



# Exempt – Non Elected

ALL BENEFITS ARE PER PAY PERIOD UNLESS OTHERWISE NOTED

<b>Representation</b>	Non-Represented	
<b>Ordinance Revision Date</b>	January 23, 2018	
<b>Health and Welfare</b>		
<b>Benefit Level</b>	Full Time (61 – 80 hours)	
<b>Medical Premium Subsidy (MPS)</b>	Employee Only	\$234.50
	Employee + 1	\$361.19
	Employee + 2	\$495.34
<b>Dental Premium Subsidy (DPS)</b>	Up to \$9.46	
<b>Medical Opt-Out</b>	Before 7/9/05	\$161.54
	After 7/9/05	\$40.00
<b>Medical Waive</b>	Before 7/9/05	\$230.00
	After 7/9/05	\$40.00
<b>Vision</b>	Employer Paid for Employee & Dependent Coverage	
<b>Life Insurance Employer Paid</b>	\$50,000	
<b>Voluntary Term Life</b>	Employee: \$10,000 - \$700,000 Spouse/Domestic Partner: \$10,000 - \$250,000 Child(ren): \$5,000 - \$20,000	
<b>Voluntary AD&amp;D</b>	Employee: \$10,000 - \$250,000 Spouse/Domestic Partner: \$5,000 - \$125,000 Child(ren): \$3,125 - \$25,000	
<b>Variable Group Universal Life County Contribution</b>	Group A – 100% of 1x Annual Salary Group B – 50% of 1x Annual Salary or 100% of ½x Annual Salary Group C – 25% of 1x Annual Salary Group D – 25% of 1x Annual Salary	
<b>Leave Provisions (effective PP 01/11)</b>		
<b>Vacation</b>	80-160 hours/year (Maximum carryover of 480 hours, with exceptions. Unused balance in excess of cap will automatically cash out in pay period 1)	
<b>Sick</b>	3.69 hours per pay period or 96 hours annually	
<b>Bereavement</b>	2 days per occurrence (3 if traveling > 1,000 miles)	
<b>Holiday</b>	13 + 1 floating/year (Maximum carryover of 112 hours, with exceptions. Unused balance in excess of cap will automatically cash out in pay period 1)	
<b>Administrative</b>	80 hours/year Unused balance will automatically cash out in pay period 1	
<b>Perfect Attendance (Groups C and D)</b>	16 hours of Perfect Attendance Leave	
<b>Retirement</b>		
<b>Retirement Formulas (General)</b> <i>Reciprocity provision may apply</i>	<b>Tier I</b> 2.0% at age 55 Hired PRIOR TO January 1, 2013	<b>Tier II</b> 2.5% at age 67 Hired ON or AFTER January 1, 2013
<b>Retirement Formulas (Safety)</b> <i>Reciprocity provision may apply</i>	<b>Tier I</b> 3.0% at age 50 Hired PRIOR TO January 1, 2013	<b>Tier II</b> 2.7% at age 57 Hired ON or AFTER January 1, 2013

<b>Retirement – Other</b>	
<b>457(b)</b> Eligible to enroll at any time	Groups A & B = County contribution 1 times Employee contribution, up to 1% Groups C & D = County contribution ½ times Employee contribution, up to ½%
<b>401(k)</b> Eligible to enroll at any time	Groups A, B, & C=County contribution 2 times Employee contribution, up to 8% Group D = County contribution 2 times Employee contribution, up to 6%
<b>Retirement Medical Trust Fund - Sick Leave Conversion</b>	Employees become eligible to convert a portion of their sick leave to the Retirement Medical Trust upon attaining 5 or more years of participation with SBCERA and/or other public retirement system(s).
<b>Retirement Medical Trust Fund - County Contribution</b>	<u>County Contribution, based on years of participation in a Public Retirement System:</u> 5-9 years = 1.00% of biweekly base salary 10-15 years = 1.75% biweekly base salary 16+ years = 2.75% biweekly base salary
<b>Other</b>	
<b>529 Education Savings Plan</b>	Eligible
<b>Annual Tuition Reimbursement</b>	\$1,000 per Employee
<b>Automobile Allowance</b>	Groups A & B, Assistant Sheriffs, Sheriff's Deputy Chiefs Biweekly allowance of \$561.54 with no mileage reimbursement, provided Employee is not assigned a County vehicle
<b>Dependent Care Assistance Plan</b>	Eligible
<b>Flexible Spending Account (FSA)</b>	Annual maximum contribution of \$2,650 plus up to \$40 County Match
<b>Healthy Lifestyle Program</b>	Health Club Membership Reimbursement, up to \$324/year and Annual Physical Exam
<b>Long Term Disability</b>	60% up to \$10,000/month
<b>Portable Communication Device Allowance</b>	Groups A & B – biweekly allowance of \$92.31
<b>Qualified Transportation Plan</b>	Pre-tax deductions of up to \$265/month for qualified transportation (commuter) expenses
<b>Short Term Disability</b>	55% up to \$1,785/week

**The County offers *Premium Subsidies biweekly* to help off-set the cost of your medical and dental premiums.**

**Example 1:** The Undersheriff elects Kaiser Permanente and Delta Dental PPO plans with Employee + 2 or more coverage:

\$907.44 (combined cost of premiums)  
- \$495.34 (medical premium subsidy)  
- \$ 9.46 (dental premium subsidy)  
**\$402.64 (biweekly out-of-pocket cost)**

**Example 2:** The County Surveyor elects Blue Shield Signature HMO and DeltaCare USA DHMO plans with Employee + 2 or more coverage:

\$734.90 (combined cost of premiums)  
- \$495.34 (medical premium subsidy)  
- \$ 9.46 (dental premium subsidy)  
**\$230.10 (biweekly out-of-pocket cost)**

**Example 3:** The Chief Probation Officer elects Blue Shield Signature HMO and Delta Dental PPO plans with Employee + 1:

\$552.05 (combined cost of premiums)  
- \$361.19 (medical premium subsidy)  
- \$ 9.46 (dental premium subsidy)  
**\$181.40 (biweekly out-of-pocket cost)**