

**City of Kenmore**  
**2017 Fringe Benefit Analysis**

**Unless otherwise noted, the City pays 100% of the following benefits:**

<u>Type</u>	<u>Description</u>	<u>Premium</u>
<ul style="list-style-type: none"> <li>* <b>Public Employees Retirement System (required)</b> <b>Employee Deduction (required):</b></li> </ul>	<ul style="list-style-type: none"> <li>State system for Municipalities</li> <li>PERS 1</li> <li>PERS 2</li> <li>PERS 3</li> </ul>	<ul style="list-style-type: none"> <li>11.18% of salary (employer)</li> <li>6.00% of salary (employee)</li> <li>6.12% of salary (employee)</li> <li>5-15% of salary (employee)</li> </ul>
<ul style="list-style-type: none"> <li>* <b>Social Security Replacement Program (required)</b> <b>Employee (required)</b></li> </ul>	<ul style="list-style-type: none"> <li>Nationwide 401(a) plan</li> </ul>	<ul style="list-style-type: none"> <li>5.2% of salary - (employer)</li> <li>6.2% of salary - (employee)</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Medicare (required for City &amp; employee)</b></li> </ul>	<ul style="list-style-type: none"> <li>Federal Requirement</li> </ul>	<ul style="list-style-type: none"> <li>1.45% of salary (each)</li> </ul>
<ul style="list-style-type: none"> <li>* <b>Medical Insurance AWC Medical Plan</b> (Choice between Regence Blue Shield's Health First or Regence Blue Shield's High Deductible Plan or Group Health \$10 Copay or Group Health High Deductible Plan)</li> </ul>		

Beginning on January 1, 2005, new employees pay 10% of spouse and dependent medical premiums.

AWC = Association of Washington Cities

<b>Employee Portion of Premium:</b>	(per month)	<b><u>Regence Blue Shield – Health First</u></b>	
		Employee	0.00
		Employee & spouse	74.32
		Employee & one dependent	36.58
		Employee & two or more dep.	66.88
		Employee, spouse, one dep.	110.90
		Employee, spouse, two + dependents	141.18
<b>Employee Portion of Premium:</b>	(per month)	<b><u>Regence Blue Shield – High Deductible</u></b>	
		Employee	0.00
		Employee & spouse	44.74
		Employee & one dependent	22.44
		Employee & two or more dep.	40.80
		Employee, spouse, one dep.	67.18
		Employee, spouse, two + dependents	85.54
<b>Employee Portion of Premium:</b>	(per month)	<b><u>Group Health – \$10 Copay Plan</u></b>	
		Employee	0.00
		Employee & spouse	58.94
		Employee & one dependent	30.04
		Employee & two or more dep.	60.10
		Employee, spouse, one dep.	88.98
		Employee, spouse, two + dependents	119.02
<b>Employee Portion of Premium:</b>	(per month)	<b><u>Group Health – High Deductible</u></b>	
		Employee	0.00
		Employee & spouse	42.92
		Employee & one dependent	21.94
		Employee & two or more dep.	43.36
		Employee, spouse, one dep.	64.86
		Employee, spouse, two + dependents	86.80

**Health Savings Account Contributions for High Deductible Healthcare Enrollees:**

	2015	2016	Projected 2017	Projected 2018
employee (ee)	\$1,675	\$3,350	\$2,675	\$2,000
ee+spouse	\$3,275	\$6,650	\$5,275	\$4,500
ee+child	\$3,000	\$5,000	\$4,000	\$3,000
ee+child+child	\$3,000	\$5,000	\$4,000	\$3,000
ee+spouse+child	\$3,275	\$6,650	\$5,525	\$4,500
full family	\$3,275	\$6,650	\$5,525	\$4,500

**New HDHP (High Deductible Healthcare Plan) being offered through AWC as a 3<sup>rd</sup> option starting 7/1/15**

Above are the amounts (and projected amounts) that the City contributes to a Health Savings Account for an employee who enrolls in a High Deductible Plan. Amounts vary depending on family members also enrolled.

- \* Dental Insurance      AWC Dental Plan      Washington Dental Service – Employer Paid
- \* **(Employee pays approximately \$2.00 -\$4.00 per month for added orthodontia benefits; this amount varies and is the difference between Dental Plan A and Plan F)**
  
- \* Vision Insurance      AWC Vision Services Plan      Employer pays premium      VSP – \$25 deductible (paid by employee)
- \* Other Insurance      AWC EAP Program      EAP - Employee Assistance Program - Basic Plan  
1-3 Sessions per month      No charge

**Group Life Insurance, AD&D** – Employer Paid Premium      **Lincoln Financial Group**  
Pays 1 x Annual Salary (maximum \$150,000)  
(Benefits reduced for ages 65 & over)

**Long Term Disability** – Employer Paid Premium      **Lincoln Financial Group**  
60% Monthly salary benefit/Maximum \$8,000/mo.  
(Benefits reduced for ages 65 & over)

**Other Employee Paid Benefits/Options:**

Deferred Comp 457 Plans (optional):	Nationwide	varied
	ICMA	varied
	DRS (State)	varied
Supplemental Insurance (optional):	AFLAC	varied
Flexible Spending Accounts (optional): (Unreimbursed Medical &/or Dependent Care)	NAVIA	varied