

**2017 CITY OF EDMONDS
SUMMARY OF BENEFITS -LAW SUPPORT EMPLOYEES**

HEALTH INSURANCE: AWC Regence Healthfirst Plan or AWC Group Health \$10 co-pay Plan
Family coverage available (Base + Major Med Plan)
Premium cost paid for: Employee 100% Dependents @ 90%
Family of four - cost to Employee is **\$144.07****

DENTAL INSURANCE: Delta Dental Plan - family coverage (\$1500 yearly limits)
Progressive co-payment (70% to 100%)
Includes \$1000 Orthodontia
Family of four - Employee Cost is **\$12.80****

VISION INSURANCE: VSP Plan
Family coverage - \$10 deductible
Family of four - Employee cost is **\$1.96****

LIFE INSURANCE: Basic Term Life - \$10,000 on Employee's life
\$1,000 for dependents
Premium is fully paid by the City
\$150,000 - for duty related death - WA State

RETIREMENT: Mandatory State Retirement - PERS Contribution Rates:

	<u>City</u>	<u>Employee</u>
PERS II	7.07%	4.59% (7/1/11)
PERS II	7.25%	4.64% (9/1/11)
PERS II	9.19%	4.92% (7/1/13)
PERS II	11.18%	6.12% (7/1/15)

MEBT: Retirement program in lieu of Social Security
Contribution Rate: City and Employee 6.2% each
Includes Long Term Disability & \$100,000 life insurance (employee paid)

MEDICARE: Employees hired after 4/86 pay 1.45%

UNION DUES: **\$48.50 for personnel, plus \$13.00 for benevolent fund**

VACATION: See Union Contract

SICK LEAVE: Earned at the rate of one day per month of service
Maximum accrual is 1000 hours

HOLIDAYS: Effective 1/1/06, Holiday Bank of time - 110 hours (10 days)
(88 hours are eligible for employer re-purchase)

457 PLAN: Deferred Compensation; State Plan (DRS), Nationwide, & ICMA

SUPPLEMENTAL INSURANCE: AFLAC offers employee paid short term disability insurance, cancer insurance, accident insurance and others. Cigna offers additional, employee paid supplemental life insurance.

SUGGESTIONS: Monetary awards are made for cost-saving suggestions

****See reverse side for cost breakdown**

Please note that the Law Support union contract expires on 12/31/2016 and we will be negotiating the contract this year.

**2017 HEALTH INSURANCE PREMIUM RATES - MONTHLY
POLICE OFFICER AND LAW SUPPORT
2017 HEALTH BENEFITS**

<u>REGENCE HEALTHFIRST (AWC)</u>	TOTAL 2017	CITY PAYS	EMPLOYEE PAYS
GENERAL EMPLOYEE	752.67	752.67	0.00
Spouse	758.36	682.52	75.84
First Child	373.12	335.81	37.31
Second Child	309.17	278.25	30.92

<u>GROUP HEALTH</u>	TOTAL 2017	CITY PAYS	EMPLOYEE PAYS
GENERAL EMPLOYEE	610.32 *	610.32	0.00
Spouse	601.34	541.21	60.13
First Child	306.56	275.90	30.66
Second Child	306.56	275.90	30.66

**Includes EAP services cost*

<u>DENTAL BENEFITS</u>	TOTAL 2017	CITY PAYS	EMPLOYEE PAYS
PLAN - F Plus ORTHODONTIA			
GENERAL EMPLOYEE	56.02	56.02	0.00
EMPLOYEE + 1	106.68	101.61	5.07
EMPLOYEE + 2 or more	183.99	171.19	12.80

<u>VISION BENEFITS</u>	TOTAL 2017	CITY PAYS	EMPLOYEE PAYS
\$10.00 Deductible			
GENERAL EMPLOYEE	9.82	9.82	0.00
EMPLOYEE + 1	19.64	18.65	0.99
EMPLOYEE + 2 or more	29.46	27.50	1.96