

# Deputy District Attorney & Child Support Attorney Non-Supervisory (SCPA)



ALL BENEFITS ARE PER PAY PERIOD UNLESS OTHERWISE NOTED

|   |  |
|---|--|
| <b>Memorandum of Understanding (MOU) Term</b>                         | May 16, 2023 – May 6, 2026   |
| <b>Representation</b>   | Sonoma County Prosecutors' Association (SCPA), in affiliation with International Brotherhood of Teamsters Local Union No. 856  |
| <b>Health and Welfare</b>   |  |
| <b>Benefit Level</b>  | Full-time (80 hours/1.0 FTE)   |
| <b>Medical</b>  | <p><b>Semi-Monthly County Contribution Effective June 1, 2024 – May 31, 2025</b></p> <p>\$446.50 Employee Only<br/>\$893.00 Employee +1<br/>\$1,262.50 Employee +2 or more</p> |
| <b>Dental</b>   | <p>\$45.15 – Semi-Monthly County Contribution<br/><b>\$14.13 – Semi-Monthly Employee Contribution</b></p>  |
| <b>Vision</b>   | County Paid - \$7.45 Semi-Monthly  |
| <b>Basic Life Insurance – County Paid</b>                             | 2-times Annual Base Salary   |
| <b>Supplemental Life – Employee Paid</b>                              | 1, 2, 3, or 4 times Basic Life (not to exceed \$500,000 when combined with Basic Life)   |
| <b>Dependent Life – Employee Paid</b>                                 | \$5,000 per Eligible Dependent   |
| <b>Accidental Death &amp; Dismemberment – County Paid</b>             | 2-times Annual Base Salary   |
| <b>Leave Provisions</b>   |  |
| <b>Vacation/Administrative –</b><br>Accrual based on years of service | <p>Accrue up to 4.91 – 7.67 hours<br/>Maximum accrual not to exceed 480 hours</p>  |
| <b>Holiday</b>  | <p>12 holidays per year<br/>+1 Floating Holiday per year (no carryover or cash-out)</p>  |
| <b>Sick</b>   | Accrue up to 3.68 hours  |
| <b>Paid Parental Leave</b>  | 320 hours (subject to eligibility requirements)  |
| <b>Compassionate</b>  | Up to 32 hours per eligible occurrence   |

*In the 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 benefit details, please refer to the Salary Resolution or Memorandum of Understanding in effect for this employee group.*

Revised: April 8, 2024

| Retirement - Pension  |  |
|---|--|
| <b><u>Tier 1</u></b><br>(Retirement system membership on or before 12/31/2012. Reciprocity provision may apply) | 3% at 60   |
| <b><u>Tier 2</u></b><br>(Retirement system membership on or after 1/1/2013)                                     | 2% at 62; 2.5% at 67   |
| Retirement – Other  |  |
| <b>401(a) - Deferred Compensation</b>   | 4.5% Base Salary – County Contribution   |
| <b>457 - Voluntary Deferred Compensation</b>  | Employee Paid (optional)   |
| <b>Retiree Medical Plan – Hired Prior to January 1, 2009</b>  | See Memorandum of Understanding (MOU) for eligibility requirements   |
| <b>Retiree Health Reimbursement Account (HRA) – Hired on or after January 1, 2009</b>                           | \$2,400 Lump Sum Deposit upon meeting eligibility criteria; then \$0.58 per eligible pay status hour (Approximately \$1200 per year) |
| Other Benefits  |  |
| <b>Staff Development and Wellness Reimbursement Allowance</b>   | \$1,250 per Fiscal Year  |
| <b>Additional Professional Development Allowance</b>  | \$452 per Fiscal Year  |
| <b>Dependent Care Assistance Program (DCAP)</b>   | Employee Paid (Optional)   |
| <b>Health Flexible Spending Account (FSA)</b>   | Employee Paid (Optional)   |
| <b>Employee Assistance Program (EAP)</b>  | County Paid  |
| <b>Long-Term Disability</b>   | County Paid  |
| <b>Short Term Disability</b>  | Employee Paid through SEIU Union Insurance Services  |
| <b>State Bar Dues</b>   | County Paid  |
| <b>Semi-Monthly Medical Premium Out-of-Pocket Cost – Examples based on 2024/2025 medical plan premiums</b>      |  |
| <b>Example #1:</b> Employee elects Kaiser Permanente HMO with Employee Only coverage.                           |  |
| \$565.81 Premium  |  |
| - <u>\$446.50</u> County Contribution   |  |
| <b>\$119.31 Employee Semi-Monthly Out-of-Pocket Cost</b>  |  |
| <b>Example #2:</b> Employee elects Sutter Health Plus HMO with Employee + 1 dependent coverage.                 |  |
| \$811.70 Premium  |  |
| - <u>\$811.70</u> County Contribution   |  |
| <b>\$0.00 Employee Semi-Monthly Out-of-Pocket Cost</b>  |  |
| <b>Example #3:</b> Employee elects Western Health Advantage HMO with Employee + 2 or more dependents coverage.  |  |
| \$1,124.21 Premium  |  |
| - <u>\$1,124.21</u> County Contribution   |  |
| <b>\$0.00 Employee Semi-Monthly Out-of-Pocket Cost</b>  |  |

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