

PRESCHOOL SERVICES DEPARTMENT

Benefits Overview

MOU Contract 2023-2025

Healthcare Benefits

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



MEDICAL PREMIUM SUBSIDY

Effective August 12, 2023

\$289.00 per pay period



DENTAL PREMIUM SUBSIDY

\$9.88 per pay period



VISION

No cost for Employee Only coverage.

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.

The Benefit rates listed above are 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.



Sick

3.39 hours per year.



Holiday

14 days per year.



Bereavement

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



Perfect Attendance

Up to 16 hours PAL or annual gym membership reimbursement up to \$299.

County-Paid Benefits



Short-term Disability

Receive 55% of pay, up to \$1,765/week for up to one year.



Basic Term Life Insurance

\$25,000



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

Eligible to enroll at any time.

Retirement Medical Trust (RMT)

County Contribution

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



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>



Tuition Reimbursement

First-come, first-served basis not to exceed \$400 per fiscal year.



529 Savings Plan

Invest for future educational expenses with tax-free earnings.

Contact Scholar Share to enroll. <https://link.sbcounty.gov/529>



Dependent Care Assistance Program (DCAP)

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



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

Medical Premium Subsidy

Effective August 12, 2023

Any Tier: **\$289.00**

Employee Only Coverage

Plan	Employee Cost Per Pay Period
Blue Shield Gold Trio HMO	\$51.56
Blue Shield Access + HMO	\$73.88
Blue Shield Signature HMO	\$128.85
Blue Shield PPO	\$487.89
Kaiser Virtual Complete HMO	\$40.07
Kaiser Choice HMO	\$69.19
Kaiser Permanente HMO	\$131.12

Employee +1 Coverage

Plan	Employee Cost Per Pay Period
Blue Shield Gold Trio HMO	\$390.13
Blue Shield Access + HMO	\$434.81
Blue Shield Signature HMO	\$544.70
Blue Shield PPO	\$1,292.22
Kaiser Virtual Complete HMO	\$367.13
Kaiser Choice HMO	\$425.37
Kaiser Permanente HMO	\$549.23

Employee +2 or more Coverage

Plan	Employee Cost Per Pay Period
Blue Shield Gold Trio HMO	\$671.16
Blue Shield Access + HMO	\$734.38
Blue Shield Signature HMO	\$889.86
Blue Shield PPO	\$2,164.19
Kaiser Virtual Complete HMO	\$638.59
Kaiser Choice HMO	\$721.00
Kaiser Permanente HMO	\$896.26