

City of Kenmore 2018 Fringe Benefit Analysis

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	12.83% of salary (employer)
	PERS 1	6.00% of salary (employee)
	PERS 2	7.41% of salary (employee)
	PERS 3	5-15% of salary (employee)
* Social Security Replacement Program (required) Employee (required)	Nationwide 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)
* 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 Everett Clinic, Evergreen Health Partners/Overlake, Multicare Connected Care, or UW Medicine network) available 1/1/2019	
⊙	Kaiser Permanente Access PPO Plan	
⊙	Kaiser Permanente High Deductible Plan	

The City will be studying the feasibility of transitioning to the Regence Accountable Health Networks as the preferred option in 2021

Full time employees pay 10% of spouse and dependent monthly medical premiums as follows (2018 rates):

Regence Blue Shield – Health First \$250 Employee Employer

Employee	0.00	719.48
Employee & spouse	72.56	1,372.43
Employee & one dependent	35.74	1,041.14
Employee & two or more dep.	65.30	1,307.05
Employee, spouse, one dep.	108.30	1,694.10
Employee, spouse, two + dependents	137.84	1,960.03

Regence Blue Shield – High Deductible

Employee	0.00	500.31
Employee & spouse	50.64	956.15
Employee & one dependent	25.40	728.87
Employee & two or more dep.	46.20	916.00
Employee, spouse, one dep.	76.04	1,184.71
Employee, spouse, two + dependents	96.84	1,371.85

Kaiser Permanente Access PPO Plan

Employee	0.00	569.50
Employee & spouse	56.04	1,073.82
Employee & one dependent	28.58	826.74
Employee & two or more dep.	57.16	1,083.99
Employee, spouse, one dep.	84.62	1,331.07
Employee, spouse, two + dependents	113.20	1,588.32

Kaiser Permanente – High Deductible

Employee	0.00	471.28
Employee & spouse	46.18	886.94
Employee & one dependent	23.60	683.69
Employee & two or more dep.	47.20	896.09
Employee, spouse, one dep.	69.78	1,099.34
Employee, spouse, two + dependents	93.38	1,311.74

2018 (only) Contributions to **HRA VEBA** for employees **NOT in a HDHP**: **\$450** for single covered employee only, **\$900** for each employee covering one dependent, **and \$1,350** for each employee covering the employee plus two or more dependents.

Health Savings Account Employer Contributions for High Deductible Healthcare Enrollees:

	2018
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

- ✱ **Dental Insurance:** AWC Dental Plan: Washington Dental/Delta Dental & Willamette Dental
 - ⊙ Employer Pays \$55 - \$200 (100% of premium) depending on Plan & how many dependents covered.
 - ⊙ Employee pays approximately \$2.00 -\$4.00 per month for added orthodontia benefits on the Washington Dental; 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 (\$7.96 - \$23.88/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)