

**2019 CITY OF EDMONDS
SUMMARY OF BENEFITS FOR CITY COUNCIL MEMBERS**

HEALTH INSURANCE:	AWC Regence Healthfirst 250 Plan or Kaiser Permanente 200 Plan, Family Coverage Available. <i>*As of 1/1/13 Cafeteria style plan option: 2019: \$1,250 per month total base pay (additional \$200 per month for Council President) and \$727.92 per month towards employee benefits.</i>
DENTAL INSURANCE:	Delta Dental Plan - Family Coverage Available (\$1500 annual limit) Reverse Incentive (100% - 70%) Includes \$1000 Orthodontia Rider <i>*As of 1/1/13 Cafeteria style plan option: 2019: \$1,250 per month total base pay (additional \$200 per month for Council President) and \$727.92 per month towards employee benefits.</i>
VISION INSURANCE:	VSP Plan - Family Coverage Available <i>*As of 1/1/13 Cafeteria style plan option: 2019: \$1,250 per month total base pay (additional \$200 per month for Council President) and \$727.92 per month towards employee benefits.</i>
LIFE INSURANCE:	Basic Term Life - \$10,000 on Employee's life \$1,000 on Spouse & Dependents. Premium is fully paid by the City. Voluntary buy-up available.
MEBT:	Retirement program in lieu of Social Security Contribution Rate: City and Employee 6.2% each
MEDICARE:	Employees hired after 4/86 pay 1.45%
457 PLAN:	Employee only contribution - State Plan (DRS), Nationwide, and ICMA
FLEXIBLE SAVINGS ACCOUNT:	The City offers employee funded (pre-tax) FSA's for daycare, medical, public transit and parking related costs.
SUPPLEMENTAL INSURANCE:	AFLAC offers employee paid short term disability insurance, cancer insurance, accident insurance, and other coverage on a self-pay basis. CIGNA Insurance offers employee paid supplemental life insurance.
VACATION / SICK LEAVE ACCRUAL:	Not offered as part of the benefit package.
PENSION:	Not offered as part of the benefit package.
EAP BENEFITS:	Employee Assistance Programs offered through AWC and Cigna.

***See reverse side for cost breakdown**

2019 HEALTH INSURANCE PREMIUM RATES - MONTHLY COUNCIL

Council receives up to \$727.92 (90% of highest medical plan + dental + vision for themselves only) to apply towards benefits, or can choose to receive as additional compensation.

REGENCE HEALTHFIRST 250 (AWC)	TOTAL	CITY PAYS	EMPLOYEE PAYS
GENERAL EMPLOYEE	743.23	668.91	74.32
Spouse	749.46	0.00	749.46
First Child	369.21	0.00	369.21
Second Child	305.23	0.00	305.23

KAISER PERMANENTE 200 (AWC)	TOTAL	CITY PAYS	EMPLOYEE PAYS
GENERAL EMPLOYEE	607.80	547.02	60.78
Spouse	597.66	0.00	597.66
First Child	304.98	0.00	304.98
Second Child	304.98	0.00	304.98

DENTAL BENEFITS	TOTAL	CITY PAYS	EMPLOYEE PAYS
PLAN - F Plus ORTHODONTIA III			
GENERAL EMPLOYEE	56.02	50.42	5.60
EMPLOYEE + 1	106.68	0.00	106.68
EMPLOYEE + 2 or more	183.99	0.00	183.99

VISION BENEFITS	TOTAL	CITY PAYS	EMPLOYEE PAYS
\$10.00 Deductible			
GENERAL EMPLOYEE	9.54	8.59	0.95
EMPLOYEE + 1	19.06	0.00	19.06
EMPLOYEE + 2 or more	28.58	0.00	28.58