



Attorneys

ALL BENEFITS ARE PER PAY PERIOD UNLESS OTHERWISE NOTED

Representation	San Bernardino County Public Attorneys Association	
Contract Date	2016-2021	
Health and Welfare		
Benefit Level	Full Time (61 - 80 hours)	
Medical Premium Subsidy (MPS)	Employee Only	\$194.90
	Employee + 1	\$350.16
	Employee + 2	\$486.11
Dental Premium Subsidy (DPS)	Up to \$9.46	
Medical Opt-Out or Waive	\$40.00	
Vision	Employer-Paid for Employee Only Coverage	
Life Insurance - Employer Paid	\$50,000	
Voluntary Term Life	Employee: \$10,000 - \$700,000 Spouse/Domestic Partner: \$10,000 - \$250,000 Child(ren): \$5,000 - \$20,000	
Voluntary AD&D	Employee: \$10,000 - \$250,000 Spouse/Domestic Partner: \$5,000 - \$125,000 Child(ren): \$3,125 - \$25,000	
Leave Provisions		
Vacation	80-160 hours/year, w/cash-out option up to 60 hours/year if 80 hours of vacation used in previous year	
Sick	3.39 hours/pay period	
Bereavement	2 days/per occurrence	
Holiday	13 + 1 floating/year	
Attorney	80 hours/year	
Perfect Attendance	Annual Gym Membership Reimbursement up to \$299 -OR- 16 hours of Perfect Attendance Leave	
Retirement		
Retirement Formulas <i>Reciprocity provision may apply</i>	<u>Tier I</u> 2.0% at age 55 Hired PRIOR TO January 1, 2013	<u>Tier II</u> 2.5% at age 67 Hired ON or AFTER January 1, 2013

Retirement – Other	
457(b) Eligible to enroll at any time	<u>County Contribution, based on continuous years of service:</u> 1 Year = ½ for 1 Match up to 0.50% of Salary 15+ Years = ½ for 1 Match up to 1.00% of Salary
Retirement Medical Trust Fund – Sick Leave Conversion	Employees become eligible to convert a portion of their sick leave to the RMT upon attaining 10 or more years of participation with SBCERA and/or other public retirement system(s).
Retirement Medical Trust Fund – County Contribution	<u>County Contribution, based on continuous years of service:</u> 10-14 years = 1.00% of bi-weekly base salary 15+ years = 1.50% of bi-weekly base salary
Other	
529 Education Savings Plan	Eligible
Bar Dues	Up to \$400/year
Dependent Care Assistance Plan	Eligible
Flexible Spending Account (FSA)	Annual Maximum: \$2,650 or \$101.92 per pay period for 26 pay periods
Qualified Transportation Plan	Pre-tax deductions of up to \$265/month for qualified transportation (commuter) expenses
Short Term Disability Benefit	55% up to \$1,252/week

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

Example #1: A Child Support Attorney I elects Blue Shield Signature HMO and DeltaCare USA DHMO plans with Employee Only coverage.

- \$263.51 (combined cost of premiums)
- \$194.90 (medical premium subsidy)
- \$ 9.46 (dental premium subsidy)
- \$ 59.15 (biweekly out-of-pocket cost)**

Example #2: A Deputy District Attorney II elects Kaiser Permanente and Delta Dental PPO plans with Employee + 2 or more coverage.

- \$907.44 (combined cost of premiums)
- \$486.11 (medical premium subsidy)
- \$ 9.46 (dental premium subsidy)
- \$411.87 (biweekly out-of-pocket cost)**

Example #3: A Deputy Public Defender III elects Blue Shield Signature HMO and DeltaCare USA DHMO plans with Employee + 1 or more coverage.

- \$521.21 (combined cost of premiums)
- \$350.16 (medical premium subsidy)
- \$ 9.46 (dental premium subsidy)
- \$161.59 (biweekly out-of-pocket cost)**