

## 2022 CITY OF LACEY

### SUMMARY OF BENEFITS – LPMA and LPOG EMPLOYEES

<b>HEALTH INSURANCE</b>	<p><b>Kaiser Permanente \$200 Plan</b>  <b>Kaiser Permanente High Deductible Health Plan</b>  <b>Regence HealthFirst 250 Plan</b>  <b>Regence High Deductible Health Plan</b></p> <ul style="list-style-type: none"> <li>▪ City pays 100% employee premium/90% dependent premium</li> <li>▪ City funds a tiered Notional HRA available to employees enrolled in High Deductible Plan</li> </ul>
<b>DENTAL INSURANCE</b>	<p><b>Delta Dental Plan F - \$10 copay</b></p> <ul style="list-style-type: none"> <li>▪ \$1500 annual limit - incentive levels (100%-70%)</li> </ul> <p><b>Willamette Dental - Active Plan 1</b></p> <ul style="list-style-type: none"> <li>▪ \$10 copay</li> <li>▪ City pays 100% employee premium/90% dependent premium</li> </ul>
<b>VISION INSURANCE</b>	<p><b>VSP Plan</b></p> <ul style="list-style-type: none"> <li>▪ \$0 Copay; \$150 - \$170 allowance for frames</li> <li>▪ City pays 100% employee premium/90% dependent premium</li> </ul>
<b>HRA VEBA</b>	<p><b>Health Reimbursement Arrangement Voluntary Employees' Beneficiary Association (HRA VEBA)</b></p> <ul style="list-style-type: none"> <li>▪ City contributes the following: <ul style="list-style-type: none"> <li>✓ \$1,750 for employees only</li> <li>✓ \$3,250 for employee and additional dependents</li> </ul> </li> </ul>
<b>Notional HRA (HDHP Plans Only)</b>	<p><b>InfiniSource</b></p> <ul style="list-style-type: none"> <li>▪ <b>City contributes the following:</b> <ul style="list-style-type: none"> <li>✓ \$1,000 for employee only</li> <li>✓ \$2,000 for employee and 1 dependent</li> <li>✓ \$2,500 for employee and 2 dependents</li> <li>✓ \$3,000 for employee and 3 or more dependents</li> </ul> </li> </ul>
<b>FLEXIBLE SPENDING ACCOUNT (FSA)</b>	<p><b>Voluntary Benefit</b></p> <ul style="list-style-type: none"> <li>▪ The City offers employee funded (pre-tax) FSA's for medical and dependent care costs.</li> </ul>
<b>LIFE INSURANCE</b>	<p><b>Symetra</b></p> <ul style="list-style-type: none"> <li>▪ Premium paid by City</li> <li>▪ Life Insurance - \$50,000, employee; \$1,000, spouse and child to age 26</li> <li>▪ Accidental Death and Dismemberment is equal to amount of life insurance</li> <li>▪ Benefit reductions begin at age 70</li> </ul>

	<ul style="list-style-type: none"> <li>▪ Additional Voluntary Life Insurance and AD&amp;D available at an additional cost to employee</li> </ul>
<b>RETIREMENT</b>	<p><b>Department of Retirement Systems (DRS)</b></p> <ul style="list-style-type: none"> <li>▪ LEOFF II <ul style="list-style-type: none"> <li>○ City Contributes: 5.30%</li> <li>○ Employee Contributes 8.53%</li> </ul> </li> </ul>
<b>VACATION</b>	See LPOG or LPMA contracts for vacation accrual schedule
<b>SICK LEAVE</b>	Accrual of eight hours a month
<b>HOLIDAYS</b>	11 paid holidays and 2 Floating Holidays annually
<b>457 DEFERRED COMPENSATION</b>	<p><b>WA State DCP</b> <b>MissionSquare (previously ICMA-RC)</b></p> <ul style="list-style-type: none"> <li>▪ Employee contribution only</li> <li>▪ Employees can use 1% benefit incentive towards deferred compensation</li> </ul>
<b>EAP</b>	<p><b>Employee Assistance Plan (EAP) - ComPsych</b></p> <ul style="list-style-type: none"> <li>▪ Offered through AWC</li> <li>▪ Eligible for 1-3 sessions per month</li> </ul>

## 2022 Premiums - Regence HealthFirst 250 & Kaiser \$200 LPMA and LPOG

Regence/Delta/Vision	Total Premiums	City Cost	Employee Cost
Employee	\$883.24	\$883.24	\$0.00
Employee Spouse	\$1,767.20	\$1,678.80	\$88.40
Employee Spouse & 1	\$2,242.68	\$2,106.74	\$135.94
Employee Spouse & 2	\$2,578.54	\$2,409.01	\$169.53
Employee & 1	\$1,348.78	\$1,302.23	\$46.55
Employee & 2	\$1,753.90	\$1,666.83	\$87.07

Regence/Willamette/Vision	Total Premiums	City Cost	Employee Cost
Employee	\$891.68	\$891.68	\$0.00
Employee Spouse	\$1,782.02	\$1,692.99	\$89.03
Employee Spouse & 1	\$2,269.18	\$2,131.43	\$137.75
Employee Spouse & 2	\$2,605.04	\$2,433.70	\$171.34
Employee & 1	\$1,363.60	\$1,316.41	\$47.19
Employee & 2	\$1,780.40	\$1,691.53	\$88.87

Kaiser/Delta/Vision	Total Premiums	City Cost	Employee Cost
Employee	\$763.38	\$763.38	\$0.00
Employee Spouse	\$1,509.04	\$1,434.47	\$74.57
Employee Spouse & 1	\$1,928.52	\$1,812.01	\$116.51
Employee Spouse & 2	\$2,278.72	\$2,127.19	\$151.53
Employee & 1	\$1,172.92	\$1,131.97	\$40.95
Employee & 2	\$1,592.38	\$1,509.48	\$82.90

Kaiser/Willamette/Vision	Total Premiums	City Cost	Employee Cost
Employee	\$771.82	\$771.82	\$0.00
Employee Spouse	\$1,523.86	\$1,448.66	\$75.20
Employee Spouse & 1	\$1,955.02	\$1,836.70	\$118.32
Employee Spouse & 2	\$2,305.22	\$2,151.88	\$153.34
Employee & 1	\$1,187.74	\$1,146.15	\$41.59
Employee & 2	\$1,618.88	\$1,534.17	\$84.71

## 2022 Premiums - High Deductible Health Plan (HDHP) LPMA and LPOG

Regence/Delta/Vision	Total Premiums	City Cost	Employee Cost
Employee	\$634.12	\$634.12	\$0.00
Employee Spouse	\$1,269.12	\$1,205.62	\$63.50
Employee Spouse & 1	\$1,627.04	\$1,527.75	\$99.29
Employee Spouse & 2	\$1,863.38	\$1,740.45	\$122.93
Employee & 1	\$982.10	\$947.30	\$34.80
Employee & 2	\$1,287.70	\$1,222.34	\$65.36

Regence/Willamette/Vision	Total Premiums	City Cost	Employee Cost
Employee	\$642.56	\$642.56	\$0.00
Employee Spouse	\$1,283.94	\$1,219.80	\$64.14
Employee Spouse & 1	\$1,653.54	\$1,552.44	\$101.10
Employee Spouse & 2	\$1,889.88	\$1,765.15	\$124.73
Employee & 1	\$996.92	\$961.48	\$35.44
Employee & 2	\$1,314.20	\$1,247.04	\$67.16

Kaiser/Delta/Vision	Total Premiums	City Cost	Employee Cost
Employee	\$646.16	\$646.16	\$0.00
Employee Spouse	\$1,274.54	\$1,211.70	\$62.84
Employee Spouse & 1	\$1,634.62	\$1,535.77	\$98.85
Employee Spouse & 2	\$1,925.44	\$1,797.51	\$127.93
Employee & 1	\$996.30	\$961.29	\$35.01
Employee & 2	\$1,356.38	\$1,285.36	\$71.02

Kaiser/Willamette/Vision	Total Premiums	City Cost	Employee Cost
Employee	\$654.60	\$654.60	\$0.00
Employee Spouse	\$1,289.36	\$1,225.88	\$63.48
Employee Spouse & 1	\$1,661.12	\$1,560.47	\$100.65
Employee Spouse & 2	\$1,951.94	\$1,822.21	\$129.73
Employee & 1	\$1,011.12	\$975.47	\$35.65
Employee & 2	\$1,382.88	\$1,310.05	\$72.83