

Western Council of Engineers (WCE)

ALL BENEFITS ARE PER PAY PERIOD UNLESS OTHERWISE NOTED



Memorandum of Understanding (MOU) Term	July 11, 2023 – June 1, 2026
Representation	Western Council of Engineers (WCE)
Health and Welfare	
Benefit Level	Full-time (80 hours/1.0 FTE)
Medical	<p>Semi-Monthly County Contribution Effective June 1, 2024 – May 31, 2025</p> <p>\$446.50 Employee Only \$893.00 Employee +1 \$1,262.50 Employee +2 or more</p>
Dental	<p>\$34.28 – Semi-Monthly County Contribution \$25.00 – Semi-Monthly Employee Contribution</p>
Vision	County Paid (\$7.45 Semi-Monthly)
Basic Life Insurance – County Paid	1-time Annual Base Salary
Supplemental Life – Employee Paid	1, 2, 3, or 4 times Annual Base Salary (not to exceed \$500,000 when combined with Basic Life)
Dependent Life – Employee Paid	\$5,000 each Eligible Dependent
Accidental Death & Dismemberment – County Paid	1-time Annual Base 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)	Set aside up to 20 hours of base pay each 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

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	
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 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	\$1,500 per Fiscal Year
Safety Boots/Shoes (Employees regularly assigned to construction, refuse facilities, field operations, and road maintenance - ONLY)	Voucher worth up to \$170 for one pair
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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