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, 2026	
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, 2024 – May 31, 2025 \$446.50 Employee Only \$893.00 Employee +1 \$1,262.50 Employee +2 or more	
Dental	\$45.15 – Semi-Monthly County Contribution \$14.13 – Semi-Monthly Employee Contribution	
Vision	County Paid (\$7.45 Semi-Monthly)	
Basic Life Insurance – County Paid	2-times Annual Salary	
Supplemental Life – Employee Paid	1, 2, 3, or 4 times Basic Life (not to exceed \$500,000 when combined with Basic Life)	
Dependent Life – Employee Paid	\$5,000 per Eligible Dependent	
Accidental Death & Dismemberment – County Paid	2-times 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	

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Revised: April 8, 2024

Retirement - Pension		
Tier 1 – Non-Safety (Retirement system membership on or before 12/31/2012. Reciprocity provision may apply)	3% at 60	
Tier 2 – Non-Safety (Retirement system membership on or after 1/1/2013)	2% at 62; 2.5% at 67	
Retirement – Other		
401(a) Deferred Compensation	4.5% Base Salary – County Contribution	
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 \$1200 per year)	
Other Benefits		
Staff Development/Wellness 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	

Semi-Monthly Medical Premium Out-of-Pocket Cost – Examples based on 2024/2025 medical plan premiums

Example #1: Employee elects Kaiser Permanente HMO with Employee Only coverage.

\$565.81 Premium

- \$446.50 County Contribution

\$119.31 Employee Semi-Monthly Out-of-Pocket Cost

Example #2: Employee elects Sutter Health Plus HMO with Employee + 1 dependent coverage.

\$811.70 Premium

- \$811.70 County Contribution

\$0.00 Employee Semi-Monthly Out-of-Pocket Cost

Example #3: Employee elects Western Health Advantage HMO with Employee + 2 or more dependents coverage.

\$1,124.21 Premium

- \$1,124.21 County Contribution

\$0.00 Employee Semi-Monthly Out-of-Pocket Cost

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