

*This summary is provided for informational purposes only. Please refer to MOU/Resolution.

CITY OF HAYWARD
BENEFIT SUMMARY - EFFECTIVE 01/01/2026

Last Revised 01/01/2026

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 https://www.calpers.ca.gov/members/health-benefits/plans-and-rates for 2026 plan costs.													
PERS - One Party	\$1,168.86	\$1,168.86	\$1,171.76	\$1,051.97	\$1,289.66	\$1,051.97	\$1,301.95	\$1,301.95	\$1,670.14	\$1,670.14	\$1,612.08	\$280.00	\$1,128.46
PERS - Two Party	\$2,337.72	\$2,337.72	\$2,343.51	\$2,103.95	\$2,579.33	\$2,103.95	\$2,603.90	\$2,603.90	\$3,340.28	\$3,340.28	\$3,224.16	Flat amount for	\$2,256.91
PERS - Three or More	\$3,039.04	\$3,039.04	\$3,046.56	\$2,735.14	\$3,353.13	\$2,735.14	\$3,385.07	\$3,385.07	\$4,342.36	\$4,342.36	\$4,191.41	medical, dental, vision	\$2,933.99
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		
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	N/A	\$162.00
Paid Directly to PERS	\$162.00	\$162.00	\$162.00	\$162.00	\$162.00	\$162.00	\$162.00	\$162.00	\$162.00	\$162.00	\$162.00		
Reimbursed through A/P	<u>\$112.72</u>	<u>\$112.72</u>	<u>\$112.72</u>	<u>\$112.72</u>	<u>\$75.31</u>	<u>\$75.31</u>	<u>\$346.30</u>	<u>\$346.30</u>	<u>\$346.30</u>	<u>\$346.30</u>	<u>\$346.30</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>		
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*	N/A	N/A
Paid Directly to PERS	\$162.00	\$162.00	\$162.00				\$162.00	\$162.00	\$162.00	\$162.00	\$162.00		
Reimbursed through A/P	<u>\$64.01</u>	<u>\$64.01</u>	<u>\$64.01</u>				<u>\$950.90</u>	<u>\$950.90</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>\$162.00</u>	<u>\$162.00</u>	<u>\$162.00</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	*Refer to MOU for Retiree Medical Trust		N/A	N/A
*Police - Vesting requirement does not apply to Industrial Disability Retirements. **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	EE only \$45.22	EE only \$51.97	EE only \$51.97	EE only \$51.97	EE only \$51.97	EE only \$64.60	EE only \$64.96	EE only \$64.60	EE only \$64.60	EE only \$64.60	Included in Medical City Contribution	EE only \$35.60
	EE + 1 \$76.87	EE + 1 \$76.87	EE + 1 \$88.35	EE + 1 \$88.35	EE + 1 \$88.35	EE + 1 \$88.35	EE + 1 \$109.80	EE + 1 \$110.44	EE + 1 \$109.80	EE + 1 \$109.80	EE + 1 \$109.80		EE + 1 \$60.51
	EE + Fam \$117.58	EE + Fam \$117.58	EE + Fam \$135.13	EE + Fam \$135.13	EE + Fam \$135.13	EE + Fam \$135.13	EE + Fam \$167.95	EE + Fam \$168.91	EE + Fam \$167.95	EE + Fam \$167.95	EE + Fam \$167.95		EE + Fam \$92.55
United Concordia - Monthly Premium	EE Only \$24.22	EE Only \$24.22	EE Only \$24.22	EE Only \$24.22	EE Only \$24.22	EE Only \$24.22	EE Only \$30.28	EE Only \$30.28	EE Only \$30.28	EE Only \$30.28	EE Only \$30.28	Included in Medical City Contribution	EE Only \$15.14
	EE + 1 \$60.96	EE + 1 \$60.96	EE + 1 \$60.96	EE + 1 \$60.96	EE + 1 \$60.96	EE + 1 \$60.96	EE + 1 \$76.20	EE + 1 \$76.20	EE + 1 \$76.20	EE + 1 \$76.20	EE + 1 \$76.20		EE + 1 \$38.10
	EE + Fam \$60.96	EE + Fam \$60.96	EE + Fam \$60.96	EE + Fam \$60.96	EE + Fam \$60.96	EE + Fam \$60.96	EE + Fam \$76.20	EE + Fam \$76.20	EE + Fam \$76.20	EE + Fam \$76.20	EE + Fam \$76.20		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	EE only \$4.97	EE only \$4.97	EE only \$4.97	EE only \$4.97	EE only \$4.97	EE only \$9.94	EE only \$9.94	EE only \$9.94	EE only \$9.94	EE only \$9.94	Included in Medical City Contribution	EE only \$9.94
	EE + 1 \$9.72	EE + 1 \$9.72	EE + 1 \$9.72	EE + 1 \$9.72	EE + 1 \$9.72	EE + 1 \$9.72	EE + 1 \$19.44	EE + 1 \$19.44	EE + 1 \$19.44	EE + 1 \$19.44	EE + 1 \$19.44		EE + 1 \$19.44
	EE + Fam \$15.50	EE + Fam \$15.50	EE + Fam \$15.50	EE + Fam \$15.50	EE + Fam \$15.50	EE + Fam \$15.50	EE + Fam \$31.00	EE + Fam \$31.00	EE + Fam \$31.00	EE + Fam \$31.00	EE + Fam \$31.00		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 \$1,750/week (City Sponsored Benefit - through Lincoln Financial)	STD/LTD 66 2/3 % of Salary PFL up to \$1,750/week (City Sponsored Benefit - through Lincoln Financial)	STD/LTD 66 2/3 % of Salary PFL up to \$1,750/week (City Sponsored Benefit - through Lincoln Financial)	N/A - Provided through POA	STD/LTD 66 2/3 % of Salary PFL up to \$1,750/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 \$1,750/week (City Sponsored Benefit - through Lincoln Financial)	N/A	N/A
LTD - Monthly STD/PFL - Weekly	N/A	N/A	(employee paid) LTD only: \$0.19 per \$100 of covered payroll	LTD: \$0.33 per \$100 of covered payroll STD/PFL: \$.21 per \$10 of covered payroll	LTD: \$0.33 per \$100 of covered payroll STD/PFL: \$.21 per \$10 of covered payroll	LTD: \$0.33 per \$100 of covered payroll STD/PFL: \$.21 per \$10 of covered payroll	N/A	LTD: \$0.33 per \$100 of covered payroll STD/PFL: \$.21 per \$10 of covered payroll	N/A	N/A	LTD: \$0.33 per \$100 of covered payroll STD/PFL: \$.21 per \$10 of covered payroll	N/A	N/A
8. STATE DISABILITY INSURANCE/PAID FAMILY LEAVE INSURANCE													
Coverage	Up to \$1,765week	Up to \$1,765/week	Up to \$1,765/week	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Up to \$1,765/week	N/A
EDD - Per Pay Period (Employee Paid)	1.3% X Salary	1.3% X Salary	1.3% X Salary	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	1.3% 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	\$5.48/\$12.30	\$5.48	\$5.48	\$5.48	\$5.48	\$5.48	\$12.30	\$12.30	\$12.30	\$12.30	\$12.30	\$5.48	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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	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) 14	(40 HR Positions) 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 (40 hrs.)	6.73 % X Salary (40 hrs.)	(56 HR Positions) 5.77% X Salary (56 hrs.)	(56 HR Positions) 5.77% X Salary (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	
									(56 hrs) 1st yr - 169 hrs 5-14 yrs - 240 hrs 15 yrs+ - 300 hrs	(56 hrs) 1st yr - 100 hrs 5-14 yrs - 160 hrs 15 yrs+ - 200 hrs	(56 hrs) 1st yr - 100 hrs 5-14 yrs - 160 hrs 15 yrs+ - 200 hrs	* Prorated based on actual hrs worked	
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 (56 hrs) - 144 hrs	(40 hrs) - 103 hrs (56 hrs) - 144 hrs	(40 hrs) - 103 hrs (56 hrs) - 144 hrs	96 hrs *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
*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) Up to \$250 - Safety Shoes* (reimbursement)	Up to \$250/\$300 - Safety Shoes*# (reimbursement)	\$275 - Police ID Spec* Up to \$250/\$300 - Safety Shoes *# (reimbursement) Up to \$125 - Prescription Safety Glasses(reimb)*	Up to \$250 - Safety Shoes (reimbursement)*	\$480 - Fire Chief \$440 - Police Chief (paid on a per pay period basis)	N/A	\$900 (paid on a per pay period basis)	\$900 (paid on a per pay period basis)	\$430 (paid on a per pay period basis)	\$480 (paid on a per pay period basis)	\$480 (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													

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	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% Int. POST + BA - 6% Adv. POST - 8.5% Adv. POST + MA- 10% (see MOU for more information)	BA - 2.5% MA- 5% Continuing Ed - 2.5% (see MOU for more information)	2.5% - AA 5.0% - BA 7.5% perm @ 10 yrs	2.5% - AA 5.0% - BA 7.5% perm @ 10 yrs	2.5% - AA 5.0% - BA 7.5% perm @ 10 yrs	N/A	N/A
17. POST Police Professional Certification Program													
Per Pay Period	N/A	N/A	N/A	N/A	N/A	N/A	Int. POST - 3.5% Adv. POST - 8.5% (see MOU for more information)	Int. POST - 2.5% Adv. POST - 5% Management POST - 7.5% (see MOU for more information)	N/A	N/A	N/A	N/A	N/A
18. CONTINUOUS SERVICE PAY (CSP)													
	15 yrs. - 2.5% 20 yrs. - 2.5% 25 years - 2.5% Max or 7.5% (see MOU for more information)	15 yrs. - 2.5% 20 yrs. - 2.5% 25 years - 2.5% Max or 7.5% (see MOU for more information)	15 yrs. - 2.5% 20 yrs. - 2.5% 25 years - 2.5% Max or 7.5% (see MOU for more information)	15 yrs. - 2.5% 20 yrs. - 2.5% 25 years - 2.5% Max or 7.5% (see MOU for more information)	N/A	15 yrs. - 2.5% 20 yrs. - 2.5% 25 years - 2.5% Max or 7.5% (see MOU for more information)	<u>Sworn Years</u> 12 yrs. - 5% 16 yrs. - 8% 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)	<u>Sworn Years</u> 12 yrs. - 5% 16 yrs. - 8% 20 yrs. - 11% Plus 1% on each anniversary thereafter, up to a max of 15%.	15 yrs. - 2% Plus 1% on each anniversary thereafter, up to a max of 12% (@25 years) (see MOU for more information)	15 yrs. - 2% Plus 1% on each anniversary thereafter, up to a max of 12% (@25 years) (see MOU for more information)	15 yrs. - 2% Plus 1% on each anniversary thereafter, up to a max of 12% (@25 years) (see MOU for more information)	N/A	N/A
19. 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
20. HEALTH AND WELLNESS REIMBURSEMENT													
Annual or Monthly Maximum	FT: \$720/ Per FY PT: \$360/ Per FY	FT: \$720/ Per FY PT: \$360/ Per FY	FT: \$720/ Per FY 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
21. 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