Sonoma County Public Defender Unit Non-Supervisory (SCDPDAA)

All benefits are per pay period unless otherwise noted

Memorandum of Understanding (MOU) Term	May 16, 2023 - May 6, 2027
Representation	Sonoma County Deputy Public Defender Attorneys' Association (SCDPDAA)

Health and Welfare

Benefit Level	Full Time (80 hours/1.0 FTE)
Medical	**Semi-Monthly County Contribution** **Effective June 1, 2026 - May 31, 2027** $516.00 Employee Only $1,032.00 Employee + 1 $1,458.50 Employee + 2 or More
Dental	$44.29 Semi-Monthly County Contribution **$14.13 Semi-Monthly Employee Contribution**
Vision - County Paid	$7.15 Semi-Monthly
Basic Life Insurance - County Paid	2x Annual Salary
Supplemental Life Insurance - Employee Paid	1-4x Basic Life (not to exceed $500,000 when combined with Basic)
Dependent Life - Employee Paid	$0.23 Semi-Monthly Coverage of $5,000 per Eligible Dependent
Accidental Death & Dismemberment (AD&D) - County Paid	2x Annual Salary

Leave Provisions

Vacation - Accrual based on years of service	Accrue up to 7.55 - 10.31 hours Maximum accrual not to exceed 480 hours
Holiday	12 holidays per year 1 Floating Holiday per year (no carryover or cash out)
Sick	Accrue up to 3.68 hours
Paid Parental Leave	320 hours (subject to eligibility requirements)
Compassionate	Up to 32 hours per eligible occurrence

Retirement - Pension	
Tier 1 (Retirement system membership on or before 12/31/2012. Reciprocity provision may apply)	3% at 60
Tier 2 (Retirement system membership on or after 1/1/2013)	2% at 62; 2.5% at 67

Retirement - Other	
401(a) Deferred Compensation	County contribution of 4.5% base salary
457 - Voluntary Deferred Compensation - optional	Employee Paid
Retiree Medical Plan - Hired prior to January 1, 2009	See Memorandum of Understanding (MOU) for eligibility requirements
Retiree Health Reimbursement Account (HRA) - Hired on or after January 1, 2009	$2,400 lump sum deposit upon meeting eligibility criteria; then $0.58 per eligible pay status hour (Approximately $1,200 per year)

Other Benefits	
Staff Development Reimbursement	$1,250 per fiscal year
Additional Annual Staff Development Allowance (membership dues, conferences, and training fees)	$848 per fiscal year
California Bar Dues	County paid
Dependent Care Assistance Program (DCAP)	Employee paid (optional)
Health Flexible Spending Account (FSA)	Employee paid (optional)
Employee Assistance Program (EAP)	County paid
Long Term Disability	County paid

Example of Semi-Monthly Medical Premium - Based on 2026/2027 Medical Plan Premiums

Kaiser Permanente HMO with employee only coverage

$640.67	Total Premium
-$516.00	County Semi-Monthly Contribution
$124.67	**Employee Semi-Monthly Contribution**

HR Benefits Unit • 707-565-2900 • hr.benefits@sonomacounty.gov

In case of conflict between the information presented in this summary and the current Memorandum of Understanding (MOU), the MOU determines the benefit. This document does not constitute a contract. Benefits are subject to change. For benefits details, please refer to the Salary Resolution or Memorandum of Understanding in effect for this employee group.

Revised: May 21, 2026