



**STA BENEFIT SUMMARY  
January 2011**

**WORKWEEK**

Forty (40) hours per week for all employees. Flexible work schedules (9-day Alternate Work Schedule) may be available for some positions.

**PAYDATES**

Twice a month on the 15<sup>th</sup> and the last day of the month.

**RETIREMENT**

**Social Security:** Not covered under Social Security, however, the medicare portion is mandatory with the employee and the employer contributing 1.45% each;

**PERS - Public Employees Retirement System:** STA shall pay seven percent (7%) of PERS Employee Contribution Rate to PERS. Miscellaneous employees shall be covered under 2% @ age 55 modified formula. Retirement allowance benefits shall be calculated under the 36 highest paid consecutive months. Also includes Military Buyback, Unused Sick leave Credit, 1959 Survivor's Benefits at the Third (3rd) Level. The employee is responsible for paying the \$2.00 contribution for the 1959 Survivor's Benefit;

**401(a) Program:** *Nationwide Retirement Solutions – Money Market Account (Mandatory participation).*

The employee shall contribute a total of 3.8% of salary and STA shall contribute 6.2% of salary; and

**457 Program:** *Nationwide Retirement Solutions (Optional Participation) - Employee may defer up to the annual maximum, as outlined by the IRS, on a tax-deferred basis.*

**HEALTH & WELFARE**

STA contributes an amount for employee plus family towards health, dental, vision, life and long term disability insurance. Employees are responsible for amounts that exceed the maximum amount. Employees who can provide proof of other insurance coverage may elect to receive cash equivalent in lieu of the STA's health and dental coverage. Employees electing to decline the health coverage will receive \$350 per month and for dental of coverage for \$50 per month, a total \$400 per month if both Health and Dental benefit are declined.

**Health Insurance:** Comprehensive Medical Plans. STA pays up to Kaiser rate for employee only, for employee plus one, and for employee plus two or more. Plans include: *PERS Health Plans – Blue Shield (HMO), Kaiser, PersCare, and PersChoice;*

**Dental Insurance:** Delta Dental City Advantage Plan. STA paid. Employee plus Family;

**In-Network Benefits:** No deductible, 100% preventive, 95% basic, 80% major, to \$1,500 annual maximum;

**Out of Network Benefits:** \$25 deductible, 100% preventive, 85% basic, 60% major, to \$1,500 annual max;

**Orthodontics:** (Dependents under 19 only) 50% up to \$1,500 lifetime maximum;

**Vision Insurance:** Vision Service Plan (VSP). STA paid. Employee plus Family. \$10 deductible, exams every 12 months, frames & lenses every 24 months;

**Life Insurance:** Principal Financial Group. STA Paid (\$50,000 max benefit); and

**Long-term Disability:** Principal Financial Group. STA Paid.

**LEAVES**

**Holidays:** 12 paid holidays plus 3 floating holidays credited in July.

**Vacation:** 10 days annually. 15 days after five years, up to 20 days at 15 years.

**Sick Leave:** 12 days accrual per year, plus Sick Leave Buyback Program available.

**Other Leaves:** Bereavement, Family Care and Medical Leave, plus Administrative Leave Program for Management positions.

**Commuter Transit Incentive:** Up to \$75 per month.

**At-Will Employee:** Employees shall be considered as at-will employees and may be terminated at anytime by the Executive Director.

**In addition to the above, STA shall comply with all employment regulations mandated by state and federal laws.**

**\*\*\*THIS DOCUMENT IS INTENDED AS A GUIDE ONLY. FOR SPECIFIC INFORMATION PLEASE REFER TO BOARD APPROVED BENEFIT SUMMARY AND HUMAN RESOURCES POLICIES AND PROCEDURES, ETC. OR CONTACT SOLANO TRANSPORTATION AUTHORITY (707) 424-6075\*\*\*\***