

**Total Compensation (Estimated) <sup>1</sup>**

2022 Calendar Year

LABOR GROUP: **Placer Public Employees Organization (PPEO)**  
 RETIREMENT TIER: **PEPRA**  
 CLASSIFICATION: **Public Health Epidemiologist**

TODAY'S DATE: 4/25/2022  
 TOP STEP HRLY RATE: \$ 44.79



SCHEDULE B Compensation	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6	Step 7	Step 8	Step 9	Step 10	Employee's Cost/Deductions	Additional Information
SCHEDULE B HOURLY RATE (Estimated) <sup>2</sup>	\$ 35.86	\$ 36.76	\$ 37.68	\$ 38.62	\$ 39.59	\$ 40.58	\$ 41.59	\$ 42.63	\$ 43.70	\$ 44.79		
Annual Salary (Estimated)	\$ 74,592	\$ 76,457	\$ 78,369	\$ 80,330	\$ 82,339	\$ 84,398	\$ 86,509	\$ 88,672	\$ 90,890	\$ 93,163		Non-PERSable (PEPRA)
PPEO Cafeteria Contribution 6% (Dependent Care or Cash)	\$ 4,476	\$ 4,587	\$ 4,702	\$ 4,820	\$ 4,940	\$ 5,064	\$ 5,191	\$ 5,320	\$ 5,453	\$ 5,590		6% of base pay plus longevity per pay period if applicable. Paid out per pay period. <u>Non-PERSable</u> .
<b>Total Estimated Cash Compensation</b>	<b>\$ 79,067</b>	<b>\$ 81,045</b>	<b>\$ 83,072</b>	<b>\$ 85,149</b>	<b>\$ 87,279</b>	<b>\$ 89,462</b>	<b>\$ 91,699</b>	<b>\$ 93,993</b>	<b>\$ 96,343</b>	<b>\$ 98,753</b>		Excludes mandatory payroll deductions
<b>Employee Benefits (2022 Rates)</b> AMOUNTS ARE ANNUALIZED												
Anthem Traditional - EE + Family <sup>3</sup>	\$32,650	\$32,650	\$32,650	\$32,650	\$32,650	\$32,650	\$32,650	\$32,650	\$32,650	\$32,650	\$ 8,815	\$15 office visit co-pay. Anthem Traditional highest paid HMO plan. Other plans and rates in footnotes.
Delta Dental - EE + Family	\$ 600	\$ 600	\$ 600	\$ 600	\$ 600	\$ 600	\$ 600	\$ 600	\$ 600	\$ 600	\$ 744	If Family Elected - Cost of \$744 to EE. \$1,500 annual benefit / In-PPO Network - 100% diagnostic and preventive; 80% basic benefits (fillings, root canals, periodontics, etc.); 70% crowns, prosthodontics; 50% orthodontics (\$1,500 lifetime benefit)
Vision Service Plan- Family	\$ 84	\$ 84	\$ 84	\$ 84	\$ 84	\$ 84	\$ 84	\$ 84	\$ 84	\$ 84	\$ 231	If Family Elected - Cost of \$231 to EE. Family Coverage - VSP Select Network Doctor - 100% exam; 100% lenses; \$130 frame retail allowance; up to \$130 for contact lenses (instead of glasses)
Accidental Death & Dismemberment (AD&D)	\$ 4	\$ 4	\$ 4	\$ 4	\$ 4	\$ 4	\$ 4	\$ 4	\$ 4	\$ 4	\$ -	\$10,000 policy
Basic Life Insurance	\$ 99	\$ 99	\$ 99	\$ 99	\$ 99	\$ 99	\$ 99	\$ 99	\$ 99	\$ 99	\$ -	\$50,000 policy.
PERS PEPRA 2% @ 62. Employee Contribution 7.00%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	\$ 5,221	PEPRA Designation. Step 1 salary used for Employee's contribution amount.
PERS Employer Contribution (FY 22/23 rate) 37.18% (Pensionable compensation limits set by CalPERS each calendar year.)	\$ 27,733	\$ 28,427	\$ 29,138	\$ 29,867	\$ 30,613	\$ 31,379	\$ 32,164	\$ 32,968	\$ 33,793	\$ 34,638		CalPERS - FY 22/23 MISC Employer Contribution Rate of 37.18%.
<b>Total Estimated Employee Benefits</b>	<b>\$ 61,170</b>	<b>\$ 61,863</b>	<b>\$ 62,574</b>	<b>\$ 63,303</b>	<b>\$ 64,050</b>	<b>\$ 64,815</b>	<b>\$ 65,600</b>	<b>\$ 66,405</b>	<b>\$ 67,229</b>	<b>\$ 68,074</b>	<b>\$ 15,012</b>	
<b>TOTAL ESTIMATED ANNUAL SALARY &amp; BENEFITS</b> (Excludes mandatory payroll taxes)	<b>\$ 140,237</b>	<b>\$ 142,908</b>	<b>\$ 145,646</b>	<b>\$ 148,452</b>	<b>\$ 151,329</b>	<b>\$ 154,277</b>	<b>\$ 157,299</b>	<b>\$ 160,397</b>	<b>\$ 163,573</b>	<b>\$ 166,827</b>		
<b>Net Total Estimated Annual Salary &amp; Benefits Less Employee Cost</b>	<b>\$ 125,225</b>	<b>\$ 127,896</b>	<b>\$ 130,634</b>	<b>\$ 133,440</b>	<b>\$ 136,317</b>	<b>\$ 139,265</b>	<b>\$ 142,288</b>	<b>\$ 145,386</b>	<b>\$ 148,561</b>	<b>\$ 151,816</b>		

**Other Employee Benefits**

Vacation	10 days/year	Starting balance may be negotiated subject to CEO approval; County allows management employees to cash out up to one-half of their annual vacation accrual each year. Vacation accrual rates: 0 - 2 years 10 days/year 2 - 4 years 12 days/year 4 - 9 years 15 days/year 9 - 19 years 20 days/year 20+ years 25 days/year
Sick leave	12 days/year	Starting balance can be negotiated subject to CEO approval. Accrual rate of .0462/hour.
Holidays	13 days/year	Includes one floating holiday which can be taken at any point during the year. New employees who will complete six months (1,040 hours) prior to December 31st shall be eligible for the 8 hour floating holiday. The maximum number of floating holiday hours allowable is 16 per calendar year.
Employee Assistance Program		Up to 5 clinical consultations per family unit/member per calendar year; short-term counseling, parenting and childcare resources, legal consultations, financial counseling, and eldercare resources in addition to an on-line education resource center
Cell phone, e-mail, Internet access, and/or laptop		Available for use subject to Placer County Voicemail, E-Mail, Internet, and Computer Use Policy
Tuition Reimbursement		Available for qualifying job-related coursework - \$1,200 per fiscal year

**Additional Benefit - Salary Protection:**

Placer County extends FMLA and CFRA benefits to its employees. State Disability Insurance (SDI) with integration of leave balance.

**Footnotes:**

- <sup>1</sup> Rates are Estimated Salary rates are estimated based on top step and subject to cent (.01) rounding.
- <sup>2</sup> Step Progression May be eligible for progression from Step 1 to Step 2 upon completion of the initial probationary period of one year. May be eligible for progression to steps completion of one year's service (2,080 hours) at each step. A longevity increase of 2% at 10 years of service and then an additional 3% (total 5%) at 15 years of service if hired prior to November 1, 2019.

<sup>3</sup> Other Health Insurance Choices with Placer County (Annual 2022 rates) - 80% ER; 20% EE contributions

2022 HEALTH PLAN	ER COST	EE COST
Blue Shield Access+ - Family (HMO)	\$27,943	\$6,964
Kaiser - Family (HMO)	\$21,459	\$5,348
Anthem Select - Family (HMO)	\$25,434	\$6,339
Anthem Traditional - Family (HMO)	\$32,650	\$8,815
United Health Care - Family (HMO)	\$25,546	\$6,366
Western Health Advantage - Family (HMO)	\$18,560	\$4,626
PERS Gold- Family (PPO)	\$17,557	\$4,376
PERS Platinum - Family (PPO)	\$26,466	\$6,596
In Lieu of Health (ILH) - with proof of other group health coverage	\$3,640	\$0