

**2016
CITY OF EDMONDS
SUMMARY OF BENEFITS- POLICE OFFICER 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 **\$137.87****

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 Employee's life, \$1,000 dependents
Premium is fully paid by the City
\$150,000 for duty related death - WA State LEOFF
\$339,881.00 for duty related death - Federal (10/1/14)

RETIREMENT: Mandatory State Retirement - LEOFF Contribution Rates:

<u>City</u>	<u>Employee</u>
LEOFF II 5.23%	8.45% (as of 7/1/09)
LEOFF II 5.24%	8.46% (as of 9/1/09)
LEOFF II 5.23%	8.41% (as of 9/1/13)

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

MEDICARE: Employees hired after 4/86 pay 1.45%

UNION DUES: **\$58.50 for police officers, plus \$23.00 for benevolent fund**

VACATION: Refer to Union Contract

SICK LEAVE: Earned at the rate of 9 hrs/mo. (effective 1/1/06)
Maximum accrual is 1000 hours

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

457 PLAN: 2.0% base wage employer contribution deferral.
Also offered: (DRS), Nationwide, or ICMA

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

SUGGESTIONS: Monetary awards are made for cost-saving suggestions

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

**2016 HEALTH INSURANCE PREMIUM RATES - MONTHLY
POLICE OFFICER AND LAW SUPPORT
2016 HEALTH BENEFITS**

<u>REGENCE HEALTHFIRST (AWC)</u>	<u>TOTAL 2016</u>	<u>CITY PAYS</u>	<u>EMPLOYEE PAYS</u>
GENERAL EMPLOYEE	720.28	720.28	0.00
Spouse	725.73	653.16	72.57
First Child	357.06	321.35	35.71
Second Child	295.87	266.28	29.59

<u>GROUP HEALTH</u>	<u>TOTAL 2016</u>	<u>CITY PAYS</u>	<u>EMPLOYEE PAYS</u>
GENERAL EMPLOYEE	603.08 *	603.08	0.00
Spouse	594.21	534.79	59.42
First Child	302.92	272.63	30.29
Second Child	302.92	272.63	30.29

**Includes EAP services cost*

<u>DENTAL BENEFITS</u>	<u>TOTAL 2016</u>	<u>CITY PAYS</u>	<u>EMPLOYEE PAYS</u>
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>	<u>TOTAL 2016</u>	<u>CITY PAYS</u>	<u>EMPLOYEE PAYS</u>
\$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