

2024 CITY OF LACEY

SUMMARY OF BENEFITS – LPMA and LPOG EMPLOYEES

HEALTH INSURANCE	<p>Kaiser Permanente \$200 Plan Kaiser Permanente High Deductible Health Plan Regence HealthFirst 250 Plan Regence High Deductible Health Plan</p> <ul style="list-style-type: none"> ▪ City pays 100% employee premium/90% dependent premium ▪ City funds a tiered Notional HRA available to employees enrolled in High Deductible Health Plan
DENTAL INSURANCE	<p>Delta Dental Plan F - \$10 copay</p> <ul style="list-style-type: none"> ▪ \$1500 annual limit - incentive levels (100%-70%) <p>Willamette Dental - Active Plan 1</p> <ul style="list-style-type: none"> ▪ \$10 copay ▪ City pays 100% employee premium/90% dependent premium
VISION INSURANCE	<p>VSP Plan</p> <ul style="list-style-type: none"> ▪ \$10 Copay; \$200 allowance for frames (\$120 for Walmart/Sam's Club/Costco) ▪ City pays 100% employee premium/90% dependent premium
HRA VEBA	<p>Health Reimbursement Arrangement Voluntary Employees' Beneficiary Association (HRA VEBA)</p> <ul style="list-style-type: none"> ▪ City contributes the following: <ul style="list-style-type: none"> ✓ \$1,750 for employees only ✓ \$3,250 for employee and additional dependents
Notional HRA (HDHP Plans Only)	<p>InfiniSource</p> <ul style="list-style-type: none"> ▪ City contributes the following: <ul style="list-style-type: none"> ✓ \$1,000 for employee only ✓ \$2,000 for employee and 1 dependent ✓ \$2,500 for employee and 2 dependents ✓ \$3,000 for employee and 3 or more dependents
FLEXIBLE SPENDING ACCOUNT (FSA)	<p>Voluntary Benefit</p> <ul style="list-style-type: none"> ▪ The City offers employee funded (pre-tax) FSA's for medical and dependent care costs.

LIFE INSURANCE	Symetra <ul style="list-style-type: none"> ▪ Premium paid by City ▪ Life Insurance - \$50,000, employee; \$1,000, spouse and child to age 26 ▪ Accidental Death and Dismemberment is equal to amount of life insurance ▪ Benefit reductions begin at age 70 ▪ Additional Voluntary Life Insurance and AD&D available at an additional cost to employee
RETIREMENT	Department of Retirement Systems (DRS) <ul style="list-style-type: none"> ▪ LEOFF II <ul style="list-style-type: none"> ○ City Contributes: 5.3% ○ Employee Contributes 8.53%
VACATION	See LPOG or LPMA contracts for vacation accrual schedule
SICK LEAVE	Accrual of eight hours a month
HOLIDAYS	11 paid holidays and 2 Floating Holidays annually
457 DEFERRED COMPENSATION	WA State DCP MissionSquare (previously ICMA-RC) <ul style="list-style-type: none"> ▪ Employee contribution only ▪ Employees can use 1% benefit incentive towards deferred compensation
EAP	Employee Assistance Plan (EAP) - ComPsych <ul style="list-style-type: none"> ▪ Offered through AWC ▪ Eligible for 1-3 sessions per month

2024 Premiums - Regence HealthFirst 250 & Kaiser \$200 LPMA and LPOG

Regence/Delta/Vision	Total Premiums	City Cost	Employee Cost
Employee	\$955.10	\$955.10	\$0.00
Employee Spouse	\$1,911.50	\$1,815.86	\$95.64
Employee Spouse & 1	\$2,422.68	\$2,275.92	\$146.76
Employee Spouse & 2	\$2,788.04	\$2,604.75	\$183.29
Employee & 1	\$1,456.34	\$1,406.22	\$50.12
Employee & 2	\$1,890.96	\$1,797.37	\$93.59

Regence/Willamette/Vision	Total Premiums	City Cost	Employee Cost
Employee	\$963.54	\$963.54	\$0.00
Employee Spouse	\$1,926.32	\$1,830.04	\$96.28
Employee Spouse & 1	\$2,449.18	\$2,300.62	\$148.56
Employee Spouse & 2	\$2,814.54	\$2,629.44	\$185.10
Employee & 1	\$1,471.16	\$1,420.40	\$50.76
Employee & 2	\$1,917.46	\$1,822.07	\$95.39

Kaiser/Delta/Vision	Total Premiums	City Cost	Employee Cost
Employee	\$854.12	\$854.12	\$0.00
Employee Spouse	\$1,689.04	\$1,605.55	\$83.49
Employee Spouse & 1	\$2,154.08	\$2,024.08	\$130.00
Employee Spouse & 2	\$2,549.84	\$2,380.27	\$169.57
Employee & 1	\$1,309.22	\$1,263.71	\$45.51
Employee & 2	\$1,774.24	\$1,682.23	\$92.01

Kaiser/Willamette/Vision	Total Premiums	City Cost	Employee Cost
Employee	\$862.56	\$862.56	\$0.00
Employee Spouse	\$1,703.86	\$1,619.73	\$84.13
Employee Spouse & 1	\$2,180.58	\$2,048.78	\$131.80
Employee Spouse & 2	\$2,576.34	\$2,404.96	\$171.38
Employee & 1	\$1,324.04	\$1,277.89	\$46.15
Employee & 2	\$1,800.74	\$1,706.92	\$93.82

2024 Premiums - High Deductible Health Plan (HDHP) LPMA and LPOG

Regence/Delta/Vision	Total Premiums	City Cost	Employee Cost
Employee	\$684.08	\$684.08	\$0.00
Employee Spouse	\$1,369.66	\$1,301.10	\$68.56
Employee Spouse & 1	\$1,752.96	\$1,646.07	\$106.89
Employee Spouse & 2	\$2,010.08	\$1,877.48	\$132.60
Employee & 1	\$1,057.44	\$1,020.10	\$37.34
Employee & 2	\$1,383.82	\$1,313.85	\$69.97

Regence/Willamette/Vision	Total Premiums	City Cost	Employee Cost
Employee	\$692.52	\$692.52	\$0.00
Employee Spouse	\$1,384.48	\$1,315.28	\$69.20
Employee Spouse & 1	\$1,779.46	\$1,670.77	\$108.69
Employee Spouse & 2	\$2,036.58	\$1,902.17	\$134.41
Employee & 1	\$1,072.26	\$1,034.29	\$37.97
Employee & 2	\$1,410.32	\$1,338.54	\$71.78

Kaiser/Delta/Vision	Total Premiums	City Cost	Employee Cost
Employee	\$721.68	\$721.68	\$0.00
Employee Spouse	\$1,424.04	\$1,353.80	\$70.24
Employee Spouse & 1	\$1,821.92	\$1,711.90	\$110.02
Employee Spouse & 2	\$2,150.56	\$2,007.67	\$142.89
Employee & 1	\$1,109.62	\$1,070.83	\$38.79
Employee & 2	\$1,507.52	\$1,428.94	\$78.58

Kaiser/Willamette/Vision	Total Premiums	City Cost	Employee Cost
Employee	\$730.12	\$730.12	\$0.00
Employee Spouse	\$1,438.86	\$1,367.99	\$70.87
Employee Spouse & 1	\$1,848.42	\$1,736.59	\$111.83
Employee Spouse & 2	\$2,177.06	\$2,032.37	\$144.69
Employee & 1	\$1,124.44	\$1,085.01	\$39.43
Employee & 2	\$1,534.02	\$1,453.63	\$80.39

