

**2019 CITY OF EDMONDS  
SUMMARY OF BENEFITS - (NON-REPRESENTED) EMPLOYEES**

**HEALTH INSURANCE:** AWC Regence Healthfirst 250 Plan or Kaiser Permanente 200 Plan, Family Coverage Available. Premium cost is paid: 90% - City, 10% - Employee  
Family of four - cost to Employee is **\$181.55 - \$216.71\*\***

**DENTAL INSURANCE:** Delta Dental Plan - Family Coverage Available (\$1500 annual limit)  
Reverse Incentive (100% - 70%)  
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 **\$2.86\*\***

**LIFE INSURANCE:** Basic Term Life - Directors/Managers: Life Insurance equal to annual salary up to \$100,000; Other non-reps: Life Insurance equal to half annual salary up to \$50,000; \$1,000 on spouse and dependents. Premium is fully paid by the City.  
Voluntary buy-up available.  
\$150,000 - for duty related death - WA State

**RETIREMENT:** State Retirement is mandatory - PERS Contribution Rates:

	<u>City</u>	<u>Employee</u>
PERS II	12.70%	7.38% (7/1/17)
PERS II	12.83%	7.41% (9/1/18)
PERS II	12.86%	7.90% (7/1/19)

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

**MEDICARE:** Employees hired after 4/86 pay 1.45%

**VACATION:** [See City Code 2.35.030](#)

**SICK LEAVE:** Earned at the rate of one working day for each full calendar month of service.

**HOLIDAYS:** 11 paid holidays per year

**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.

**HRA/VEBA<sup>1</sup>:** Annual city contributions as approved by Council.  
Employee contributions as agreed on by entire group.

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

**EAP BENEFITS:** Employee Assistance Programs offered through AWC and Cigna.

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

<sup>1</sup>Health Reimbursement Arrangement/Voluntary Beneficiary Association (HRA/VEBA)

**2019 HEALTH INSURANCE PREMIUM RATES - MONTHLY**  
**Non-Represented Employees**  
Employee and Dependents covered at 90%/10%

<b>REGENCE HEALTHFIRST 250 (AWC)</b>	<b>TOTAL</b>	<b>CITY PAYS</b>	<b>EMPLOYEE PAYS</b>
GENERAL EMPLOYEE	743.23	668.91	74.32
Spouse	749.46	674.51	74.95
First Child	369.21	332.29	36.92
Second Child	305.23	274.71	30.52

<b>KAISER PERMANENTE 200 (AWC)</b>	<b>TOTAL</b>	<b>CITY PAYS</b>	<b>EMPLOYEE PAYS</b>
GENERAL EMPLOYEE	607.80	547.02	60.78
Spouse	597.66	537.89	59.77
First Child	304.98	274.48	30.50
Second Child	304.98	274.48	30.50

<b>DENTAL BENEFITS</b>	<b>TOTAL</b>	<b>CITY PAYS</b>	<b>EMPLOYEE PAYS</b>
<b>PLAN - F Plus ORTHODONTIA III</b>			
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

<b>VISION BENEFITS</b>	<b>TOTAL</b>	<b>CITY PAYS</b>	<b>EMPLOYEE PAYS</b>
<b>\$10.00 Deductible</b>			
GENERAL EMPLOYEE	9.54	8.59	0.95
EMPLOYEE + 1	19.06	17.15	1.91
EMPLOYEE + 2 or more	28.58	25.72	2.86

*\*\*note that amounts deducted from paychecks may differ slightly due to system rounding.*