

CITY OF HAYWARD  
BENEFIT SUMMARY - EFFECTIVE 07/01/2025

| ITEM   | SEIU Local 1021  | SEIU Local 1021  | Local 21   | HAME   | Unrepresented  | Unrepresented  | POA   | Police Management                                       | Local 1909  | Local 1909  | Fire Chiefs   | SEIU Local 1021                                    | Unrepresented   |
|--|--|--|--|--|--|--|---|---|---|---|---|--|---|
|  | 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                                     |
| 1. MAXIMUM MONTHLY CITY MEDICAL CONTRIBUTION (City contracts with CalPERS for Medical); please visit <a href="https://www.calpers.ca.gov/docs/health-rates-region-1-2025.pdf">https://www.calpers.ca.gov/docs/health-rates-region-1-2025.pdf</a> for plan costs. |  |  |  |  |  |  |   |   |   |   |   |  |   |
| PERS - One Party   | \$1,112.90   | \$1,112.90   | \$1,066.12   | \$1,001.61   | \$1,180.88   | \$1,001.61   | \$1,170.17  | \$1,170.17  | \$1,500.40  | \$1,500.40  | \$1,500.40  | \$280.00   | \$1,033.27  |
| PERS - Two Party   | \$2,225.80   | \$2,225.80   | \$2,132.24   | \$2,003.22   | \$2,361.76   | \$2,003.22   | \$2,340.34  | \$2,340.34  | \$3,000.80  | \$3,000.80  | \$3,000.80  | Flat amount for                                    | \$2,066.54  |
| PERS - Three or More   | \$2,893.54   | \$2,893.54   | \$2,771.92   | \$2,604.19   | \$3,070.29   | \$2,604.19   | \$3,042.44  | \$3,042.44  | \$3,901.04  | \$3,901.04  | \$3,901.04  | medical, dental, vision                            | \$2,686.50  |
| 2. MONTHLY ALTERNATIVE BENEFIT (IN LIEU OF MEDICAL CONTRIBUTIONS)  |  |  |  |  |  |  |   |   |   |   |   |  |   |
| One Party  | \$210.00   | \$310.00   | \$210.00   | \$310.00   | \$310.00   | \$310.00   | \$210.00  | \$210.00  | \$668.63  | \$668.63  | \$210.00  | N/A  | N/A   |
| Two Party  | \$380.00   | \$480.00   | \$380.00   | \$480.00   | \$480.00   | \$480.00   | \$380.00  | \$380.00  | \$1,337.26  | \$1,337.26  | \$380.00  | N/A  | N/A   |
| Three or More  | \$500.00   | \$600.00   | \$500.00   | \$600.00   | \$600.00   | \$600.00   | \$500.00  | \$500.00  | \$1,738.44  | \$1,738.44  | \$500.00  |  |   |
| 3. 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                          | Before 1/1/2024   | Before 1/1/2024   | Before 7/1/2024   |  |   |
| Paid Directly to PERS  | \$158.00   | \$158.00   | \$158.00   | \$158.00   | \$158.00   | \$158.00   | \$158.00  | \$158.00  | \$158.00  | \$158.00  | \$158.00  |  | \$158.00  |
| Reimbursed through A/P   | <u>\$116.72</u>  | <u>\$116.72</u>  | <u>\$116.72</u>  | <u>\$116.72</u>  | <u>\$79.31</u>   | <u>\$79.31</u>   | <u>\$350.30</u>   | <u>\$350.30</u>   | <u>\$350.30</u>   | <u>\$350.30</u>   | <u>\$350.30</u>   | N/A  | <u>\$79.31</u>  |
| Total Monthly Contribution   | <u>\$274.72</u>  | <u>\$274.72</u>  | <u>\$274.72</u>  | <u>\$274.72</u>  | <u>\$237.31</u>  | <u>\$237.31</u>  | <u>\$508.30</u>   | <u>\$508.30</u>   | <u>\$508.30</u>   | <u>\$508.30</u>   | <u>\$508.30</u>   |  | <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                       | After 12/31/2023*                                       | After 12/31/2023*                                       | After 6/30/2024*  |  |   |
| Paid Directly to PERS  | \$158.00   | \$158.00   | \$158.00   |  |  |  | \$158.00  | \$158.00  | \$158.00  | \$158.00  | \$158.00  |  |   |
| Reimbursed through A/P   | <u>\$68.01</u>   | <u>\$68.01</u>   | <u>\$68.01</u>   |  |  |  | <u>\$954.90</u>   | <u>\$954.90</u>   | <u>\$0.00</u>   | <u>\$0.00</u>   | <u>\$0.00</u>   |  |   |
| Total Monthly Contribution   | <u>\$226.01</u>  | <u>\$226.01</u>  | <u>\$226.01</u>  |  |  |  | <u>\$1,112.90</u>                                       | <u>\$1,112.90</u>                                       | <u>\$158.00</u>   | <u>\$158.00</u>   | <u>\$158.00</u>   |  |   |
| 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   |
| *Refer to MOU for Retiree Medical Trust  |  |  |  |  |  |  |   |   |   |   |   |  |   |
| *Police - Vesting requirement does not apply to Industrial Disability Retirements.<br>**This amount changes each year to match the Kaiser Bay Area single party rate.  |  |  |  |  |  |  |   |   |   |   |   |  |   |
| 4. MAXIMUM MONTHLY CITY DENTAL CONTRIBUTION (For premiums and employee contributions, please see rate sheets)  |  |  |  |  |  |  |   |   |   |   |   |  |   |
| Delta Dental - Monthly Premium   | EE only \$45.22<br>EE + 1 \$76.87<br>EE + Fam \$117.58 | EE only \$45.22<br>EE + 1 \$76.87<br>EE + Fam \$117.58 | EE only \$51.97<br>EE + 1 \$88.35<br>EE + Fam \$135.13 | EE only \$51.97<br>EE + 1 \$88.35<br>EE + Fam \$135.13 | EE only \$51.97<br>EE + 1 \$88.35<br>EE + Fam \$135.13 | EE only \$51.97<br>EE + 1 \$88.35<br>EE + Fam \$135.13 | EE only \$64.60<br>EE + 1 \$109.80<br>EE + Fam \$167.95 | EE only \$64.96<br>EE + 1 \$110.44<br>EE + Fam \$168.91 | EE only \$64.60<br>EE + 1 \$109.80<br>EE + Fam \$167.95 | EE only \$64.60<br>EE + 1 \$109.80<br>EE + Fam \$167.95 | EE only \$64.60<br>EE + 1 \$109.80<br>EE + Fam \$167.95 | Included in Medical City Contribution              | EE only \$35.60<br>EE + 1 \$60.51<br>EE + Fam \$92.55 |
| United Concordia - Monthly Premium   | EE Only \$24.22<br>EE + 1 \$60.96<br>EE + Fam \$60.96  | EE Only \$24.22<br>EE + 1 \$60.96<br>EE + Fam \$60.96  | EE Only \$24.22<br>EE + 1 \$60.96<br>EE + Fam \$60.96  | EE Only \$24.22<br>EE + 1 \$60.96<br>EE + Fam \$60.96  | EE Only \$24.22<br>EE + 1 \$60.96<br>EE + Fam \$60.96  | EE Only \$24.22<br>EE + 1 \$60.96<br>EE + Fam \$60.96  | EE Only \$30.28<br>EE + 1 \$76.20<br>EE + Fam \$76.20   | EE Only \$30.28<br>EE + 1 \$76.20<br>EE + Fam \$76.20   | EE Only \$30.28<br>EE + 1 \$76.20<br>EE + Fam \$76.20   | EE Only \$30.28<br>EE + 1 \$76.20<br>EE + Fam \$76.20   | EE Only \$30.28<br>EE + 1 \$76.20<br>EE + Fam \$76.20   | Included in Medical City Contribution              | EE Only \$15.14<br>EE + 1 \$38.10<br>EE + Fam \$38.10 |
| 5. MAXIMUM MONTHLY CITY VISION CONTRIBUTION (For premiums and employee contribution, please see rate sheets)   |  |  |  |  |  |  |   |   |   |   |   |  |   |
| Vision Service Plan (VSP) Monthly  | EE only \$4.97<br>EE + 1 \$9.72<br>EE + Fam \$15.50    | EE only \$4.97<br>EE + 1 \$9.72<br>EE + Fam \$15.50    | EE only \$4.97<br>EE + 1 \$9.72<br>EE + Fam \$15.50    | EE only \$4.97<br>EE + 1 \$9.72<br>EE + Fam \$15.50    | EE only \$4.97<br>EE + 1 \$9.72<br>EE + Fam \$15.50    | EE only \$4.97<br>EE + 1 \$9.72<br>EE + Fam \$15.50    | EE only \$9.94<br>EE + 1 \$19.44<br>EE + Fam \$31.00    | EE only \$9.94<br>EE + 1 \$19.44<br>EE + Fam \$31.00    | EE only \$9.94<br>EE + 1 \$19.44<br>EE + Fam \$31.00    | EE only \$9.94<br>EE + 1 \$19.44<br>EE + Fam \$31.00    | EE only \$9.94<br>EE + 1 \$19.44<br>EE + Fam \$31.00    | Included in Medical City Contribution              | EE only \$9.94<br>EE + 1 \$19.44<br>EE + Fam \$31.00  |
| 6. 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                      |

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| ITEM  | SEIU Local 1021  | SEIU Local 1021      | Local 21  | HAME   | Unrepresented  | Unrepresented  | POA                        | Police Management  | Local 1909                        | Local 1909                        | Fire Chiefs  | SEIU Local 1021                                    | Unrepresented                        |
|---|--|----------------------|---|--|--|--|----------------------------|--|-----------------------------------|-----------------------------------|--|--|--------------------------------------|
|   | 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                    |
| 7. SHORT TERM/LONG TERM DISABILITY INSURANCE/PAID FAMILY LEAVE  |  |                      |   |  |  |  |                            |  |                                   |                                   |  |  |                                      |
| STD/LTD/PFL Provider, Coverage, Cost Varies by Group  | N/A - Covered by SDI   | N/A - Covered by SDI | LTD 60% of Salary   | STD/LTD 66 2/3 % of Salary PFL up to \$1,620/week (City Sponsored Benefit - through Lincoln Financial) | STD/LTD 66 2/3 % of Salary PFL up to \$1,620/week (City Sponsored Benefit - through Lincoln Financial) | STD/LTD 66 2/3 % of Salary PFL up to \$1,620/week (City Sponsored Benefit - through Lincoln Financial) | N/A - Provided through POA | STD/LTD 66 2/3 % of Salary PFL up to \$1,620/week (City Sponsored Benefit - through Lincoln Financial) | N/A - Provided through Local 1909 | N/A - Provided through Local 1909 | STD/LTD 66 2/3 % of Salary PFL up to \$1,620/week (City Sponsored Benefit - through Lincoln Financial) | N/A  | N/A                                  |
| LTD - Monthly<br>STD/PFL - Weekly   | N/A  | N/A                  | (employee paid )<br>LTD only: \$0.19 per \$100 of covered payroll | LTD: \$0.33 per \$100 of covered payroll<br>STD/PFL: \$.21 per \$10 of covered payroll                 | LTD: \$0.33 per \$100 of covered payroll<br>STD/PFL: \$.21 per \$10 of covered payroll                 | LTD: \$0.33 per \$100 of covered payroll<br>STD/PFL: \$.21 per \$10 of covered payroll                 | N/A                        | LTD: \$0.33 per \$100 of covered payroll<br>STD/PFL: \$.21 per \$10 of covered payroll                 | N/A                               | N/A                               | LTD: \$0.33 per \$100 of covered payroll<br>STD/PFL: \$.21 per \$10 of covered payroll                 | N/A  | N/A                                  |
| 8. STATE DISABILITY INSURANCE/PAID FAMILY LEAVE INSURANCE   |  |                      |   |  |  |  |                            |  |                                   |                                   |  |  |                                      |
| Coverage  | Up to \$1,681/week   | Up to \$1,681/week   | Up to \$1,681/week  | N/A  | N/A  | N/A  | N/A                        | N/A  | N/A                               | N/A                               | N/A  | Up to \$1,681/week                                 | N/A                                  |
| EDD - Per Pay Period (Employee Paid)  | 1.2% X Salary  | 1.2% X Salary        | 1.2% X Salary   | N/A  | N/A  | N/A  | N/A                        | N/A  | N/A                               | N/A                               | N/A  | 1.2% X Salary                                      | N/A                                  |
| 9. MEDICARE - Hired After 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 additional Medicare Tax of 0.9% is applicable to wages and compensation received in excess of: Married filing joint - \$250,000; Married filing separately - \$125,000; Single/Head of Household/Qualifying widow(er) - \$200,000 |  |                      |   |  |  |  |                            |  |                                   |                                   |  |  |                                      |
| 10. CITY PROVIDED EMPLOYEE ASSISTANCE PROGRAM   |  |                      |   |  |  |  |                            |  |                                   |                                   |  |  |                                      |
| # 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                                  |
| 11a. RETIREMENT - CalPERS ("Classic" Members) - Retirement subject to annual compensation limits (see https://www.calpers.ca.gov/employers/policies-and-procedures/circular-letters/200-001-25)   |  |                      |   |  |  |  |                            |  |                                   |                                   |  |  |                                      |
| 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 Employee Rate (including Cost-Share)  | 13.000%  | 13.000%              | 11.000%   | 11.000%  | 13.000%  | 11.000%  | 15.000%                    | 15.000%  | 15.000%                           | 15.000%                           | 15.000%  | 13.000%  | 8.000%                               |
| CalPERS Employer Rate (Normal Cost plus UAL)  | 39.190%  | 39.190%              | 39.190%   | 39.190%  | 39.190%  | 39.190%  | 92.980%                    | 92.980%  | 70.450%                           | 70.450%                           | 70.450%  | 39.190%  | 39.190%                              |
| 11b. RETIREMENT - CalPERS ("New" Members) - Retirement subject to annual compensation limits (see https://www.calpers.ca.gov/employers/policies-and-procedures/circular-letters/200-001-25)   |  |                      |   |  |  |  |                            |  |                                   |                                   |  |  |                                      |
| 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 Employee Rate (including Cost-Shre)   | 12.250%  | 12.250%              | 10.250%   | 10.250%  | 12.250%  | 10.250%  | 15.000%                    | 15.000%  | 15.000%                           | 15.000%                           | 15.000%  | 12.250%  | 7.250%                               |
| CalPERS Employer Rate (Normal Cost plus UAL)  | 39.190%  | 39.190%              | 39.190%   | 39.190%  | 39.190%  | 39.190%  | 92.980%                    | 92.980%  | 70.450%                           | 70.450%                           | 70.450%  | 39.190%  | 39.190%                              |

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| ITEM   | SEIU Local 1021   | SEIU Local 1021                                       | Local 21  | HAME  | Unrepresented   | Unrepresented                               | POA   | Police Management                                     | Local 1909  | Local 1909  | Fire Chiefs   | SEIU Local 1021                                       | Unrepresented     |
|--|---|---|---|---|---|---|---|---|---|---|---|---|-------------------|
|  | 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 |
| 12. HOLIDAYS & HOLIDAY PAY   |   |   |   |   |   |   |   |   |   |   |   |   |                   |
| Annual - Total Days  | 15.5  | 15.5  | 15.5  | 15.5  | 15.5  | 15.5  | 0   | 0   | (40 HR Positions)<br>14                               | (40 HR Positions)<br>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 (Public Safety Only)  |   |   |   |   |   |   | 6.73 % X Salary<br>(40 hrs.)                          | 6.73 % X Salary<br>(40 hrs.)                          | (56 HR Positions)<br>5.77% X Salary<br>(56 hrs.)      | (56 HR Positions)<br>5.77% X Salary<br>(56 hrs.)      |   |   |                   |
| 13. VACATION LEAVE ACCRUALS  |   |   |   |   |   |   |   |   |   |   |   |   |                   |
| Annual   | 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                                      |                   |
|  | 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                                     |                   |
| Vacation Usage Restrictions  | 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 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 | Employees accrue but cannot use during first 6 months | N/A               |
| 14. SICK LEAVE ACCRUALS  |   |   |   |   |   |   |   |   |   |   |   |   |                   |
| Annual   | 96 hrs  | 96 hrs  | 96 hrs  | 96 hrs  | 96 hrs  | 96 hrs                                      | 96 hrs  | 96 hrs  | (40 hrs) - 103 hrs<br>(56 hrs) - 144 hrs              | (40 hrs) - 103 hrs<br>(56 hrs) - 144 hrs              | (40 hrs) - 103 hrs<br>(56 hrs) - 144 hrs              | 96 hrs<br>*Prorated based on hrs worked               | N/A               |
| 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 | 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 Payrate     | 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               |
| *Employee must leave in good standing. Also, employee must have 20 yrs of City service at time of separation or separate due to retirement or death. HAME and Unrepresented employees hired after 4/1/2012 and SEIU employees hired after 5/1/2014 are not eligible for sick leave payout upon separation. |   |   |   |   |   |   |   |   |   |   |   |   |                   |
| 15. UNIFORM ALLOWANCE  |   |   |   |   |   |   |   |   |   |   |   |   |                   |
| Annual   | \$275 -Uniform Allowance* (paid on a per pay period basis)<br><br>Up to \$250 - Safety Shoes* (reimbursement) | Up to \$250/\$300 - Safety Shoes*# (reimbursement)    | \$275 - Police ID Spec*<br><br>Up to \$250/\$300 - Safety Shoes *# (reimbursement)<br><br>Up to \$125 - Prescription Safety Glasses(reimb)* | Up to \$250 - Safety Shoes (reimbursement)*           | \$480 - Fire Chief<br><br>\$440 - Police Chief (paid on a per pay period basis) | N/A   | \$900<br><br>(paid on a per pay period basis)         | \$900<br><br>(paid on a per pay period basis)         | \$430<br><br>(paid on a per pay period basis)         | \$480<br><br>(paid on a per pay period basis)         | \$480<br><br>(paid on a per pay period basis)         | N/A   | N/A               |
| *For specific job classifications per the MOU. (See MOU for full list of job classifications). #Please refer to MOU for maximums on purchases made inside/outside the City of Hayward  |   |   |   |   |   |   |   |   |   |   |   |   |                   |

CITY OF HAYWARD  
BENEFIT SUMMARY - EFFECTIVE 07/01/2025

| ITEM   | SEIU Local 1021  | SEIU Local 1021  | Local 21   | HAME  | Unrepresented              | Unrepresented                               | POA  | Police Management   | Local 1909  | Local 1909   | Fire Chiefs  | SEIU Local 1021  | Unrepresented     |     |
|--|--|--|--|---|----------------------------|---|--|---|---|--|--|--|-------------------|-----|
|  | 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 |     |
| 16. EDUCATIONAL INCENTIVE (EIP)              |  |  |  |   |                            |   |  |   |   |  |  |  |                   |     |
| Per Pay Period                               | N/A  | N/A  | N/A  | N/A   | N/A                        | N/A   | Int. POST - 3.5%<br>Int. POST + BA - 6%<br>Adv. POST - 8.5%<br>Adv. POST + MA- 10%<br>(see MOU for more information) | Int. POST - 2.5%<br>Int. POST + BA - 5%<br>Adv. POST - 7.5%<br>Adv. POST + MA- 10%<br>Management POST + MA - 12.5%<br>(see MOU for more information)  | 2.5% - AA<br>5.0% - BA<br>7.5% perm @ 10 yrs  | 2.5% - AA<br>5.0% - BA<br>7.5% perm @ 10 yrs   | 2.5% - AA<br>5.0% - BA<br>7.5% perm @ 10 yrs   | N/A  | N/A               |     |
| 17. CONTINUOUS SERVICE PAY (CSP)             |  |  |  |   |                            |   |  |   |   |  |  |  |                   |     |
|  | 15 yrs. - 2.5%<br>20 yrs. - 2.5%<br>25 years - 2.5%<br>Max or 7.5%<br>(see MOU for more information) | 15 yrs. - 2.5%<br>20 yrs. - 2.5%<br>25 years - 2.5%<br>Max or 7.5%<br>(see MOU for more information) | 15 yrs. - 2.5%<br>20 yrs. - 2.5%<br>25 years - 2.5%<br>Max or 7.5%<br>(see MOU for more information) | 15 yrs. - 2.5%<br>20 yrs. - 2.5%<br>years - 2.5%<br>Max or 7.5%<br>(see MOU for more information) | 25                         | N/A   | 15 yrs. - 2.5%<br>20 yrs. - 2.5%<br>years - 2.5%<br>Max or 7.5%<br>(see MOU for more information)                    | 25<br><u>Sworn Years</u><br>12 yrs. - 5%<br>16 yrs. - 8%<br>20 yrs. - 11%, Plus 1% on each anniversary thereafter, up to a max of 15%. Max of 26% total between EIP and CSP. (see MOU for more information) | 24 yrs. - 10%, Plus 1% on each anniversary thereafter, up to a max of 15%. Max of 27.5% total between EIP and CSP. (see MOU for more information) | 15 yrs. - 2%<br>Plus 1% on each anniversary thereafter, up to a max of 12% (@25 years)<br>(see MOU for more information) | 15 yrs. - 2%<br>Plus 1% on each anniversary thereafter, up to a max of 12% (@25 years)<br>(see MOU for more information) | 15 yrs. - 2%<br>Plus 1% on each anniversary thereafter, up to a max of 12% (@25 years)<br>(see MOU for more information) | N/A               | N/A |
| 18. EDUCATIONAL REIMBURSEMENT                |  |  |  |   |                            |   |  |   |   |  |  |  |                   |     |
| 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 WELLNESS REIMBURSEMENT        |  |  |  |   |                            |   |  |   |   |  |  |  |                   |     |
| Annual or Monthly Maximum                    | FT: \$720/ Per FY<br>PT: \$360/ Per FY   | FT: \$720/ Per FY<br>PT: \$360/ Per FY   | FT: \$720/ Per FY<br>PT: \$360/ Per FY   | FT: \$600/ Per FY   | FT: \$1,200/ Per FY        | FT: \$600/ Per FY                           | N/A  | \$1,200/FY  | N/A   | N/A  | N/A  | PT: \$320/FY   | N/A               |     |
| 20. PROFESSIONAL DEVELOPMENT REIMBURSEMENT   |  |  |  |   |                            |   |  |   |   |  |  |  |                   |     |
| Annual Maximum                               | N/A  | N/A  | \$420.00   | \$500.00  | Personal Equipment Stipend | \$500.00                                    | N/A  | N/A   | N/A   | N/A  | N/A  | N/A  | N/A               |     |