

Human Resources Employee Benefits & Services MODIFIED BENEFIT OPTION (MBO)

non-elected

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

Exempt Compensation Ordinance January 2024

**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 <u>MBO</u> <u>website</u>, or call Employee Benefits and Services (EBSD) 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.

# 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 February 10, 2024* 

	<u>TBO</u>	<u>MBO</u>
Emp-Only	\$310.75	\$220.63
Emp +1	\$499.87	\$409.89
Emp +2 or more	\$702.03	\$575.66

## 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			
	ТВО	MBO	
Vacation	80-160 hours per year <i>Cash-out option</i>	See PTO Cash-out option same as TBO	
	Max. carryover of 480 hours. Unused balance in excess of cap will automatically cash out in pay period 1		
Sick	3.69 hours per pay period	See PTO	
Holiday	14 + 1 floating per year Max. carryover of 120 hours. Unused balance in excess of cap will automatically cash out in pay period 1	14 holidays per year	
Admin	80 hours per year Unused balance will automatically cash out in pay period 26	Same as TBO	
Bereavement	2 days per occurrence (3 if traveling >1,000 miles)	Same as TBO	
Perfect Attendance Leave (PAL)	Up to 16 hours PAL Group C and D only	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

This document provides a summary of benefit provisions contained in the MOU. If there is any discrepancy between this document and the MOU, the MOU provisions will prevail.

# Employees are our most valuable resource.

### **COUNTY-PAID BENEFITS**

#### AUTOMOBILE ALLOWANCE

Groups A & B, Assistant Sheriffs, Sheriff's Deputy Chiefs, District Attorney Chief Investigator & Assistant Chief Probation Officer.

Biweekly allowance of \$461.54 with no mileage reimbursement, provided Employee is not assigned a County vehicle.

PORTABLE COMMUNICATION DEVICE ALLOWANCE

Groups A & B - Bi-weekly allowance of \$92.31

#### SHORT-TERM DISABILITY

Receive 55% of pay, up to \$2,309/week for up to 6 mos.

#### LONG-TERM DISABILITY

60% up to \$10,000/month

#### **BASIC TERM LIFE INSURANCE**

#### \$50,000

#### RETIREMENT

#### **SBCERA Retirement Formulas**

Reciprocity provisions may apply

- Tier I2.0% at age 55Hired 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  $\frac{1}{2}$  times Employee contribution, up to  $\frac{1}{2}$ %

#### 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.

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

## VOLUNTARY PARTICIPATION PROGRAMS

Supplemental Term Life Insurance	Have financial security with extra term life coverage for yourself and your family with coverage up to \$700,000.	
Variable Group Universal Life Insurance	Group A – 100% of the premium for 1x Annual Salary Group B – 50% of the premium for 1x	
(VGUL)	Annual Salary or 100% of the premium for $\frac{1}{2}$ Annual Salary	
	Group C & D – 25% of the premium for 1x Annual Salary	
AD&D Insurance	Additional insurance in the event of accidental death or serious injury, with coverage options up to \$250,000.	
FSA	Pre-tax account for qualified health care expenses up to \$3,050 annually. Plus, up to \$40 match per pay period OR BSC Access+ / Kaiser Choice plan enrollees are eligible for a match up to \$50 per pay period.	
DCAP	Pre-tax account for qualified dependent care expenses up to \$5,000 annually.	
Healthy Lifestyle Program	Health Club Membership Reimbursement, up to \$324/year and Annual Physical Exam.	
Annual Tuition Reimbursement	\$1,000 per fiscal year	
Tuition Loan Repayment	Receive up to \$10,000 for eligible loan repayment. Refer to Exempt Ordinance.	
529 Savings Plan	vings Invest for future educational expenses with tax-free earnings. Contact Voya to enroll.	
Combined	link.sbcounty.gov/CombinedGiving	
Giving	Give back to the community via one-time or ongoing payroll deductions.	
Commuter	link.sbcounty.gov/rideshare	
Services	Help the environment, reduce traffic, save money and earn rewards with your commute.	
Employee	link.sbcounty.gov/EmployeeDiscount	
Discounts	Save big at hundreds of national and local merchants	
Wellness	link.sbcounty.gov/wellness	
Program	Information, resources and rewards to support your healthy lifestyle.	
Employee	link.sbcounty.gov/eap	
Assistance Program (EAP)	Confidential expert support and resources available at any time, at no cost to you.	

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## **EMPLOYEE OUT-OF-POCKET COSTS**

## (Effective February 10, 2024)

En	nployee Only Coverage			
Plan	TBO - Employee Cost Per Pay Period	MBO - Employee Cost Per Pay Period		
Blue Shield Gold Trio HMO	\$0.00	\$51.97		
Blue Shield Access + HMO	\$0.00	\$69.82		
Blue Shield Signature HMO	\$23.63	\$113.75		
Blue Shield PPO	\$310.61	\$400.73		
Kaiser Virtual Complete HMO	\$0.00	\$51.86		
Kaiser Choice HMO	\$0.00	\$75.93		
Kaiser Permanente HMO	\$37.17	\$127.29		
Employee + 1 Coverage				
Plan	TBO - Employee Cost Per Pay Period	MBO - Employee Cost Per Pay Period		
Blue Shield Gold Trio HMO	\$43.35	\$133.33		
Blue Shield Access + HMO	\$79.06	\$169.04		
Blue Shield Signature HMO	\$166.90	\$256.88		
Blue Shield PPO	\$764.38	\$854.36		
Kaiser Virtual Complete HMO	\$43.10	\$133.08		
Kaiser Choice HMO	\$91.25	\$181.23		
Kaiser Permanente HMO	\$193.97	\$283.95		
Emplo	oyee + 2 or more Coverage			
Plan	TBO - Employee Cost Per Pay Period	MBO - Employee Cost Per Pay Period		
Blue Shield Gold Trio HMO	\$65.81	\$192.18		
Blue Shield Access + HMO	\$116.34	\$242.71		
Blue Shield Signature HMO	\$240.62	\$366.99		
Blue Shield PPO	\$1,259.16	\$1,385.53		
Kaiser Virtual Complete HMO	\$65.44	\$191.81		
Kaiser Choice HMO	\$133.59	\$259.96		
Kaiser Permanent HMO	\$278.90	\$405.27		

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