SAN BERNARDINO COUNTY

Human Resources
Employee Benefits and Services

EXEMPT

Benefits Overview

Healthcare Benefits

The County pays a large portion of your healthcare premiums.

MEDICAL PREMIUM SUBSIDY

Effective July 11, 2026

Employee Only	$394.22
Employee +1	$666.80
Employee +2 or more	$938.24

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 into a County medical plan.

VISION

No cost for Employee and Dependent coverage.

The Benefit rates listed above apply to full-time employees (61-80 hours) per biweekly pay period unless noted otherwise.
To determine your out-of-pocket costs, use our online Benefits Calculator: **https://hr.sbcounty.gov/benefits-calculator.**

Leave Provisions

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

Vacation

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

Admin Leave

80 hours per year. Unused balance will cash out in pay period 26.

Holiday

14 days + 1 Floating per year. Maximum carryover of 120 hours.
Excess of cap will cash out in pay period 1.

Perfect Attendance

Up to 16 hours of PAL.

Sick Leave

3.69 hours per pay period.

Bereavement

3 days per occurrence.
(4 days if traveling >600 miles)

Modified Benefit Option (MBO)

All regular full-time employees in the Exempt unit shall be provided the opportunity to convert from a regular position with traditional benefits to a regular position with modified benefits and wage differential. Refer to your Memorandum of Understanding (MOU).

MOU Website: **https://link.sbcounty.gov/MOU** MBO Website: **https://link.sbcounty.gov/MBO**

Human Resources – Employee Benefits and Services
909.387.5787 | ebsd@hr.sbcounty.gov | link.sbcounty.gov/benefits

Employees are our most valuable resource.

County-Paid Benefits

Life Insurance

Basic Term Life Insurance: $50,000
Group Universal Life Insurance:
Group A - 100% of the premium paid by the County for 1x Annual Salary.
Group B - 50% of the premium paid by the County for 1x Annual Salary.
Group C & D - 25% of the premium paid by the County for 1x Annual Salary

Disability

Short Term: Receive 55% of pay, up to $2,516/week for up to 6 months.
Long Term: 60% of salary up to $10,000/month.

Automobile Allowance

Groups A & B - Assistant Sheriffs, Sheriff's Deputy Chiefs, District Attorney Chief Investigator, and Assistant Chief Probation Officer.
Biweekly allowance of $461.54, no mileage reimbursement.

Portable Communication Allowance

Groups A & B - Biweekly allowance of $92.31.
Refer to your MOU for eligibility details.

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 A & B - County contribution 1x employee contribution, up to 1%.
Group C & D - County contribution 50% employee contribution, up to .50%.

401(k) Defined Compensation

Groups A, B, & C - 2x employee contribution up to 8%.
Group D - 2x 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 Programs

Supplemental Term Life Insurance

Have financial security with extra term life coverage for yourself and your family with coverage up to $700,000.
https://link.sbcounty.gov/Life-Insurance

AD&D Insurance

Additional insurance in the event of accidental death or serious injury, with coverage options up to $250,000.
https://link.sbcounty.gov/Life-Insurance

Flexible Spending Account (FSA)

Pre-Tax account for qualified health care expenses up to $3,400 annually. Employees are eligible for a match up to $40. Employees who select County-sponsored Blue Shield Access+ or Kaiser Choice are eligible for a match up to $50 per pay period.
https://link.sbcounty.gov/fsa

Dependent Care Assistance Program (DCAP)

Pre-tax account for qualified dependent care expenses up to $5,000 annually. **https://link.sbcounty.gov/DCAP**

529 Savings Plan

Invest for future educational expenses with tax-free earnings. Contact Scholar Share to enroll. **https://link.sbcounty.gov/529**

Combined Giving

Give back to the community via one time or ongoing payroll deductions. **https://link.sbcounty.gov/CombinedGiving**

Commuter Services

Help the environment, reduce traffic, save money and earn rewards with your commute. **https://link.sbcounty.gov/Commuter**

Employee Discounts

Save big at hundreds of national and local merchants.
https://link.sbcounty.gov/Employee-Discount-Program

Wellness Program

Information, resources and rewards to support your healthy lifestyle. **https://link.sbcounty.gov/wellness**

Employee Assistance Program (EAP)

Confidential expert support and resources available at any time, at no cost to you. **https://link.sbcounty.gov/EAP**

Annual Tuition Reimbursement

Receive up to $1,000 per fiscal year, refer to the Exempt Ordinance for additional information and eligibility.

Tuition Loan Repayment

Receive up to $10,000 for eligible loan repayment, refer to the Exempt Ordinance for eligibility details.
https://link.sbcounty.gov/TuitionProgram

Healthy Lifestyle Program

Health Club Membership reimbursement, up to $324/year.

Medical Premium Costs for County Plans

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

Medical Premium Subsidy

July 11, 2026

Employee Only: **$394.22 (TBO)** **$279.90 (MBO)**
Employee +1: **$666.80 (TBO)** **$546.78 (MBO)**
Employee +2: **$938.24 (TBO)** **$769.36 (MBO)**

Employee Only Coverage		
Plan	**Traditional Benefit Option (TBO) Employee Cost Per Pay Period**	**Modified Benefit Option (MBO) Employee Cost Per Pay Period**
Blue Shield Gold Trio HMO	$0.00	$60.66
Blue Shield Access + HMO	$0.00	$82.98
Blue Shield Signature HMO	$23.63	$137.95
Blue Shield PPO	$382.67	$496.99
Kaiser Virtual Complete HMO	$0.00	$49.17
Kaiser Choice HMO	$0.00	$78.29
Kaiser Permanente HMO	$25.90	$140.22

Employee +1 Coverage		
Plan	**Traditional Benefit Option (TBO) Employee Cost Per Pay Period**	**Modified Benefit Option (MBO) Employee Cost Per Pay Period**
Blue Shield Gold Trio HMO	$12.33	$132.35
Blue Shield Access + HMO	$57.01	$177.03
Blue Shield Signature HMO	$166.90	$286.92
Blue Shield PPO	$914.42	$1,034.44
Kaiser Virtual Complete HMO	$0.00	$109.35
Kaiser Choice HMO	$47.57	$167.59
Kaiser Permanente HMO	$171.43	$291.45

Employee +2 or more Coverage		
Plan	**Traditional Benefit Option (TBO) Employee Cost Per Pay Period**	**Modified Benefit Option (MBO) Employee Cost Per Pay Period**
Blue Shield Gold Trio HMO	$21.92	$190.80
Blue Shield Access + HMO	$85.14	$254.02
Blue Shield Signature HMO	$240.62	$409.50
Blue Shield PPO	$1,514.95	$1,683.83
Kaiser Virtual Complete HMO	$0.00	$158.23
Kaiser Choice HMO	$71.76	$240.64
Kaiser Permanente HMO	$247.02	$415.90