## CITY OF LIVERMORE BENEFITS SUMMARY\*\* CITY MANAGER – At Will

**Updated: 1/2023** 

BENEFIT	DESCRIPTION
SALARY AND INCREASES	Effective Date: 12/05/2022 Salary: \$317,200/year
\$1,950/month Employer paid	For medical, dental, vision, additional and supplemental life insurance; unused balance paid in cash.
LIFE & AD&D INSURANCE \$30.80/month Employer paid	\$175,000 basic term life
Employee paid (optional)	Employee option to purchase \$25,000 additional life and supplemental life to \$500,000.
LONG TERM DISABILITY INSURANCE (LTD)	60% of base monthly earnings up to \$6,000/month maximum.  180-day waiting period.
Employer paid–max \$30.60/month	
LONG TERM CARE INSURANCE Employer paid	Long Term Care Facility and 100% Home Care to \$3,000/month with 90-day elimination period; 6 year duration.
RETIREMENT  California Public Employees' Retirement System (CalPERS)	<ul> <li>2.0% at 62 full formula</li> <li>36 consecutive months Final Compensation</li> <li>Credit for Unused Sick Leave</li> <li>4th Level 1959 Survivor Benefit</li> </ul>
Member Misc. Rate – 6.75% (Employee paid) Employer Miscellaneous Rate 38.76% (Eff. 7/22)	Military Service Credit
MEDICARE  1.45% Employer paid	For employees hired after 3/31/86, employee pays 1.45%.
RETIREE HEALTH SAVINGS (RHS)	City contribution of 4% base pay to a Retirement Health Savings account.
VACATION ACCRUAL	192.4 hours per year; maximum accrual of 400 hours.  Employee may cash out any amount of accrued vacation each year; any portion may be applied to deferred compensation.

<sup>1</sup> 

<sup>\*\*</sup> The information contained in this document is a summary of benefits provided to City of Livermore employees. For specific information, please refer to the applicable bargaining unit agreement or contact the Human Resources Department. Any errors or omissions do not constitute either an expressed or implied contract.

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BENEFIT	DESCRIPTION
HOLIDAYS	12 observed holidays.
SICK LEAVE ACCRUAL	96.2 hours/year for full-time
	Unlimited sick leave accumulation. CalPERS sick leave conversion for unused sick leave at retirement.
SICK LEAVE USAGE: • FAMILY SICK LEAVE	Immediate Family Illness: One-half of employee's annual accrual (6 days max per year)
• PARENTAL LEAVE	32 hours for male or non-birthing parent employee for birth of child. 32 hours for any employee for adoption.
BEREAVEMENT/     FUNERAL LEAVE	24 hours maximum use of accumulated sick leave only in event of death of sister-in-law or brother-in-law.  Extension of 16 hours use of sick leave with approval.
BEREAVEMENT/ FUNERAL LEAVE	24 hours maximum paid leave in the event of death in employee's immediate family: spouse, children of employee or of employee's spouse, other relative living with employee or receiving full support from employee, mother, father, brother, sister, grandchild, grandparent, father-in-law, mother-in-law, and registered domestic partner.
ADMINISTRATIVE LEAVE	128 hours/year.
	Must be used in payroll calendar year; no carryover, no cashout.
PREGNANCY DISABILITY LEAVE AND FMLA/CFRA	Benefit provided as per regulations: Federal Family and Medical Leave Act (FMLA), California Family Rights Act (CFRA), and California Pregnancy Disability Act (PDL).
	Employee may use accrued leaves in compliance with City rules and regulations.

<sup>2</sup> 

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BENEFIT	DESCRIPTION
DEFERRED COMPENSATION	Employee option to \$22,500 maximum for calendar year 2023.
Employer Contribution: \$185 (with required EE match of \$75)	<u>Catch-up limits:</u> <u>50+ Catch-up</u> \$45,000 \$7,500
401(a) (Voluntary)	<ul> <li>Irrevocable Pay Election (pretax salary 0 – 15% or flat dollar amount)</li> <li>Irrevocable Leave Election (vacation/admin. leave)</li> <li>Irrevocable Final Pay Contribution (vacation only)</li> <li>2023 IRS Maximum contribution - \$66,000</li> <li>New employees may enroll in the plan within 30 days of hire.</li> </ul>
SECTION 125 PLAN  No employer contribution	Pre-tax Health Care Premiums (no max), Flexible Spending Accounts for Dependent Care (\$5,000 max per calendar year), Unreimbursed Medical Expenses (\$3,050 max per calendar year), and other options offered by the plan administrator.
CAR ALLOWANCE	\$550/month
CELL PHONE ALLOWANCE	\$90/month
LICENSES & CERTIFICATIONS Employer paid	100% reimbursement for job required licenses, certifications, and professional memberships.
HEALTH CLUB REIMBURSEMENT \$125/month maximum	City to reimburse employee the cost of monthly dues charged by a health/fitness club of employee's choice as deemed appropriate by the City Manager.
Employer paid EMPLOYEE ASSISTANCE PROGRAM (EAP)	3 sessions per incident per family member.
SEVERANCE PAY	Twelve (12) months' severance pay in the event the employee is terminated for other than cause.
	Includes employee salary plus benefits.

<sup>3</sup> 

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