

## 2022 CITY OF LACEY

### SUMMARY OF BENEFITS – NON-REPRESENTED, ANIMAL SERVICES, and LPSMA EMPLOYEES

<b>HEALTH INSURANCE</b>	<p><b>Kaiser Permanente \$200 Plan</b>  <b>Regence HealthFirst 250 Plan</b></p> <ul style="list-style-type: none"> <li>▪ City pays 100% employee premium/90% dependent premium</li> </ul>
<b>DENTAL INSURANCE</b>	<p><b>Delta Dental Plan F</b></p> <ul style="list-style-type: none"> <li>▪ \$1500 annual limit - incentive levels (100%-70%)</li> <li>▪ Includes Orthodontia Plan V Rider – 50% benefit, \$2,000 lifetime maximum</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; 2<sup>nd</sup> pair rider</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 \$25 a month for employees</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 – 1 times annual earnings, no less than \$10,000 or greater than \$150,000, 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> <li>▪ Additional Voluntary Life Insurance and AD&amp;D available at an additional cost to employee</li> </ul>

<b>RETIREMENT</b>	<b>Department of Retirement Systems (DRS)</b> <ul style="list-style-type: none"> <li>▪ PERS 2 - Defined Benefit <ul style="list-style-type: none"> <li>○ City Contributes: 10.25%</li> <li>○ Employee Contributes 6.36%</li> </ul> </li> <li>▪ PERS 3 - Defined Benefit + Defined Contribution <ul style="list-style-type: none"> <li>○ City Contributes: 10.25%</li> <li>○ Employee rate varies by employee choice</li> </ul> </li> <li>▪ LEOFF II – LPSMA Only <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 Personnel Policy Manual 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>	<b>WA State DCP</b> <b>MissionSquare (previously ICMA-RC)</b> <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>	<b>Employee Assistance Plan (EAP) - ComPsych</b> <ul style="list-style-type: none"> <li>▪ Offered through AWC</li> <li>▪ Eligible for 1-3 sessions per month</li> </ul>

## 2022 Premiums Non-Represented, Animal Services, and LPSMA

Regence/Delta/Vision	Total Premiums	City Cost	Employee Cost
Employee	\$888.22	\$888.22	\$0.00
Employee Spouse	\$1,777.98	\$1,689.44	\$88.54
Employee Spouse & 1	\$2,289.96	\$2,153.73	\$136.23
Employee Spouse & 2	\$2,625.82	\$2,456.00	\$169.82
Employee & 1	\$1,359.56	\$1,312.86	\$46.70
Employee & 2	\$1,801.18	\$1,713.83	\$87.35

Regence/Willamette/Vision	Total Premiums	City Cost	Employee Cost
Employee	\$894.16	\$894.16	\$0.00
Employee Spouse	\$1,787.00	\$1,697.82	\$89.18
Employee Spouse & 1	\$2,276.66	\$2,138.62	\$138.04
Employee Spouse & 2	\$2,612.52	\$2,440.90	\$171.62
Employee & 1	\$1,368.58	\$1,321.24	\$47.34
Employee & 2	\$1,787.88	\$1,698.72	\$89.16

Kaiser/Delta/Vision	Total Premiums	City Cost	Employee Cost
Employee	\$768.36	\$768.36	\$0.00
Employee Spouse	\$1,519.82	\$1,445.11	\$74.71
Employee Spouse & 1	\$1,975.80	\$1,859.00	\$116.80
Employee Spouse & 2	\$2,326.00	\$2,174.18	\$151.82
Employee & 1	\$1,183.70	\$1,142.60	\$41.10
Employee & 2	\$1,639.66	\$1,556.47	\$83.19

Kaiser/Willamette/Vision	Total Premiums	City Cost	Employee Cost
Employee	\$774.30	\$774.30	\$0.00
Employee Spouse	\$1,528.84	\$1,453.49	\$75.35
Employee Spouse & 1	\$1,962.50	\$1,843.89	\$118.61
Employee Spouse & 2	\$2,312.70	\$2,159.07	\$153.63
Employee & 1	\$1,192.72	\$1,150.98	\$41.74
Employee & 2	\$1,626.36	\$1,541.37	\$84.99