yes FICA/Medicare—Yes Retirement Contributable—Yes
DEFERRED COMPENSATION	1.5% of base wages.	County pays 1.5% of employee's base wages to designated deferred compensation plan.	Federal/State—No FICA/Medicare—No Retirement Contributable— Dependent on Retirement Tier
PROFESSIONAL DEVELOPMENT	\$900 annually (fiscal year).	Reimbursement allowance to assist eligible employees in achieving professional and educational growth related to their professional position. The allowance covers work-related expenditures such as classes and seminars, professional memberships, registration fees, educational materials, tools, and equipment. See policy for further details.	Reimbursement can be either: Taxable Federal/State—Yes FICA/Medicare—Yes Retirement Contributable—No Non-Taxable Federal/State—No FICA/Medicare—No Retirement Contributable—No
SHORT TERM DISABILITY		Waiting period—7 days. On day 8 receive 50% biweekly salary for eleven months when completely disabled.	Federal/State—Yes FICA/Medicare—Yes Retirement Contributable—Yes
LONG TERM DISABILITY		60% to a maximum of \$6,000 per month. Waiting period—365 days.	Premium Federal/State—No FICA/Medicare—Yes Retirement Contributable—No
CAR ALLOWANCE	\$0, \$46.15 or \$92.30 per pay period, plus mileage. Based on Department Head discretion.	\$0, \$1,200 or \$2,400 annually based on determination of Department Head.	Federal/State—Yes FICA/Medicare—Yes Retirement Contributable— Dependent on Retirement Tier
MOVING ALLOWANCE	Recruited from out-of-County up to \$5,000. Paid by the Department.	See Personnel Policy Tab 12.	Federal/State—Yes FICA/Medicare—Yes Retirement Contributable—No



**STANISLAUS COUNTY
MANAGEMENT ATTORNEY EMPLOYEES
2024 BENEFIT SUMMARY**
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TYPE	SEMI-MONTHLY PREMIUMS	DESCRIPTION	SUBJECT TO TAXES
MEDICAL INSURANCE HEALTH PARTNERS OF NORTHERN CALIFORNIA (HPNC) OR UNITED HEALTHCARE (UHC) Medical Plan Carrier is based on employee's zip code. See Employee Benefit Guide for zip code list.	HDHP WITH HSA Employee Only\$432.00 Employee+1.....\$864.50 Family\$1,167.00 EPO Employee Only\$516.50 Employee + 1\$1,033.00 Family\$1,394.50 Health Savings Account (HSA) funded by the County: \$1,350 single per year. \$2,500 family per year. \$75.00 semi-monthly medical waive credit provided with proof of other coverage.	Employee/dependent HDHP coverage paid at approximately 95%. Please reference 2024 insurance rates for share-of-cost description. Employee/dependent EPO coverage paid at approximately 80%. Employees working a benefitted percentage schedule will have a reduced employer contribution toward health insurance benefits. 30-34 hours/week = 75% of the employer contribution. 35-39 hours/week = 90% of the employer contribution. Employee share will be deducted semi-monthly before tax from paycheck.	Premium Federal/State—No FICA/Medicare—No Retirement Contributable—No Waive Federal/State—Yes FICA/Medicare—Yes Retirement Contributable— Dependent on Retirement Tier
DENTAL INSURANCE DELTA DENTAL	CORE PLAN Employee Only\$15.50 Employee + 1\$31.00 Family\$54.00 BUYUP PLAN Employee Only\$25.00 Employee + 1\$50.00 Family\$86.50	Employee/dependent Dental coverage paid at 80% of the Core Plan. Employees working a benefitted percentage schedule will have a reduced contribution toward health insurance benefits. Employee share will be deducted semi-monthly before tax from paycheck.	Premium Federal/State—No FICA/Medicare—No Retirement Contributable—No
VISION INSURANCE VSP	CHOICE PLAN Employee Only\$3.75 Employee + 1\$7.50 Family\$10.00	Employee/dependent Vision coverage paid at 80%. Employees working a benefitted percentage schedule will have a reduced contribution toward health insurance benefits. Employee share will be deducted semi-monthly before tax from paycheck.	Premium Federal/State—No FICA/Medicare—No Retirement Contributable—No
SUPPLEMENTAL EMPLOYEE AND SPOUSAL TERM AD&D LIFE INSURANCE AND CHILD TERM LIFE INSURANCE VOYA/RELIASTAR	Opt. 1 - \$ 20,000\$ 2.10 EE and SP Opt. 2 - \$ 30,000\$ 3.15 EE and SP Opt. 3 - \$ 50,000\$ 5.25 EE Only Opt. 4 - \$100,000\$10.50 EE Only Opt. 5 - \$150,000\$15.75 EE Only Opt. 6 - \$200,000\$21.00 EE Only Opt. 7 - \$250,000\$26.25 EE Only Opt. 8 - \$300,000\$31.50 EE Only Opt. 1 - \$ 10,000\$ 1.25 CH Only	This is a voluntary benefit offered to employees with two options available for spouses. All premiums will be deducted semi-monthly after tax from paycheck.	Premium Federal/State—Yes FICA/Medicare—Yes Retirement Contributable—No
BASIC TERM AD&D LIFE INSURANCE VOYA/RELIASTAR	Regular Employee Basic Term Life \$30,000 - \$1.64	County pays 100% of Basic Term Life and AD&D insurance premiums.	Premium Federal/State—No FICA/Medicare—No Retirement Contributable—No
ACCIDENT AND CRITICAL ILLNESS INSURANCE VOYA/RELIASTAR	See Employee Benefit Guide for Rates.	These are voluntary benefits offered to employees and their dependents. All premiums will be deducted semi-monthly after tax from paycheck.	Premium Federal/State—Yes FICA/Medicare—Yes Retirement Contributable—No



**STANISLAUS COUNTY
MANAGEMENT ATTORNEY EMPLOYEES
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VACATION FLOATS	1.24 hours biweekly - Posted as part of per pay period vacation accrual.	32 hours total annually - additional vacation included in biweekly accruals.	Taxed when time is used. Federal/State—Yes FICA/Medicare—Yes Retirement Contributable—Yes
ANNUAL VACATION CASH OUT ALLOWANCE		Twice in any 12-month period (total up to individual annual vacation accrual rate). Contingent upon departmental budget/approval.	Federal/State—Yes FICA/Medicare—Yes Retirement Contributable— Dependent on Retirement Tier
TERM VACATION CASH OUT		Balance of hours paid at termination.	Federal/State—Yes FICA/Medicare—Yes Retirement Contributable—No
MANAGEMENT LEAVE		60 hours per year, no carry over, no cash out. Use it or lose it. Prorated for new Management Attorney.	Federal/State—Yes FICA/Medicare—Yes Retirement Contributable—Yes
SICK LEAVE ACCRUAL	3.7 hours per pay period. Prorated if less than 80 hours base.	96.20 hours annually.	Taxed when time is used. Federal/State—Yes FICA/Medicare—Yes Retirement Contributable—Yes
TERM SICK LEAVE CASH OUT		0% - Less than one year of service. 25% - Over one year of service. 75% - Upon retirement (service/disability) or death up to 600 hours or individual maximum set in 11/9/94 and 1/18/95. Employees receive hour for hour retirement service credit for any sick leave above 600 hours or their personal maximum amount.	Federal/State—Yes FICA/Medicare—Yes Retirement Contributable—No
SICK LEAVE CONVERSION		Convert sick leave to vacation time at open enrollment. Rate = 40%. Remaining sick leave balance = 500 hours.	Taxed when time is used. Federal/State—Yes FICA/Medicare—Yes Retirement Contributable—Yes
DEFERRED COMPENSATION	1.5% of base wages.	County pays 1.5% of employee's base wages to designated deferred compensation plan.	Federal/State—No FICA/Medicare—No Retirement Contributable— Dependent on Retirement Tier
PROFESSIONAL DEVELOPMENT	\$900 annually (fiscal year).	Reimbursement allowance to assist eligible employees in achieving professional and educational growth related to their professional position. The allowance covers work-related expenditures such as classes and seminars, professional memberships, registration fees, educational materials, tools, and equipment. See policy for further details.	Reimbursement can be either: Taxable Federal/State—Yes FICA/Medicare—Yes Retirement Contributable—No Non-Taxable Federal/State—No FICA/Medicare—No Retirement Contributable—No
BAR DUES	Applicable rate.	Paid annually by the Department.	Not applicable.
SHORT TERM DISABILITY		Waiting period—7 days. On day 8 receive 50% biweekly salary for eleven months when completely disabled.	Federal/State—Yes FICA/Medicare—Yes Retirement Contributable—Yes
LONG TERM DISABILITY		60% to a maximum of \$6,000 per month. Waiting period—365 days.	Premium Federal/State—No FICA/Medicare—Yes Retirement Contributable—No
CAR ALLOWANCE	\$0, \$46.15 or \$92.30 per pay period, plus mileage. Based on Department Head discretion.	\$0, \$1,200 or \$2,400 based on determination of Department Head.	Federal/State—Yes FICA/Medicare—Yes Retirement Contributable— Dependent on Retirement Tier
MOVING ALLOWANCE	Recruited from out-of-County up to \$5,000. Paid by the Department.	See Personnel Policy. Tab 12.	Federal/State—Yes FICA/Medicare—Yes Retirement Contributable—No



**STANISLAUS COUNTY
DEPARTMENT HEADS
2024 BENEFIT SUMMARY**
Revised 01/2024

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DENTAL INSURANCE DELTA DENTAL	CORE PLAN Employee Only\$15.50 Employee + 1\$31.00 Family\$54.00 BUYUP PLAN Employee Only\$25.00 Employee + 1\$50.00 Family\$86.50	Employee/dependent Dental coverage paid at approximately 80% of the Core Plan. Employees working a benefitted percentage schedule will have a reduced contribution toward health insurance benefits. Employee share will be deducted semi-monthly before tax from paycheck.	Premium Federal/State—No FICA/Medicare—No Retirement Contributable—No
VISION INSURANCE VSP	CHOICE PLAN Employee Only\$3.75 Employee + 1\$7.50 Family\$10.00	Employee/dependent Vision coverage paid at approximately 80%. Employees working a benefitted percentage schedule will have a reduced contribution toward health insurance benefits. Employee share will be deducted semi-monthly before tax from paycheck.	Premium Federal/State—No FICA/Medicare—No Retirement Contributable—No
SUPPLEMENTAL EMPLOYEE AND SPOUSAL TERM AD&D LIFE INSURANCE AND CHILD TERM LIFE INSURANCE VOYA/RELIASTAR	Opt. 1 - \$ 20,000\$ 2.10 EE and SP Opt. 2 - \$ 30,000\$ 3.15 EE and SP Opt. 3 - \$ 50,000\$ 5.25 EE Only Opt. 4 - \$100,000\$10.50 EE Only Opt. 5 - \$150,000\$15.75 EE Only Opt. 6 - \$200,000\$21.00 EE Only Opt. 7 - \$250,000\$26.25 EE Only Opt. 8 - \$300,000\$31.50 EE Only Opt. 1 - \$ 10,000\$ 1.25 CH Only	This is a voluntary benefit offered to employees with two options available for spouses. All premiums will be deducted semi-monthly after tax from paycheck.	Premium Federal/State—Yes FICA/Medicare—Yes Retirement Contributable—No
BASIC TERM AD&D LIFE INSURANCE VOYA/RELIASTAR	Regular Employee Basic Term Life \$30,000 - \$1.64.	County pays 100% of Basic Term Life and AD&D insurance premiums.	Premium Federal/State—No FICA/Medicare—No Retirement Contributable—No
ACCIDENT AND CRITICAL ILLNESS INSURANCE VOYA/RELIASTAR	See Employee Benefit Guide for Rates.	These are voluntary benefits offered to employees and their dependents. All premiums will be deducted semi-monthly after tax from paycheck.	Premium Federal/State—Yes FICA/Medicare—Yes Retirement Contributable—No



**STANISLAUS COUNTY
DEPARTMENT HEADS
2024 BENEFIT SUMMARY**
Revised 01/2024

TYPE	BIWEEKLY	DESCRIPTION	SUBJECT TO TAXES
VACATION ACCRUAL	4.62 hours biweekly first year. 6.16 hours biweekly beginning year 2 thru 20. 7.70 hours biweekly beginning year 21. Prorated if less than 80 hours base.	120 hours—3 weeks annually. 160 hours—4 weeks annually. 200 hours—5 weeks annually. Maximum of 800 hours plus one year accruals or their actual balance on 12/15/95 if more than 800 hours.	Taxed when time is used. Federal/State—Yes FICA/Medicare—Yes Retirement Contributable—Yes
VACATION FLOATS	1.24 hours biweekly - posted as part of per pay period vacation accrual.	32 hours total annually - additional vacation included in biweekly accruals.	Taxed when time is used. Federal/State—Yes FICA/Medicare—Yes Retirement Contributable—Yes
ANNUAL VACATION CASH OUT ALLOWANCE		Twice in any 12-month period (total up to individual annual vacation accrual rate). Contingent upon departmental budget/approval.	Federal/State—Yes FICA/Medicare—Yes Retirement Contributable— Dependent on Retirement Tier
TERM VACATION CASH OUT		Balance of hours paid at termination.	Federal/State—Yes FICA/Medicare—Yes Retirement Contributable—No
MANAGEMENT LEAVE		56 hours per year, no carry over, no cash out. Use it or lose it. Prorated for new Department Head.	Federal/State—Yes FICA/Medicare—Yes Retirement Contributable—Yes
SICK LEAVE ACCRUAL	3.7 hours per pay period. Prorated if less than 80 hours base.	96.20 hours annually.	Taxed when time is used. Federal/State—Yes FICA/Medicare—Yes Retirement Contributable—Yes
TERM SICK LEAVE CASH OUT		0% - Less than one year of service. 25% - Over one year of service. 75% - Upon retirement (service or disability) or death up to 600 hours or individual maximum set in 11/9/94 and 1/18/95. Employees receive hour for hour retirement service credit for any sick leave above 600 hours or their personal maximum amount.	Federal/State—Yes FICA/Medicare—Yes Retirement Contributable—No
SICK LEAVE CONVERSION		Convert sick leave to vacation time at open enrollment. Rate = 40%. Remaining sick leave balance = 500 hours.	Taxed when time is used. Federal/State—Yes FICA/Medicare—Yes Retirement Contributable—Yes
DEFERRED COMPENSATION	2.0% of base wages.	County pays 2.0% of employee's base wages to designated deferred compensation plan.	Federal/State—No FICA/Medicare—No Retirement Contributable— Dependent on Retirement Tier
PROFESSIONAL DEVELOPMENT	\$1,200 annually (fiscal year).	Reimbursement allowance to assist eligible employees in achieving professional and educational growth related to their professional position. The allowance covers work-related expenditures such as classes and seminars, professional memberships, registration fees, educational materials, tools, and equipment. See policy for further details.	Reimbursement can be either: Taxable Federal/State—Yes FICA/Medicare—Yes Retirement Contributable—No Non-Taxable Federal/State—No FICA/Medicare—No Retirement Contributable—No
SHORT TERM DISABILITY		Waiting period—7 days. On day 8 receive 50% biweekly salary for eleven months when completely disabled.	Federal/State—Yes FICA/Medicare—Yes Retirement Contributable—Yes
LONG TERM DISABILITY		60% to a maximum of \$6,000 per month. Waiting period—365 days.	Premium Federal/State—No FICA/Medicare—Yes Retirement Contributable—No
CAR ALLOWANCE	\$184.62 per pay period, plus mileage.	\$4,800 annually.	Federal/State—Yes FICA/Medicare—Yes Retirement Contributable— Dependent on Retirement Tier
MOVING ALLOWANCE	Recruited from out-of-County up to \$7,500. Paid by the Department.	See Personnel Policy Tab 12.	Federal/State—Yes FICA/Medicare—Yes Retirement Contributable—No



**STANISLAUS COUNTY
BOARD MEMBERS AND OTHER ELECTED OFFICIALS
2024 BENEFIT SUMMARY**
Revised 01/2024

TYPE	SEMI-MONTHLY PREMIUMS	DESCRIPTION	SUBJECT TO TAXES
MEDICAL INSURANCE HEALTH PARTNERS OF NORTHERN CALIFORNIA (HPNC) OR UNITED HEALTHCARE (UHC) Medical Plan Carrier is based on employee's zip code. See Employee Benefit Guide for zip code list.	HDHP WITH HSA Employee Only..... \$432.00 Employee+1 \$864.50 Family..... \$1,167.00 EPO Employee Only..... \$516.50 Employee + 1 \$1,033.00 Family..... \$1,394.50 Health Savings Account (HSA) funded by the County: \$1,350 single per year. \$2,500 family per year. \$75.00 semi-monthly medical waive credit provided with proof of other coverage.	Employee/dependent HDHP coverage paid at approximately 95%. Please reference 2024 insurance rates for share-of-cost description. Employee/dependent EPO coverage paid at approximately 80%. Employees working a benefitted percentage schedule will have a reduced contribution toward health insurance benefits. 30-34 hours/week = 75% of the employer contribution. 35-39 hours/week = 90% of the employer contribution. Employee share will be deducted semi-monthly before tax from paycheck.	Premium Federal/State—No FICA/Medicare—No Retirement Contributable—No Waive Federal/State—Yes FICA/Medicare—Yes Retirement Contributable— Dependent on Retirement Tier
DENTAL INSURANCE DELTA DENTAL	CORE PLAN Employee Only.....\$15.50 Employee + 1\$31.00 Family.....\$54.00 BUYUP PLAN Employee Only.....\$25.00 Employee + 1\$50.00 Family.....\$86.50	Employee/dependent Dental coverage paid at 80% of the Core Plan. Employees working a benefitted percentage schedule will have a reduced contribution toward health insurance benefits. Employee share will be deducted semi-monthly before tax from paycheck.	Premium Federal/State—No FICA/Medicare—No Retirement Contributable—No
VISION INSURANCE VSP	CHOICE PLAN Employee Only.....\$3.75 Employee + 1\$7.50 Family.....\$10.00	Employee/dependent Vision coverage paid at 80%. Employees working a benefitted percentage schedule will have a reduced contribution toward health insurance benefits. Employee share will be deducted semi-monthly before tax from paycheck.	Premium Federal/State—No FICA/Medicare—No Retirement Contributable—No
SUPPLEMENTAL EMPLOYEE AND SPOUSAL TERM AD&D LIFE INSURANCE AND CHILD TERM LIFE INSURANCE VOYA/RELIASTAR	Opt. 1 - \$ 20,000\$ 2.10 EE and SP Opt. 2 - \$ 30,000\$ 3.15 EE and SP Opt. 3 - \$ 50,000\$ 5.25 EE Only Opt. 4 - \$100,000\$10.50 EE Only Opt. 5 - \$150,000\$15.75 EE Only Opt. 6 - \$200,000\$21.00 EE Only Opt. 7 - \$250,000\$26.25 EE Only Opt. 8 - \$300,000\$31.50 EE Only Opt. 1 - \$ 10,000\$ 1.25 CH Only	This is a voluntary benefit offered to employees with two options available for spouses. All premiums will be deducted semi-monthly after tax from paycheck.	Premium Federal/State—Yes FICA/Medicare—Yes Retirement Contributable—No
BASIC TERM AD&D LIFE INSURANCE VOYA/RELIASTAR	Regular Employee Basic Term Life \$30,000 - \$1.64.	County pays 100% of Basic Term Life and AD&D insurance premiums.	Premium Federal/State—No FICA/Medicare—No Retirement Contributable—No
ACCIDENT AND CRITICAL ILLNESS INSURANCE VOYA/RELIASTAR	See Employee Benefit Guide for Rates.	These are voluntary benefits offered to employees and their dependents. All premiums will be deducted semi-monthly after tax from paycheck.	Premium Federal/State—Yes FICA/Medicare—Yes Retirement Contributable—No



**STANISLAUS COUNTY
BOARD MEMBERS AND OTHER ELECTED OFFICIALS
2024 BENEFIT SUMMARY**
Revised 01/2024

TYPE	BIWEEKLY	DESCRIPTION	SUBJECT TO TAXES
VACATION ACCRUAL		Not applicable.	
VACATION FLOATS		Not applicable.	
ANNUAL VACATION CASH OUT ALLOWANCE		Applies to any banked vacation earned prior to elected office. Twice in any 12-month period (total up to individual annual vacation accrual rate). Contingent upon department budget/approval.	Federal/State—Yes FICA/Medicare—Yes Retirement Contributable— Dependent on Retirement Tier
TERM VACATION CASH OUT		Not applicable.	
MANAGEMENT LEAVE		Not applicable.	
SICK LEAVE ACCRUAL		Not applicable.	
TERM SICK LEAVE CASH OUT		Not applicable.	
SICK LEAVE CONVERSION		Not applicable.	
DEFERRED COMPENSATION	2.0% of base wages.	County pays 2.0% of employee's base wages to designated deferred compensation plan.	Federal/State—No FICA/Medicare—No Retirement Contributable— Dependent on Retirement Tier
PROFESSIONAL DEVELOPMENT	\$1,200 annually (fiscal year).	Reimbursement allowance to assist eligible employees in achieving professional and educational growth related to their professional position. The allowance covers work-related expenditures such as classes and seminars, professional memberships, registration fees, educational materials, tools, and equipment. See policy for further details.	Reimbursement can be either: Taxable Federal/State—Yes FICA/Medicare—Yes Retirement Contributable—No Non-Taxable Federal/State—No FICA/Medicare—No Retirement Contributable—No
SHORT TERM DISABILITY		Not applicable.	
LONG TERM DISABILITY		60% to a maximum of \$6,000 per month. Waiting period—365 days.	Premium Federal/State—No FICA/Medicare—Yes Retirement Contributable—No
CAR ALLOWANCE	\$184.62 per pay period, plus mileage.	\$4,800 annually.	Federal/State—Yes FICA/Medicare—Yes Retirement Contributable— Dependent on Retirement Tier
MOVING ALLOWANCE		Not applicable.	