



Human Resources
Employee Benefits and Services



SAFETY

Benefits Overview

MOU Contract 2025-2028

Healthcare Benefits

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



COUNTY PLANS

Medical Premium Subsidies

Effective July 11, 2026

Employee Only	\$326.86
Employee +1	\$653.55
Employee +2 or more	\$913.70

Kaiser Traditional HMO & Blue Shield PPO Subsidies

Effective July 11, 2026

Employee Only	\$355.91
Employee +1	\$728.66
Employee +2 or more	\$1,020.02

SEBA PLANS

Effective July 11, 2026

Any Tier	\$715.38
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MEDICAL OPT-OUT/WAIVE

If you have other employer-sponsored group coverage and you do not enroll in the County's medical plans or Union medical plans, you will receive an extra \$20 per pay period.



VISION

No cost for Employee and Dependent coverage.

The Benefit rates listed apply to full-time employees (61-80 hours) per biweekly pay period unless noted otherwise. Employees within the Safety Unit, are eligible to participate in County or Union healthcare plans. Refer to your Memorandum of Understanding (MOU).

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.



Annual Leave

184-264 hours per year instead of Vacation and Holiday Leave.



Sick

3.69 hours per pay period.



Court Holiday

Must use Annual Leave.

County-Paid Benefits



Uniform Voucher

Up to \$1,200 per year.



Disability Insurance

Covered under SEBA 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 1% contribution of base salary. The County will match half of your contribution up to 1% of your base salary after one year of continuous service.

Retirement Medical Trust (RMT) County Contribution

Based on continuous years of service:

1-9 years = 0.75% of biweekly base salary
10-15 years = 2.00% of biweekly base salary
16-19 years = 3.00% of biweekly base salary
20+ years = 4.00% 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 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-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-served basis not to exceed \$2,000 per year. Refer to your MOU.

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 July 11, 2026
Employee Only: **\$326.86**
Employee +1: **\$653.55**
Employee +2: **\$913.70**

KP Traditional & BS PPO Medical Premium Subsidy

Effective July 11, 2026
Employee Only: **\$355.91**
Employee +1: **\$728.66**
Employee +2: **\$1,020.02**

Employee Only Coverage

Plan	Employee Cost Per Pay Period
Blue Shield Gold Trio HMO	\$13.70
Blue Shield Access + HMO	\$36.02
Blue Shield Signature HMO	\$90.99
Blue Shield PPO	\$420.98
Kaiser Virtual Complete HMO	\$2.21
Kaiser Choice HMO	\$31.33
Kaiser Permanente HMO	\$64.21

Employee +1 Coverage

Plan	Employee Cost Per Pay Period
Blue Shield Gold Trio HMO	\$25.58
Blue Shield Access + HMO	\$70.26
Blue Shield Signature HMO	\$180.15
Blue Shield PPO	\$852.56
Kaiser Virtual Complete HMO	\$2.58
Kaiser Choice HMO	\$60.82
Kaiser Permanente HMO	\$109.57

Employee +2 or more Coverage

Plan	Employee Cost Per Pay Period
Blue Shield Gold Trio HMO	\$46.46
Blue Shield Access + HMO	\$109.68
Blue Shield Signature HMO	\$265.16
Blue Shield PPO	\$1,433.17
Kaiser Virtual Complete HMO	\$13.89
Kaiser Choice HMO	\$96.30
Kaiser Permanente HMO	\$165.24