

**2016  
CITY OF EDMONDS  
SUMMARY OF BENEFITS FOR CITY COUNCIL MEMBERS**

<b>HEALTH INSURANCE:</b>	Choice between AWC Regence Healthfirst Plan or Group Health \$10 Co-pay Plan Family coverage available (Base + Major-Med Plan) Premium cost is paid at 90%-City 10%-for Employee <b>ONLY*</b> <i><b>*As of 1/1/13 Cafeteria style plan option: 2016-\$1000 per month total base pay with toward employee benefits + \$707.51</b></i>
<b>DENTAL INSURANCE:</b>	Delta Dental Plan - family coverage available (\$1500 yearly limits) Progressive co-payment (70% to 100%) Includes \$1000 Orthodontia Premium cost is paid at 90%-City 10%-for Employee <b>ONLY*</b> <i><b>As of 1/1/13 Cafeteria style plan option: 2016-\$1000 per month total base pay with toward employee benefits + \$707.51</b></i>
<b>VISION INSURANCE:</b>	VSP Plan - family coverage available <i><b>As of 1/1/13 Cafeteria style plan option: 2016-\$1000 per month total base pay with toward employee benefits + \$707.51</b></i>
<b>LIFE INSURANCE:</b>	Basic Term Life - \$10,000 on Employee's life \$1,000 on the dependents. Premium is fully paid by the City.
<b>MEBT:</b>	Retirement program in lieu of Social Security Contribution Rate: City and Employee 6.2% each
<b>MEDICARE:</b>	Employees hired after 4/86 pay 1.45%
<b>457 PLAN:</b>	We offer three Deferred Compensation Programs Employee funded (pre-tax) - no employer match State Plan, Nationwide, and ICMA
<b>FLEXIBLE SAVINGS ACCOUNTS:</b>	The City offers employee funded (pre-tax) FSA's for daycare and public transit related costs.
<b>SUPPLEMENTAL INSURANCE:</b>	AFLAC offers employee paid short term disability insurance, cancer insurance, accident insurance, and other coverage on a self-pay basis. Standard Insurance offers employee paid supplemental life insurance.
<b>VACATION / SICK LEAVE ACCRUAL:</b>	Not offered as part of the benefit package.
<b>PENSION:</b>	Not offered as part of the benefit package.

**This summary does not guarantee benefits.**

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

**2016 HEALTH INSURANCE PREMIUM RATES - MONTHLY  
COUNCIL  
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	0.00	725.73
First Child	357.06	0.00	357.06
Second Child	295.81	0.00	295.81

  

<u>GROUP HEALTH</u>	<u>TOTAL 2016</u>	<u>CITY PAYS</u>	<u>EMPLOYEE PAYS</u>
GENERAL EMPLOYEE	603.08	*	542.77
Spouse	594.21	0.00	594.21
First Child	302.92	0.00	302.92
Second Child	302.92	0.00	302.92

*\*Includes EAP services cost*

  

<u>DENTAL BENEFITS</u>	<u>TOTAL 2016</u>	<u>CITY PAYS</u>	<u>EMPLOYEE PAYS</u>
<b>PLAN - F Plus ORTHODONTIA</b>			
GENERAL EMPLOYEE	56.02	50.42	5.60
EMPLOYEE + 1	106.68	50.42	56.26
EMPLOYEE + 2 or more	183.99	50.42	133.57

  

<u>VISION BENEFITS</u>	<u>TOTAL 2016</u>	<u>CITY PAYS</u>	<u>EMPLOYEE PAYS</u>
<b>\$10.00 Deductible</b>			
GENERAL EMPLOYEE	9.82	8.84	0.98
EMPLOYEE + 1	19.64	8.84	10.80
EMPLOYEE + 2 or more	29.46	8.84	20.62