

2024 CITY OF LACEY

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

HEALTH INSURANCE	<p>Kaiser Permanente \$200 Plan Regence HealthFirst 250 Plan</p> <ul style="list-style-type: none"> ▪ City pays 100% employee premium/90% dependent premium
DENTAL INSURANCE	<p>Delta Dental Plan F</p> <ul style="list-style-type: none"> ▪ \$1500 annual limit - incentive levels (100%-70%) ▪ Includes Orthodontia Plan V Rider – 50% benefit, \$2,000 lifetime maximum <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"> ▪ \$0 Copay; \$200 allowance for frames (\$120 for Walmart/Sam’s Club/Costco); 2nd pair rider ▪ 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 \$25 a month for employees
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	<p>Symetra</p> <ul style="list-style-type: none"> ▪ Premium paid by City ▪ 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 ▪ 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"> ▪ PERS 2 - Defined Benefit <ul style="list-style-type: none"> ○ City Contributes: 9.39% ○ Employee Contributes 6.36% ▪ PERS 3 - Defined Benefit + Defined Contribution <ul style="list-style-type: none"> ○ City Contributes: 9.39% ○ Employee rate varies by employee choice ▪ LEOFF II – LPSMA Only <ul style="list-style-type: none"> ○ City Contributes: 5.3% ○ Employee Contributes: 8.53%
VACATION	See Personnel Policy Manual 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 Non-Represented - Animal Services - LPSMA

Regence/Delta/Vision	Total Premiums	City Cost	Employee Cost
Employee	\$960.08	\$960.08	\$0.00
Employee Spouse	\$1,922.28	\$1,826.06	\$96.22
Employee Spouse & 1	\$2,469.96	\$2,318.97	\$150.99
Employee Spouse & 2	\$2,835.32	\$2,647.80	\$187.52
Employee & 1	\$1,467.12	\$1,416.42	\$50.70
Employee & 2	\$1,938.24	\$1,840.42	\$97.82

Regence/Willamette/Vision	Total Premiums	City Cost	Employee Cost
Employee	\$966.02	\$966.02	\$0.00
Employee Spouse	\$1,931.30	\$1,834.77	\$96.53
Employee Spouse & 1	\$2,456.66	\$2,307.60	\$149.06
Employee Spouse & 2	\$2,822.02	\$2,636.42	\$185.60
Employee & 1	\$1,476.14	\$1,425.13	\$51.01
Employee & 2	\$1,924.94	\$1,829.05	\$95.89

Kaiser/Delta/Vision	Total Premiums	City Cost	Employee Cost
Employee	\$859.10	\$859.10	\$0.00
Employee Spouse	\$1,699.82	\$1,615.75	\$84.07
Employee Spouse & 1	\$2,201.36	\$2,067.13	\$134.23
Employee Spouse & 2	\$2,597.12	\$2,423.32	\$173.80
Employee & 1	\$1,320.00	\$1,273.91	\$46.09
Employee & 2	\$1,821.52	\$1,725.28	\$96.24

Kaiser/Willamette/Vision	Total Premiums	City Cost	Employee Cost
Employee	\$865.04	\$865.04	\$0.00
Employee Spouse	\$1,708.84	\$1,624.46	\$84.38
Employee Spouse & 1	\$2,188.06	\$2,055.76	\$132.30
Employee Spouse & 2	\$2,583.82	\$2,411.94	\$171.88
Employee & 1	\$1,329.02	\$1,282.62	\$46.40
Employee & 2	\$1,808.22	\$1,713.90	\$94.32