SAN BERNARDINO COUNTY | Human Resources
Employee Benefits and Services

FIRE MANAGEMENT

Benefits Overview

MOU Contract 2025-2030

Healthcare Benefits

The County pays for a large portion of your healthcare premiums.

MEDICAL PREMIUM SUBSIDY

Effective August 9, 2025

Employee Only	$277.16
Employee +1	$452.61
Employee +2 or more	$619.77

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 $20 per pay period.

VISION

No cost for Employee and Dependent coverage.

The Benefit rates listed above apply to full-time employees (80-112 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 (80-112 hours) per biweekly pay period unless otherwise noted.

Holiday

56-hour work week employees 167 hours/year.

40-hour work week employees 14 days + 1 Floating.

Vacation

56-hour work week employees 112 - 224 hours per year.

40-hour work week employees 80 - 160 hours/year.

Admin Leave

56-hour work week employees 96 hours/year.

40-hour work week employees 80 hours/year.

Bereavement

2 days per occurrence
(3 if traveling >1,000 miles)

Sick

56-hour work week employees 5.15 hours/pay period.

40-hour work week employees 3.69 hours/pay period.

Modified Benefit Option (MBO)

Certain eligible job classifications 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**

Representation:
The Association of San Bernardino County Fire Managers

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

Uniform Voucher
Up to $450 per fiscal year.
Refer to your MOU.

Short-Term Disability
Receive 55% of pay, up to $2,516 per week for up to 6 months.

Basic Term Life Insurance
$50,000

Retirement

SBCERA Retirement Formulas
Reciprocity provisions may apply

Tier I 3.0% at age 50
Hired PRIOR to Jan 1, 2013

Tier II 2.7% at age 57
Hired ON or AFTER Jan 1, 2013

457(b) Deferred Compensation
Auto-enrolled upon hire at a 1% contribution of base salary. The County will match half of your contribution up to 0.50% of your base salary.

401(k) Defined Contribution
You shall be eligible to participate in the County 401(k) plan, refer to your MOU for details.

Retirement Medical Trust (RMT)
County Contribution

Tier I
7-9 years = 1.00% of biweekly base salary
10-15 years = 2.00% of biweekly base salary
16-19 years = 3.00% of biweekly base salary
20+ years = 4.0% of biweekly base salary

Tier II
7-9 years = 1.00% of biweekly base salary
10-15 years = 2.00% of biweekly base salary
16-19 years = 2.75% of biweekly base salary
20+ years = 3.00% 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 who select County 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-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
Up to $1,000 per fiscal year. Refer to your MOU.
https://link.sbcounty.gov/TuitionProgram

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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

August 9, 2025

Employee Only: **$277.16 (TBO)** **$196.79 (MBO)**
Employee +1: **$452.61 (TBO)** **$371.14 (MBO)**
Employee +2: **$619.77 (TBO)** **$508.21 (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	$63.40	$143.77
Blue Shield Access + HMO	$85.72	$166.09
Blue Shield Signature HMO	$140.69	$221.06
Blue Shield PPO	$499.73	$580.10
Kaiser Virtual Complete HMO	$51.91	$132.28
Kaiser Choice HMO	$81.03	$161.40
Kaiser Permanente HMO	$142.96	$223.33

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	$226.52	$307.99
Blue Shield Access + HMO	$271.20	$352.67
Blue Shield Signature HMO	$381.09	$462.56
Blue Shield PPO	$1,128.61	$1,210.08
Kaiser Virtual Complete HMO	$203.52	$284.99
Kaiser Choice HMO	$261.76	$343.23
Kaiser Permanente HMO	$385.62	$467.09

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	$340.39	$451.95
Blue Shield Access + HMO	$403.61	$515.17
Blue Shield Signature HMO	$559.09	$670.65
Blue Shield PPO	$1,833.42	$1,944.98
Kaiser Virtual Complete HMO	$307.82	$419.38
Kaiser Choice HMO	$390.23	$501.79
Kaiser Permanente HMO	$565.49	$677.05