



CITY OF PALO ALTO WAGE AND HEALTHCARE PROPOSAL

Equipment Operator Job Family

City Wage Proposal: 4% in year 1, 3% in year 2, 3% in year 3

Market Adjustment applied after the COLA

Job Family	Position	Wage	Market Adjustment	2025 Market +4% COLA	Monthly Wage Increase	2026 3% COLA	Monthly Wage Increase	2027 3% COLA	Monthly Wage Increase	Total Wage Increase Over Life of Contract
Equip Operator	Equip Operator	\$105,061.00	5.10%	\$110,465.34	\$450.36	\$113,779.30	\$276.16	\$117,192.68	\$284.45	\$12,131.68
Equip Operator	Equip Operator Lead	\$112,403.00	5.10%	\$118,185.01	\$481.83	\$121,730.56	\$295.46	\$125,382.48	\$304.33	\$12,979.48
Equip Operator	PW HVY EQUIP OPER	\$125,736.00	5.10%	\$132,203.86	\$538.99	\$136,169.98	\$330.51	\$140,255.07	\$340.42	\$14,519.07
Equip Operator	PW HVY EQP OPER L	\$134,430.00	5.10%	\$141,345.08	\$576.26	\$145,585.43	\$353.36	\$149,952.99	\$363.96	\$15,522.99
Equip Operator	STREET SWEEPER OP	\$104,832.00	5.10%	\$110,224.56	\$449.38	\$113,531.29	\$275.56	\$116,937.23	\$283.83	\$12,105.23

City Healthcare Proposal:

Plan Year 2025: \$100 per month (\$1200 per year) in Flexible Compensation plus 4% increase to the employer premium contribution.

Plan Year 2026: 4% increase to the employer premium contribution.

Plan Year 2027: 4% increase to the employer premium contribution.

City Proposal	Current	2025	2026	2027
Premium				
Employee Only Coverage	\$1,112.90	\$1,112.90	\$1,201.93	\$1,298.09
Employer Contribution	\$956.06	\$994.30	\$1,034.07	\$1,075.44
Flex Compensation	\$-	\$100.00	\$100.00	\$100.00
Employee Pays	\$156.84	\$18.60	\$67.86	\$122.65
City Proposal	Current	2025	2026	2027
Premium				
EE + One Coverage	\$2,225.80	\$2,225.80	\$2,403.86	\$2,596.17
Employer Contribution	\$1,911.22	\$1,987.67	\$2,067.18	\$2,149.86
Flex Compensation	\$-	\$100.00	\$100.00	\$100.00
Employee Pays	\$314.58	\$138.13	\$236.69	\$346.31
City Proposal	Current	2025	2026	2027
Premium				
Family Coverage	\$2,893.54	\$2,893.54	\$3,125.02	\$3,375.03
Employer Contribution	\$2,444.00	\$2,541.76	\$2,643.43	\$2,749.17
Flex Compensation	\$-	\$100.00	\$100.00	\$100.00
Employee Pays	\$449.54	\$251.78	\$381.59	\$525.86

*Based on Kaiser Plan Premium and assumption of 8% medical inflation.