2017 CITY OF EDMONDS
SUMMARY OF BENEFITS - SEIU EMPLOYEES

HEALTH INSURANCE:
AWC Regence Healthfirst Plan or AWC Group Health $10 Co-pay Plan
Family coverage available (Base + Major-Med Plan)
Premium cost is paid: 90% - City, 10% - Employee
Family of four - cost to Employee is **$219.33****

DENTAL INSURANCE:
Delta Dental Plan - family coverage ($1500 yearly limits)
Progressive co-payment (70% to 100%)
Includes $1000 Orthodontia rider
Family of four - Employee Cost is **$18.40****

VISION INSURANCE:
VSP Plan
Family coverage - $10 deductible
Family of four - Employee cost is **$2.95****

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

RETIREMENT:
Mandatory State Retirement – PERS Contribution Rates:

City		Employee
PERS II	7.07%	4.59% (71/11)
PERS II	7.21%	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 (employee paid) & $100,000 life insurance

MEDICARE:
Employees hired after 4/86 pay 1.45%

UNION DUES:
1.7% (of gross wages)

VACATION:
See union contract

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

HOLIDAYS:
11 paid holidays + 1 floating holiday*

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

FLEXIBLE SAVINGS ACCOUNT:
The City offers employee funded (pre-tax) FSA's for daycare, medical, and public transit related costs.

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

11/02/16mah
Not a guarantee of benefits – estimate only

2017 HEALTH INSURANCE PREMIUM RATES - MONTHLY
SEIU and TEAMSTERS
2017 HEALTH BENEFITS

REGENCE HEALTHFIRST (AWC)	TOTAL 2017	CITY PAYS	EMPLOYEE PAYS
GENERAL EMPLOYEE	752.67	677.40	75.27
Spouse	758.36	682.52	75.84
First Child	373.12	335.81	37.31
Second Child	309.17	278.25	30.92

GROUP HEALTH	TOTAL 2017		CITY PAYS	EMPLOYEE PAYS
GENERAL EMPLOYEE	610.32	*	549.29	61.03
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*

DENTAL BENEFITS	TOTAL 2017	CITY PAYS	EMPLOYEE PAYS
PLAN - F Plus ORTHODONTIA			
GENERAL EMPLOYEE	56.02	50.42	5.60
EMPLOYEE + 1	106.68	96.01	10.67
EMPLOYEE + 2 or more	183.99	165.59	18.40

VISION BENEFITS	TOTAL 2017	CITY PAYS	EMPLOYEE PAYS
$10.00 Deductible			
GENERAL EMPLOYEE	9.82	8.84	0.98
EMPLOYEE + 1	19.64	17.68	1.96
EMPLOYEE + 2 or more	29.46	26.51	2.95