

# EXEMPT non-elected

Exempt Compensation Ordinance July 2020

The County pays a large portion of your healthcare premiums. To determine your out-of-pocket costs, use our online [Benefits Calculator](#).

*Benefit rates listed for full-time employees (61-80 hours) per biweekly pay period unless otherwise noted.*

## LEAVE PROVISIONS

**Vacation** 80-160 hours per year  
*Maximum carryover of 480 hours, with exception. Unused balance in excess of cap will automatically cash out in pay period 1*

**Sick** 3.69 hours per pay period

**Holiday** 13 + 1 floating per year  
*Maximum carryover of 112 hours, with exception. Unused balance in excess of cap will automatically cash out in pay period 1*

**Admin** 80 hours per year  
*Unused balance will automatically cash out in pay period 26*

**Bereavement** 2 days per occurrence  
*(3 if traveling >1,000 miles)*

**Perfect Attendance Leave (PAL)** Up to 16 hours PAL  
*Groups C and D only*

### MEDICAL PREMIUM SUBSIDY

Employee-Only	\$253.33
Employee +1	\$399.03
Employee +2 or more	\$559.94

### 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.

### DENTAL PREMIUM SUBSIDY

\$9.46 *(requires enrollment in a County medical plan)*

### VISION

No Cost for Employee and Dependent Coverage

### MODIFIED BENEFIT OPTION (MBO)

All full-time employees in Regular Exempt Group positions shall have the option to elect the MBO in lieu of the traditional benefit option; please refer to the [Exempt Compensation Ordinance](#) for details.



*Employees are our  
most valuable resource.*

## COUNTY-PAID BENEFITS

### AUTOMOBILE ALLOWANCE

Groups A & B, Assistant Sheriffs, Sheriff's Deputy Chiefs & the District Attorney Chief Investigator:  
Biweekly allowance of \$461.54 with no mileage reimbursement, provided Employee is not assigned a County vehicle.

### PORTABLE COMMUNICATION DEVICE ALLOWANCE

Groups A & B – Biweekly allowance of \$92.31

### SHORT-TERM DISABILITY

Receive 55% of pay, up to \$1,934/week for up to 6 months

### 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**

Groups A & 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 A, 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.

## 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>Variable Group Universal Life Insurance (VGUL)</b>	Group A – 100% of the premium for 1x Annual Salary Group B – 50% of the premium for 1x Annual Salary or 100% of the premium for ½x Annual Salary Group C & D – 25% of the premium for 1x Annual Salary
<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 \$2,750 annually. Plus, up to \$40 match per pay period OR “Gold” level 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="http://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="http://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="http://link.sbcounty.gov/EmployeeDiscount">link.sbcounty.gov/EmployeeDiscount</a> Save big at hundreds of national and local merchants
<b>Wellness Program</b>	<a href="http://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="http://link.sbcounty.gov/eap">link.sbcounty.gov/eap</a> Confidential expert support and resources available at any time, at no cost to you.