

2019 CITY OF EDMONDS SUMMARY OF BENEFITS - TEAMSTERS 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 Available - \$10 deductible Family of four - Employee cost is \$2.86**												
LIFE INSURANCE:	Basic Term Life - \$10,000 on Employee's life \$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:	Mandatory State Retirement - PERS Contribution Rates: <table border="0" style="margin-left: 40px;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">City</th> <th style="border-bottom: 1px solid black;"></th> <th style="text-align: right; border-bottom: 1px solid black;">Employee</th> </tr> </thead> <tbody> <tr> <td>PERS II</td> <td style="text-align: right;">12.70%</td> <td style="text-align: right;">7.38% (7/1/17)</td> </tr> <tr> <td>PERS II</td> <td style="text-align: right;">12.83%</td> <td style="text-align: right;">7.41% (9/1/18)</td> </tr> <tr> <td>PERS II</td> <td style="text-align: right;">12.86%</td> <td style="text-align: right;">7.90% (7/1/19)</td> </tr> </tbody> </table>	City		Employee	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)
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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 (employee paid)												
MEDICARE:	Employees hired after 4/86 pay 1.45%												
UNION DUES:	2.25 x Hourly Wage Rate (rounded to nearest \$)												
VACATION:	See Union Contract												
SICK LEAVE:	Earned at the rate of one day per month of service												
HOLIDAYS:	Teamsters - 11 paid holidays plus one floater*												
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/VEBA¹:	Annual city contributions as defined by CBA. Employee contributions as agreed on by entire group.												
SUPPLEMENTAL INSURANCE:	AFLAC offers employee paid short term disability insurance, cancer insurance, and accident insurance. Cigna offers additional, employee paid supplemental life insurance.												
EAP BENEFITS:	Employee Assistance Programs offered through AWC and Cigna.												
OTHER BENEFITS	Please see union contract for additional benefits and premiums.												

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

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

**2019 HEALTH INSURANCE PREMIUM RATES - MONTHLY
AFSCME and TEAMSTERS**

Employee and Dependents covered at 90%/10%

REGENCE HEALTHFIRST 250 (AWC)	TOTAL	CITY PAYS	EMPLOYEE PAYS
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

KAISER PERMANENTE 200 (AWC)	TOTAL	CITY PAYS	EMPLOYEE PAYS
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

DENTAL BENEFITS	TOTAL	CITY PAYS	EMPLOYEE PAYS
PLAN - F Plus ORTHODONTIA III			
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	CITY PAYS	EMPLOYEE PAYS
\$10.00 Deductible			
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.*