



## MODIFIED BENEFIT OPTION (MBO)

# SPECIAL DISTRICTS/COUNTY FIRE Exempt

Exempt Compensation Ordinance June 2022

**The Modified Benefit Option (MBO) is an alternative benefit package that provides an increased base rate of pay with modified benefits.**



**4% above the base rate of pay**



The increase in pay is also included when calculating the following:

- County Contribution to RMT
- County Match to Employee's Contribution to 457(b)/ 401(k)
- Qualified Differentials (paid on % basis)
- Sick Leave Cash-Outs to RMT
- Leave Cash-Outs

## Frequently Asked Questions

### Can I enroll in the Modified Benefit Option (MBO)?

All full-time employees in regular Exempt Group positions and commit to work a minimum of 1,560 hours per calendar year can enroll in the MBO.

### Should I enroll in MBO?

It depends! Everyone's situation is different – read through this document to find out how MBO's benefits differ from the **Traditional Benefit Option (TBO)** to determine if it would work for your lifestyle. You can also visit our [MBO website](#), or call Employee Benefits and Services (EBS) at 909-387-5787 and ask to speak with an MBO specialist for more information.

### When can I enroll in MBO; can I switch between MBO and TBO?

You can elect MBO upon hire, during Open Enrollment, or if you experience certain qualifying mid-year events.

### Can part-time employees enroll in MBO?

No, only full-time employees.



## How are MBO benefits different?

Look for the orange text.

### HEALTH BENEFITS

The County provides Premium Subsidies biweekly to help offset the cost of your medical and dental premiums.



#### MEDICAL PREMIUM SUBSIDY

Effective July 16, 2022

	<u>TBO</u>	<u>MBO</u>
Emp-Only	\$286.21	\$203.21
Emp +1	\$450.82	\$369.67
Emp +2 or more	\$632.61	\$518.74

#### MEDICAL OPT-OUT/WAIVE

If you have other employer-sponsored group coverage and do not enroll in the County's medical plans, you will receive an extra \$40 per pay period, or grandfathered amounts.



#### DENTAL PREMIUM SUBSIDY

\$9.46 Requires enrollment in a County medical plan



#### VISION PREMIUMS

No Cost for Employee and Dependent Coverage

### LEAVE PROVISIONS

	<u>TBO</u>	<u>MBO</u>
<b>Vacation</b>	80-160 hours per year <i>Cash-out option</i>  <i>Max. carryover of 480 hours. Unused balance in excess of cap will automatically cash out in pay period 1</i>	See PTO  <i>Cash-out option same as TBO</i>
<b>Sick</b>	3.69 hours per pay period	See PTO
<b>Holiday</b>	14 + 1 floating per year  <i>Max. carryover of 120 hours. Unused balance in excess of cap will automatically cash out in pay period 1</i>	14 holidays per year
<b>Admin</b>	80 hours per year  <i>Unused balance will automatically cash out in pay period 26</i>	Same as TBO
<b>Bereavement</b>	2 days per occurrence <i>(3 if traveling &gt;1,000 miles)</i>	Same as TBO
<b>Perfect Attendance Leave (PAL)</b>	Up to 16 hours PAL <i>Group C and D only</i>	Not Eligible

**The MBO offers flexible Paid Time Off (PTO) in lieu of separate use-specific leave accrual such as vacation and sick leave.**

#### **Paid Time Off (PTO) for MBO**

##### 8,320 Service Hours or Less

Annual PTO Allowance: 120 hrs

Accrual: 4.62 hrs/pay period

Max. Hrs Carried Over to Next Calendar Year: 272 hrs

Max. PTO + VAC: 374 hrs

##### 8,321 through 18,720 Service Hours

Annual PTO Allowance: 160 hrs

Accrual: 6.15 hrs/pay period

Max. Hrs Carried Over to Next Calendar Year: 362 hrs

Max. PTO + VAC: 480 hrs

##### Over 18,720 Service Hours

Annual PTO Allowance: 200 hrs

Accrual: 7.69 hrs/pay period

Max. Hrs Carried Over to Next Calendar Years: 452 hrs

Max. PTO + VAC: 586 hrs

*Unused PTO balance in excess of cap will automatically cash out in pay period 1*

# Employees are our most valuable resource.

## COUNTY-PAID BENEFITS

### AUTOMOBILE ALLOWANCE

Group B – Bi-weekly allowance of \$461.54. The reduced amount of \$100/bi-weekly will be included in base salary.

Employees who enter in Group B after June 20, 2020, except Director of Special Districts, shall not have the option to receive automobile allowance.

### PORTABLE COMMUNICATION DEVICE ALLOWANCE

Group B – Bi-weekly allowance of \$92.31

### SHORT-TERM DISABILITY

Receive 55% of pay, up to \$2,195/week for up to 180 days.

### LONG-TERM DISABILITY

60% up to \$10,000/month

### BASIC TERM LIFE INSURANCE

\$50,000

### RETIREMENT

#### **SBCERA Retirement Formulas**

Reciprocity provisions may apply

**Tier I** 2.0% AT AGE 55

Hired PRIOR to Jan 1, 2013

**Tier II** 2.5% at age 67

Hired ON or AFTER Jan 1, 2013

#### **457(b) Deferred Compensation**

Group B = County contribution 1 times Employee contribution, up to 1%

Groups C & D = County contribution ½ times Employee contribution, up to ½%

#### **401 (k) Defined Compensation**

Groups B & C = County contribution 2 times Employee contribution, up to 8%

Group D = County contribution 2 times Employee contribution, up to 6%

#### **Retirement Medical Trust (RMT)**

##### **County Contribution**

(Based on continuous years of service):

5-9 years = 2.00% of biweekly base salary

10-15 years = 2.75% of biweekly base salary

16+ years = 3.75% of biweekly base salary

##### **Sick Leave Conversion**

Upon separation, eligible to convert a portion of your sick leave into the RMT upon attaining 5+ years of participation with SBCERA and/or other public retirement.

MBO enrollees are **NOT** able to convert PTO balance into the RMT. Unused PTO hours will be paid out in accordance with the ordinance.

## VOLUNTARY PARTICIPATION PROGRAMS

<b>Supplemental Term Life Insurance</b>	Have financial security with extra term life coverage for yourself and your family with coverage up to \$700,000.
<b>AD&amp;D Insurance</b>	Additional insurance in the event of accidental death or serious injury, with coverage options up to \$250,000.
<b>FSA</b>	Pre-tax account for qualified health care expenses up to \$2,850 annually. Plus, up to \$40 match per pay period OR BSC Access+ HMO/ Kaiser Choice plan enrollees are eligible for a match up to \$50 per pay period.
<b>DCAP</b>	Pre-tax account for qualified dependent care expenses up to \$5,000 annually.
<b>Healthy Lifestyle Program</b>	Health Club Membership Reimbursement, up to \$324/year and Annual Physical Exam
<b>Annual Tuition Reimbursement</b>	\$1,000 per fiscal year
<b>529 Savings Plan</b>	Invest for future educational expenses with tax-free earnings. Contact Voya to enroll.
<b>Combined Giving</b>	<a href="https://link.sbcounty.gov/CombinedGiving">link.sbcounty.gov/CombinedGiving</a> Give back to the community via one-time or ongoing payroll deductions.
<b>Commuter Services</b>	<a href="https://link.sbcounty.gov/rideshare">link.sbcounty.gov/rideshare</a> Help the environment, reduce traffic, save money and earn rewards with your commute.
<b>Employee Discounts</b>	<a href="https://link.sbcounty.gov/EmployeeDiscount">link.sbcounty.gov/EmployeeDiscount</a> Save big at hundreds of national and local merchants
<b>Wellness Program</b>	<a href="https://link.sbcounty.gov/wellness">link.sbcounty.gov/wellness</a> Information, resources and rewards to support your healthy lifestyle.
<b>Employee Assistance Program (EAP)</b>	<a href="https://link.sbcounty.gov/eap">link.sbcounty.gov/eap</a> Confidential expert support and resources available at any time, at no cost to you.

# EMPLOYEE OUT-OF-POCKET COSTS

(Effective on July 16, 2022)

Employee Only Coverage		
Plan	TBO - Employee Cost Per Pay Period	MBO - Employee Cost Per Pay Period
Blue Shield HMO	\$23.63	\$106.63
Blue Shield Access + HMO	\$0.00	\$65.96
Blue Shield PPO	\$289.45	\$372.45
Kaiser Permanente HMO	\$36.09	\$119.09
Kaiser Choice HMO	\$0.00	\$76.68
Employee + 1 Coverage		
Plan	TBO - Employee Cost Per Pay Period	MBO - Employee Cost Per Pay Period
Blue Shield HMO	\$166.90	\$248.05
Blue Shield Access + HMO	\$85.55	\$166.70
Blue Shield PPO	\$720.29	\$801.44
Kaiser Permanente HMO	\$191.77	\$272.92
Kaiser Choice HMO	\$106.95	\$188.10
Employee + 2 or more Coverage		
Plan	TBO - Employee Cost Per Pay Period	MBO - Employee Cost Per Pay Period
Blue Shield HMO	\$240.62	\$354.49
Blue Shield Access + HMO	\$125.52	\$239.39
Blue Shield PPO	\$1,184.02	\$1,297.89
Kaiser Permanente HMO	\$275.81	\$389.68
Kaiser Choice HMO	\$155.82	\$269.69