

**2016
CITY OF EDMONDS
SUMMARY OF BENEFITS - TEAMSTERS 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 \$209.88**

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 \$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:

	<u>City</u>	<u>Employee</u>
PERS II	7.07%	4.59% (7/1/11)
PERS II	7.25%	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 & \$100,000 life insurance (employee paid)

MEDICARE: Employees hired after 4/86 pay 1.45%

UNION DUES: 2.25 x hourly wage rate

VACATION: See Union Contract

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

HOLIDAYS: Teamsters - 11 paid holidays plus one floater*

457 PLAN: Deferred Compensation; State Plan, Nationwide, and ICMA

FLEXIBLE SAVINGS ACCOUNTS: The City offers employee funded (pre-tax) FSA's for daycare and public transit related costs. Teamsters participates in an optional, cost shared medical FSA.

SUPPLEMENTAL INSURANCE: AFLAC offers employee paid short term disability insurance, cancer insurance, and accident insurance. 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
SEIU and TEAMSTERS
2016 HEALTH BENEFITS

<u>REGENCE HEALTHFIRST (AWC)</u>	<u>TOTAL 2016</u>	<u>CITY PAYS</u>	<u>EMPLOYEE PAYS</u>
GENERAL EMPLOYEE	720.28	648.25	72.03
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	*	542.77	60.31
Spouse	594.21		534.79	59.42
First Child	276.69		249.02	27.67
Second Child	276.69		249.02	27.67

**Includes EAP services cost*

<u>DENTAL BENEFITS</u>	<u>TOTAL 2016</u>	<u>CITY PAYS</u>	<u>EMPLOYEE PAYS</u>
<u>PLAN - F Plus ORTHODONTIA</u>			
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

<u>VISION BENEFITS</u>	<u>TOTAL 2016</u>	<u>CITY PAYS</u>	<u>EMPLOYEE PAYS</u>
<u>\$10.00 Deductible</u>			
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