

**2016 City of Thousand Oaks Benefits Matrix**  
**CITY-PAID MONTHLY CONTRIBUTIONS**  
**Effective January 1, 2016**

<b>City of Thousand Oaks City Benefits</b>	<b>General Employees</b>	<b>Professional Employees</b>	<b>Supervisory, Senior Managers, &amp; Confidential Employees</b>	<b>Executive Employees</b>	<b>City Council</b>
<b>CAFETERIA PLAN:</b>					
Total city contribution (to use toward medical premiums and/or optional programs, FSA's, life insurance, or cash back):	\$620	\$620	\$620	\$620	n/a
<b>MEDICAL PROVIDER:</b>	<b>CalPERS</b>	<b>CalPERS</b>	<b>CalPERS</b>	<b>CalPERS</b>	<b>CalPERS</b>
CalPERS Health Plan?	Yes	Yes	Yes	Yes	Yes
Other Health Plan?	No	No	No	No	No
Employer medical contribution (mo. max.)	\$435	\$435	\$435	\$435	PEMHCA min. (\$125.00)
Maximum Cash Back Value	\$700	\$700	\$700	\$700	n/a
<b>DENTAL PROVIDER:</b>	<b>Delta Dental</b>	<b>Delta Dental</b>	<b>Delta Dental</b>	<b>Delta Dental</b>	<b>Delta Dental</b>
Employer contribution (mo. max.)	\$175	\$175	\$175	\$175	\$175
<b>VISION INSURANCE PROVIDER:</b>	<b>Medical Eye Services</b>	<b>Medical Eye Services</b>	<b>Medical Eye Services</b>	<b>Medical Eye Services</b>	<b>Medical Eye Services</b>
Employer contribution (mo. max.)	\$17	\$17	\$17	\$17	\$17
<b>EAP PROVIDER:</b>	<b>Bensinger, DuPont &amp; Associates (BDA)</b>	<b>Bensinger, DuPont &amp; Associates (BDA)</b>	<b>Bensinger, DuPont &amp; Associates (BDA)</b>	<b>Bensinger, DuPont &amp; Associates (BDA)</b>	<b>Bensinger, DuPont &amp; Associates (BDA)</b>
Employer contribution (mo. max.)	.10 for FT EE	.10 for FT EE	.10 for FT EE	.10 for FT EE	\$.35
<b>LIFE INSURANCE PROVIDER:</b>	<b>The Standard</b>	<b>The Standard</b>	<b>The Standard</b>	<b>The Standard</b>	
Employee Policy (employer paid)	2x annual up to \$100,000 max./\$14	\$100,000 /\$14	\$100,000 /\$14	\$200,000 /\$28	n/a
Basic AD & D (employer paid)	.025 / 1,000	.025 / 1,000	.025 / 1,000	.025 / 1,000	n/a
Dependent Policy (employer paid)	n/a	\$5000/\$.80	\$5000/\$.80	\$5000/\$.80	n/a
Travel Accident Policy	n/a	n/a	n/a	\$250,000	\$250,000
<b>LTD PROVIDER:</b>	<b>The Standard</b>	<b>The Standard</b>	<b>The Standard</b>	<b>The Standard</b>	
Elimination period	Later of 30 days or when all sick leave used	Later of 30 days or when empl. stops annual leave use	Later of 30 days or when empl. stops annual leave use	Later of 30 days or when empl. stops annual leave use	n/a
Benefit / max. mo. (employer paid)	66.67%	66.67%	66.67%	66.67%	n/a
<b>DEFERRED COMPENSATION PROVIDER:</b>	<b>ICMA-RC</b>	<b>ICMA-RC</b>	<b>ICMA-RC</b>	<b>ICMA-RC</b>	
Plan / max. mo. (employer paid)	401(a) -- \$100/mo	401(a) / 1% salary	401(a) / 3% salary	401(a) / 6% salary (EE pays 6%)	n/a
<b>RETIREMENT – 'Classic' Members</b>	<b>CalPERS</b>	<b>CalPERS</b>	<b>CalPERS</b>	<b>CalPERS</b>	<b>CalPERS</b>
Employer pays <u>employee</u> cost?	No	No	No	No	No
% Formula for Non-Safety?	2% @ 55	2% @ 55	2% @ 55	2% @ 55	2% @ 55
EPMC reported as income?	No	No	No	No	No
Single Highest Year Benefit?	Yes	Yes	Yes	Yes	Yes
Retiree Medical (employer paid)	\$435/mo.	\$435/mo.	\$435/mo.	\$435/mo.	PEMHCA min. (\$125.00)

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<b>RETIREMENT – ‘New’ Members</b>	<b>CalPERS</b>	<b>CalPERS</b>	<b>CalPERS</b>	<b>CalPERS</b>	<b>CalPERS</b>
Employer pays <u>employee</u> cost?	No	No	No	No	No
% Formula for Non-Safety?	2.5% @ 67	2.5% @ 67	2.5% @ 67	2.5% @ 67	Opt-in Option
EPMC reported as income?	No	No	No	No	No
Three - Highest Year Benefit?	Yes	Yes	Yes	Yes	Yes
Retiree Medical (employer paid)	\$435/mo.	\$435/mo.	\$435/mo.	\$435/mo.	PEMHCA min. (\$125.00)
<b>LEAVES, HOLIDAYS</b>					
Holiday hours (# per year)	104	104	104	104	n/a
Floating holidays (# per year)	n/a	n/a	n/a	n/a	n/a
<b>Vacation (based on service years)</b>					
A. min. hrs. per yr./ # years	100 / up to 4 yrs.	n/a	n/a	n/a	n/a
B. max. hrs. per yr./ # years	228 / up to 28+ yrs.	n/a	n/a	n/a	n/a
<b>Sick Leave (based on service years)</b>					
A. min. hrs. per yr./ # years	96	n/a	n/a	n/a	n/a
B. max. hrs. per yr./ # years	96	n/a	n/a	n/a	n/a
<b>Sick Leave Conversion</b>					
A. Upon termination	no cash out	no cash out	no cash out	no cash out	n/a
B. Upon retirement	credited to service yrs.	credited to service yrs.	credited to service yrs.	credited to service yrs.	n/a
<b>Comprehensive Annual Leave (vacation/sick)</b>					
A. min. hrs. per yr/ # years	n/a	190 / up to 4 yrs.	190 / up to 4 yrs.	190 / up to 4 yrs.	n/a
B. max. hrs. per yr/ # years	n/a	322 / 29+ yrs.	322 / 29+ yrs.	322 / 29+ yrs.	n/a
<b>Administrative Leave</b>	n/a	n/a	40 hrs.	40 hrs.	n/a
<b>OTHER FRINGE BENEFITS</b>					
Car Allowance	n/a	n/a	n/a	\$413/mo.	n/a
Mileage Reimbursement Amount	federal rate	federal rate	federal rate	0	federal rate
Annual City Wellness	n/a	n/a	400/yr.	400/yr.	n/a
Physical - \$ max. paid / frequency	n/a	n/a	n/a	\$350/yr.	\$300/yr.
Tuition Reimbursement (max. amt.)	AA - \$1,000/FY BA - \$5,000/FY MA - \$5,000/FY	AA - \$1,000/FY BA - \$5,000/FY MA - \$5,000/FY	AA - \$1,000/FY BA - \$5,000/FY MA - \$5,000/FY	AA - \$1,000/FY BA - \$5,000/FY MA - \$5,000/FY	AA - \$1,000/FY BA - \$5,000/FY MA - \$5,000/FY
Computer Purchase Program Loan / Term (i.e., interest/repayment)	\$3000 0%/3 yrs.	\$3000 0%/3 yrs.	\$3000 0%/3 yrs.	\$3000 0%/3 yrs.	\$3000 0%/3yrs.
Relocation Assistance (max. amt.)	n/a	n/a	n/a	n/a	n/a
Safety Shoes	\$175/yr.	\$150/yr.	\$150/yr.	n/a	n/a
Bilingual Pay	\$50/mo.	\$50/mo.	n/a	n/a	n/a
<b>PAY PROGRAM</b>					
Is employee group on merit step increase? What % increase?	Yes / 5%	No	No	No	n/a
Is employee group on flexible % increase <b>or</b> Pay for Performance?	No	Pay for Performance 0.0% - 4.0% annually	Pay for Performance 0.0% - 4.0% annually	Pay for Performance 0.0% - 4.0% annually	n/a

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Does group receive Cost of Living Adjustment?	No	No	No	No	No, must comply with Govt. Code 36516

<b>EMPLOYEE-PAID OPTIONAL BENEFITS</b>					
Term Life Insurance (Standard)	Up to \$300,000	Up to \$300,000	Up to \$300,000	Up to \$300,000	n/a
Universal Life Insurance (ING)	Up to \$500,000	Up to \$500,000	Up to \$500,000	Up to \$500,000	n/a
Critical Illness Insurance (Allstate)	Empl. only or family	n/a			
Legal Club of America (Family Protection Plan)	Empl. only or family	n/a			
Personal Accident Insurance (AFLAC)	Empl. only or family	n/a			
Hospital Protection/Confinement (AFLAC)	Empl. only or family	n/a			
Dental Supplemental Plan (AFLAC)	Emp. only or family	n/a			
Cancer Plan (AFLAC)	Emp. only or Family	n/a			
Health Care Flexible Spending Account	\$2,500/yr. max.	\$2,500/yr. max.	\$2,500/yr. max.	\$2,500/yr. max.	n/a
Dependent Care Flexible Spending Account	\$5,000/yr. max.	\$5,000/yr. max.	\$5,000/yr. max.	\$5,000/yr. max.	n/a
457 Deferred Compensation (pre-tax)	Up to IRS max.	Up to IRS max.			