

City of Kenmore 2023 Fringe Benefits

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

<u>Type</u>	<u>Description</u>	<u>Premium</u>
* Public Employees Retirement System (required) Employee Deduction (required):	State system for Municipalities	10.39% of salary (employer)
	PERS 1	6.00% of salary (employee)
	PERS 2	6.36% of salary (employee)
	PERS 3	5-15% of salary (employee)
* Social Security Replacement Program (required) Employee (required)	ICMA 401(a) plan	5.2% of salary (employer) 6.2% of salary (employee)
• Medicare (required for City & employee)	Federal Requirement	1.45% of salary (each)
• Other required benefits – Paid Family Leave: Employee: .0058208 & Employer: .0021792		
• Worker’s Comp: Different rates for Field Workers & Administrative based on hours worked		
* Medical Insurance through AWC Benefit Trust. Options for are:		
⊙ Regence Blue Shield’s Health First 250 Plan		
⊙ Regence Blue Shield’s High Deductible Plan		
⊙ Regence Accountable Health Network (choose from Evergreen Health Partners/Overlake, Multicare Connected Care, or UW Medicine network)		
⊙ Kaiser Permanente Access PPO Plan		
⊙ Kaiser Permanente High Deductible Plan		

Full time employees pay 10% of spouse and dependent monthly medical premiums as follows (2023 rates):

<u>Regence Blue Shield – Health First \$250</u>	<u>Employee</u>	<u>Employer</u>
Employee	0.00	854.62
Employee & spouse	86.18	1,630.17
Employee & one dependent	42.44	1,236.68
Employee & two or more dep.	77.54	1,552.56
Employee, spouse, one dep.	128.62	2,012.28
Employee, spouse, two + dependents	163.72	2,328.16

<u>Regence Blue Shield – High Deductible</u>		
Employee	0.00	594.30
Employee & spouse	60.16	1,135.70
Employee & one dependent	30.16	865.80
Employee & two or more dep.	54.86	1,088.08
Employee, spouse, one dep.	90.32	1,407.20
Employee, spouse, two + dependents	115.02	1,629.50

<u>Kaiser Permanente Access PPO</u>		
Employee	0.00	826.98
Employee & spouse	81.36	1,559.32
Employee & one dependent	41.50	1,200.54
Employee & two or more dep.	83.00	1,574.08
Employee, spouse, one dep.	122.88	1,932.86
Employee, spouse, two + dependents	164.38	2,306.40

<u>Kaiser Permanente – High Deductible</u>		
Employee	0.00	621.44
Employee & spouse	60.90	1,169.50
Employee & one dependent	31.12	901.54
Employee & two or more dep.	62.24	1,181.62
Employee, spouse, one dep.	92.02	1,449.58
Employee, spouse, two + dependents	123.14	1,729.68

Accountable Health Network 250

Employee	0.00	815.98
Employee & spouse	82.28	1556.54
Employee & one dependent	40.54	1,180.78
Employee & two or more dep.	74.04	1,482.38
Employee, spouse, one dep.	122.82	1,921.36
Employee, spouse, two + dependents	156.32	2,222.96

Health Savings Account Employer Contributions for High Deductible Healthcare Enrollees:

	2023
employee (ee)	\$2,000
ee+spouse	\$4,500
ee+child	\$3,000
ee+child+child	\$3,000
ee+spouse+child	\$4,500
full family	\$4,500

Health Reimbursement Account (VEBA) for all other Health Plans

	2023		Extra Added for AHN Plans
employee (ee)	\$450.00	+	231.84
ee+spouse	\$900.00	+	441.78
ee+child	\$900.00	+	335.40
ee+child+child	\$1,350.00	+	421.08
ee+spouse+child	\$1,350.00	+	545.52
full family	\$1,350.00	+	631.20

- * **Dental Insurance:** AWC Dental Plan: Washington Dental/Delta Dental & Willamette Dental
 - ⊙ Employer Pays \$55 - \$201 (100% of premium) depending on Plan & how many dependents covered.
 - ⊙ Employee pays approximately \$2.00 -\$4.00 per month on the WA Dental/Delta Dental Plan; this amount varies and is the difference between Dental Plan A and Plan F
- * **Vision Insurance:** AWC Vision Services Plan: VSP with \$25 deductible paid by employee
 - ⊙ Employer pays 100% of premium (\$7.72 - \$23.16/month depending on how many covered)
- * **Other:** AWC 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)

The City also offers a generous paid **PARENTAL LEAVE PROGRAM** which includes six weeks of paid leave.

Other Employee Options (no funding provided by Employer):

Deferred Compensation 457 Plans (optional):

Providers: ICMA and DRS (State of WA)

Supplemental Insurance (optional):

Provider: AFLAC

Flexible Spending Accounts (optional):

Provider: NAVIA (Unreimbursed Medical &/or Dependent Care)

- Paid Time Off/Vacation/Sick Leave:
 - Number of hours of paid leave per month (for FT positions):
 - Vacation = Beginning in the first year = (.83 days/month) = 10 Vacation Days per year (FT)
 - Sick = Accrue at the rate of 8 hours for each calendar month of continuous employment (FT)
 - Holidays = 11 holidays recognized by the City