Western Council of Engineers (WCE)

All benefits are per pay period unless otherwise noted

Memorandum of Understanding (MOU) Term	July 11, 2023 - June 1, 2027
Representation	Western Council of Engineers (WCE)

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	$33.42 Semi-Monthly County Contribution **$25.00 Semi-Monthly Employee Contribution**
Vision - County Paid	$7.15 Semi-Monthly
Basic Life Insurance - County Paid	1x Annual Salary
Supplemental Life Insurance - Employee Paid	1-4x Annual Salary (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	1x Annual Salary

Leave Provisions

Vacation - Accrual based on years of service	Accrue up to 4.94 - 8.01 hours Maximum accrual not to exceed 280 hours
Vacation Savings Plan (VSP) - Employee Paid	Set aside up to 20 hours of base pay each plan year during years 3 through 5
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	
457 - Voluntary Deferred Compensation	Employee paid (optional)
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 and Wellness Reimbursement	$1,500 per fiscal year
Safety Boots/Shoes Approved classifications only	Voucher worth up to $170 per paid annually
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