

FIREFIGHTERS

Benefits Overview

MOU Contract 2025-2030

Healthcare Benefits

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



MEDICAL PREMIUM SUBSIDY

Effective July 11, 2026

Employee Only	\$723.86
Employee +1	\$887.21
Employee +2 or more	\$900.40



DENTAL

Utilize the Medical Premium subsidy balance towards Dental care.

Requires enrollment into a Fire District Medical and Dental plan.



VISION

Utilize the Medical Premium subsidy balance towards Vision care.

Requires enrollment into a Fire District Medical and Dental plan.

The Benefit rates listed above apply to full-time employees (56-112 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 (56-112 hours) per biweekly pay period unless otherwise noted.



Paid Time Off (PTO)

180-292 hours per year. Cash-out option up to 112 hours per year if 112 hours of PTO used in previous year.

1-4 years = 180 hours*, maximum balance allowed = 270 hours
5-9 years = 236 hours*, maximum balance allowed = 356 hours
10+ years = 440 hours*, maximum balance allowed = 440 hours

*Assumes employee has completed the required number of service hours in each pay period. Refer to your Memorandum of Understanding (MOU). <https://link.sbcounty.gov/MOU>



Holiday

154 hours per year.
Maximum balance allowed = 332 hours.

Fire District Paid Benefits



Uniform Allowance

Up to \$450 per fiscal year



Long-Term Disability

Eligible; covered under Local 935 policy.



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.

Retirement Medical Trust (RMT)

Fire District Contribution

Based on continuous years of service:
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 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>



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-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>

Medical Premium Costs for County 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: **\$723.86**

Employee +1: **\$887.21**

Employee +2: **\$900.40**

Employee Only Coverage	
Plan	Employee Cost Per Pay Period
Blue Shield Gold Trio HMO	\$0.00
Blue Shield Access + HMO	\$0.00
Blue Shield Signature HMO	\$0.00
Blue Shield PPO	\$53.03
Kaiser Virtual Complete HMO	\$0.00
Kaiser Choice HMO	\$0.00
Kaiser Permanente HMO	\$0.00

Employee +1 Coverage	
Plan	Employee Cost Per Pay Period
Blue Shield Gold Trio HMO	\$0.00
Blue Shield Access + HMO	\$0.00
Blue Shield Signature HMO	\$0.00
Blue Shield PPO	\$694.01
Kaiser Virtual Complete HMO	\$0.00
Kaiser Choice HMO	\$0.00
Kaiser Permanente HMO	\$0.00

Employee +2 or more Coverage	
Plan	Employee Cost Per Pay Period
Blue Shield Gold Trio HMO	\$59.76
Blue Shield Access + HMO	\$122.98
Blue Shield Signature HMO	\$278.46
Blue Shield PPO	\$1,552.79
Kaiser Virtual Complete HMO	\$27.19
Kaiser Choice HMO	\$109.60
Kaiser Permanente HMO	\$284.86