

# Benefits

# Safety

ALL BENEFITS ARE PER PAY PERIOD UNLESS OTHERWISE NOTED

Union Code	Safety	
Representation	SEBA	
Contract Date	2012-2016	
<b>Health and Welfare</b>		
Blue Shield Signature HMO Medical Premium Subsidy (MPS)	Employee Only - \$166.30 Employee +1 - \$355.45 Employee +2 or more - \$487.09	
Kaiser Permanente and Blue Shield PPO Medical Premium Subsidy (MPS)	Employee Only - \$191.64 Employee +1 - \$381.41 Employee +2 or more - \$538.92	
Medical Opt-Out or Waive	\$138.46 (full time, hired before 12/24/87)	\$20.00 (full time, hired after 12/24/87)
Vision	Employer Paid for Employee & Dependents	
Life Insurance - Employer Paid	Not Eligible	
Voluntary Life	\$10K - \$700K	
Voluntary AD&D	Not Eligible	
<b>Leave Provisions</b>		
Annual Leave (instead of Vacation and Holiday)	176-256 hours/year	
Sick	3.69 hours	
Court Holidays	Must Use Annual Leave	
<b>Retirement</b>		
<b>Tier 1</b> (Hired prior to 1/1/2013, reciprocity provision may apply)	<b>3.0% at age 50</b>	
<b>Tier 2</b> (Hired on or after 1/1/2013, reciprocity provision may apply)	<b>2.7% at age 57</b>	
<b>Retirement – Other</b>		
<b>457(b)</b>	Eligible to enroll at any time	
<b>Retirement Medical Trust Fund</b>	After 10 years of Regular continuous service, eligible to convert sick leave to Cash Formula Value County Contribution, based on years of service: 10-15 years = .75% of biweekly base salary 16+ years = 2% of biweekly base salary	

Other	
<b>Annual Tuition Reimbursement</b>	First-come, first-served basis not to exceed \$2,000 per employee
<b>Annual Uniform Allowance</b>	\$675
<b>Dependent Care Assistance Plan</b>	Eligible
<b>Long Term Disability</b>	Eligible through SEBA
<b>Medical Expense Reimbursement Plan (Flexible Spending Account)</b>	\$25 - \$96.15, Employee Contribution
<b>Qualified Transportation Plan</b>	Pre-tax deductions of up to \$245/month for qualified transportation (commuter) expenses
<b>Short Term Disability</b>	Not Eligible

**The County provides a *Medical Premium Subsidy* biweekly to help off-set the cost of your medical premium.**

**Example #1:** A Sheriff's Deputy elects Blue Shield Signature HMO and Cigna Dental Care HMO plans with Employee Only coverage.

- \$227.60 (combined cost of premiums)
- \$166.30 (medical premium subsidy)
- **\$61.30 (biweekly out-of-pocket cost)**

**Example #2:** A Sheriff's Deputy elects Kaiser Permanente and Cigna Dental PPO plans with Employee + 2 or more coverage.

- \$825.64 (combined cost of premiums)
- \$538.92 (medical premium subsidy)
- **\$286.72 (biweekly out-of-pocket cost)**