



Human Resources  
Employee Benefits and Services

# FIRE AUXILIARY SERVICES UNIT & FIRE AUXILIARY SERVICES SUPERVISORY

## Benefits Overview

**MOU Contract 2023-2027**

### Healthcare Benefits

The Fire District pays a large portion of your healthcare premiums.



#### MEDICAL PREMIUM SUBSIDY

Effective July 12, 2025

|                     |            |
|---------------------|------------|
| Employee Only       | \$371.39   |
| Employee +1         | \$725.98   |
| Employee +2 or more | \$1,026.22 |

#### MEDICAL OPT-OUT/WAIVE

If you have other employer-sponsored group coverage and do not enroll in the Fire District's medical plans, you will receive an extra \$40 per pay period.



#### DENTAL PREMIUM SUBSIDY

\$9.46  
Requires enrollment in a Fire District 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 (61-80 hours) per biweekly pay period unless noted otherwise.



#### Sick

3.69 hours per pay period.



#### Holiday

120 hours per year  
(4.62 hours per pay period).



#### Bereavement

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



#### Vacation

80-160 hours per year  
Cash-out option up to 60 hours per year if  
80 hours of vacation used in previous year.



#### Perfect Attendance

Up to 16 hours perfect attendance leave  
Refer to your MOU for eligibility details.



#### Admin Leave

40 hours/year - FAS Only  
Cash-out option available.



#### Annual Leave

40 hours/year - FAS Only  
No cash-out option, use it or lose it.

### Modified Benefit Option (MBO)

All regular full-time employees 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>

## Fire District Paid Benefits



### Tool Allowance

\$500 for Vehicle Services Supervisors



### State Disability Insurance

Premium paid by Fire District.  
Refer to your MOU.



### Basic Term Life Insurance

\$25,000 for all Employees  
\$35,000 for Supervisory Classifications



## 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

Auto-enrollment at 1% of base salary upon hire. Fire District matching contribution, up to 0.50% based upon 1 year of continuous service.

### Retirement Medical Trust (RMT)

#### Fire District Contribution

Based on continuous years of service:  
10-14 years = 1.50% of biweekly base salary  
15-19 years = 2.00% of biweekly base salary  
20+ years = 2.50% of biweekly base salary

### Sick Leave Conversion

Upon separation, eligible to convert a portion of your sick leave into the RMT upon attaining 10+ 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 who select a Fire District sponsored Blue Shield Access+ or Kaiser Choice are eligible for up to \$10 per pay period match. <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-Discout-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

First come, first serve basis not to exceed \$1,650 per fiscal year. Refer to your MOU. <https://link.sbcounty.gov/MOU>

# Medical Premium Costs for Fire District Plans

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

## Medical Premium Subsidy

Effective July 11, 2026

Employee Only: **\$371.39 (TBO)** **\$263.69 (MBO)**

Employee +1: **\$725.98 (TBO)** **\$595.30 (MBO)**

Employee +2: **\$1,026.22 (TBO)** **\$841.50 (MBO)**

| Employee Only Coverage      |                                                                  |                                                               |
|-----------------------------|------------------------------------------------------------------|---------------------------------------------------------------|
| Plan                        | Traditional Benefit Option (TBO)<br>Employee Cost Per Pay Period | Modified Benefit Option (MBO)<br>Employee Cost Per Pay Period |
| Blue Shield Gold Trio HMO   | \$0.00                                                           | \$76.87                                                       |
| Blue Shield Access + HMO    | \$0.00                                                           | \$99.19                                                       |
| Blue Shield Signature HMO   | \$46.46                                                          | \$154.16                                                      |
| Blue Shield PPO             | \$405.50                                                         | \$513.20                                                      |
| Kaiser Virtual Complete HMO | \$0.00                                                           | \$65.38                                                       |
| Kaiser Choice HMO           | \$0.00                                                           | \$94.50                                                       |
| Kaiser Permanente HMO       | \$48.73                                                          | \$156.43                                                      |

| Employee +1 Coverage        |                                                                  |                                                               |
|-----------------------------|------------------------------------------------------------------|---------------------------------------------------------------|
| Plan                        | Traditional Benefit Option (TBO)<br>Employee Cost Per Pay Period | Modified Benefit Option (MBO)<br>Employee Cost Per Pay Period |
| Blue Shield Gold Trio HMO   | \$0.00                                                           | \$83.83                                                       |
| Blue Shield Access + HMO    | \$0.00                                                           | \$128.51                                                      |
| Blue Shield Signature HMO   | \$107.72                                                         | \$238.40                                                      |
| Blue Shield PPO             | \$855.24                                                         | \$985.92                                                      |
| Kaiser Virtual Complete HMO | \$0.00                                                           | \$60.83                                                       |
| Kaiser Choice HMO           | \$0.00                                                           | \$119.07                                                      |
| Kaiser Permanente HMO       | \$112.25                                                         | \$242.93                                                      |

| Employee +2 or more Coverage |                                                                  |                                                               |
|------------------------------|------------------------------------------------------------------|---------------------------------------------------------------|
| Plan                         | Traditional Benefit Option (TBO)<br>Employee Cost Per Pay Period | Modified Benefit Option (MBO)<br>Employee Cost Per Pay Period |
| Blue Shield Gold Trio HMO    | \$0.00                                                           | \$118.66                                                      |
| Blue Shield Access + HMO     | \$0.00                                                           | \$181.88                                                      |
| Blue Shield Signature HMO    | \$152.64                                                         | \$337.36                                                      |
| Blue Shield PPO              | \$1,426.97                                                       | \$1,611.69                                                    |
| Kaiser Virtual Complete HMO  | \$0.00                                                           | \$86.09                                                       |
| Kaiser Choice HMO            | \$0.00                                                           | \$168.50                                                      |
| Kaiser Permanente HMO        | \$159.04                                                         | \$343.76                                                      |