

# Summary of Benefits

AFSCME, Local 2170

## Medical/Dental/Vision Insurance

- ◆ Employees are offered a choice of medical/vision coverage through either Group Health Cooperative or the City's self-insured plan. A Preferred Provider Option is available through the self-insured plan.
- ◆ The dental insurance plan covers services such as regular checkups, x-rays, fillings and crowns to an annual maximum of \$1,600. Orthodontia coverage is also provided.

## Life Insurance

- ◆ Basic life insurance is provided to each employee equal to their annual salary, up to \$50,000. Each eligible dependent is also provided with a \$1,000 policy. There is no cost to the employee.
- ◆ Additional life insurance is available for employees and their dependents at group rates.

## Long Term Disability Protection

- ◆ Many employees are provided with a long term disability policy up to the equivalent of 60% of their salary.

## Retirement Plan

- ◆ Employees are enrolled in the State of Washington Department of Retirement Systems Plan (PERS).
- ◆ Both the employee and employer contribute to the plan.

## Deferred Compensation Program

- ◆ Employees can make voluntary pre-tax contributions into the city's deferred compensation retirement plan.
- ◆ The City contributes 2.5% on the employee's behalf in the plan.

## Flexible Benefits

- ◆ The Flexible Spending Account (FSA) allows employees to set aside funds on a pre-tax basis for reimbursement of dependent care or healthcare expenses.

## Vacation

- ◆ Employees accrue vacation beginning with the first day of employment as follows: 12 days per year (0-5 years); 18 days per year (6-10 years); 21 days per year (11-15 years); 24 days per year (16-20 years); and 27 days per year (21+ years).
- ◆ Vacation hours accrue each pay period and employees may access their vacation after six months of employment.

## Sick Leave

- ◆ Upon employment, the employee receives a sick leave bank of 24 hours, with an additional 24 hours added after three months.
- ◆ Thereafter, sick leave accrues at the rate of four hours each pay period (or 8 hours/month).

## Employee Assistance Program

- ◆ A confidential counseling assessment and referral service is available without cost to employees and family members for help with personal, family or job-related problems.

## Paydays

- ◆ The City of Renton pays employees on the 10th and the 25th of each month (24 pay periods each year).

## Holidays

- ◆ The City recognizes ten holidays and offers two "personal" holidays each calendar year for most employees, unless otherwise specified in a labor contract.

## Hours of Work

- ◆ Flexible work schedules may be available in many departments.



# MEDICAL RATES, SELF-FUNDED & GROUP HEALTH

2014 Monthly Insurance Rates (effective 01/01/2014)

**APPLIES TO: All Regular Employees**

## SELF-FUNDED MEDICAL & Rx ONLY

	Full Premium	City Pays	Full time Employee Pays	FTE 30-34.99* (25%)	FTE 25-29.99* (37.5%)	FTE 20-24.99* (50%)
Employee LEOFF I	\$529.31	\$529.31	\$0.00	NA	NA	NA
Employee	\$529.31	\$519.18	\$10.13	\$132.33	\$198.49	\$264.66
Employee, Child	\$876.95	\$860.18	\$16.77	\$479.97	\$546.13	\$612.30
Employee, Two Children	\$1,147.10	\$1,125.17	\$21.93	\$750.12	\$816.28	\$882.45
Employee, Spouse	\$1,210.99	\$1,187.83	\$23.16	\$814.01	\$880.17	\$946.34
Employee, Spouse, Child	\$1,558.62	\$1,528.81	\$29.81	\$1,161.64	\$1,227.80	\$1,293.97
Family Rate (includes employee, spouse, and two or more children)	\$1,828.77	\$1,793.80	\$34.97	\$1,431.79	\$1,497.95	\$1,564.12

## GROUP HEALTH COOPERATIVE (includes Vision)

	Full Premium	City Pays	Full time Employee Pays	FTE Hired Before 11/2004**	FTE 30-34.99* (25%)	FTE 25-29.99* (37.5%)	FTE 20-24.99* (50%)
Employee LEOFF I	\$790.96	\$790.96	N/A	\$0.00	N/A	N/A	N/A
Employee	\$675.68	\$529.12	\$146.56	\$10.32	\$168.92	\$253.38	\$337.84
Employee, Child	\$1,169.12	\$876.63	\$292.49	\$17.09	\$662.36	\$746.82	\$831.28
Employee, Two Children	\$1,600.12	\$1,146.69	\$453.43	\$22.35	\$1,093.36	\$1,177.82	\$1,262.28
Employee, Spouse	\$1,705.28	\$1,210.55	\$494.73	\$23.60	\$1,198.52	\$1,282.98	\$1,367.44
Employee, Spouse, Child	\$2,198.70	\$1,558.05	\$640.65	\$30.38	\$1,691.94	\$1,776.40	\$1,860.86
Family Rate (includes employee, spouse, and two or more children)	\$2,629.68	\$1,828.11	\$801.57	\$35.64	\$2,122.92	\$2,207.38	\$2,291.84

\* Part-time employees can elect to pay a pro-rated portion of the full premium for themselves ONLY. The dollar amount they pay for the medical package and/or dental package is based on the number of hours worked, as indicated above. The percentage of the total premium they pay for themselves is listed in the parentheses. They must pay the full premium for any dependent coverage. (This is reflected in the rates listed above).

\*\* Group Health Cooperative: Employees hired after November 1, 2004, must pay the employee share listed above as well as the difference between the full premiums for Group Health and the Self-Funded medical plan (see total costs in the "Full time Employee Pays" column).

**DENTAL & VISION, DENTAL ONLY (GH)**  
**2014 Monthly Insurance Rates (effective 01/01/2014)**

**APPLIES TO : All Regular Employees**

**SELF-FUNDED DENTAL & VISION**

	Full Premium	City Pays	Full time Employee Pays	30-34.99* (25%)	25-29.99* (37.5%)	20-24.99* (50%)
Employee	\$64.48	\$63.25	\$1.23	\$16.12	\$24.18	\$32.24
Employee, Child	\$123.10	\$120.75	\$2.35	\$74.74	\$80.45	\$90.86
Employee, Two Children	\$177.05	\$173.66	\$3.39	\$128.69	\$133.36	\$144.81
Employee, Spouse	\$137.44	\$134.81	\$2.63	\$89.08	\$94.51	\$105.20
Employee, Spouse, Child	\$196.07	\$192.32	\$3.75	\$147.71	\$152.02	\$163.83
Family Rate (includes employee, spouse, and two or more children)	\$250.02	\$245.24	\$4.78	\$201.66	\$204.94	\$217.78

**HMA DENTAL ONLY (GROUP HEALTH)**

	Full Premium	City Pays	Full time Employee Pays	30-34.99* (25%)	25-29.99* (37.5%)	20-24.99* (50%)
Employee	\$54.35	\$53.31	\$1.04	\$13.59	\$20.38	\$27.18
Employee, Child	\$106.33	\$104.30	\$2.03	\$65.57	\$72.36	\$79.16
Employee, Two Children	\$155.11	\$152.14	\$2.97	\$114.35	\$121.14	\$127.94
Employee, Spouse	\$114.28	\$112.09	\$2.19	\$73.52	\$80.31	\$87.11
Employee, Spouse, Child	\$166.26	\$163.08	\$3.18	\$125.50	\$132.29	\$139.09
Family Rate (includes employee, spouse, and two or more children)	\$215.04	\$210.93	\$4.11	\$174.28	\$181.07	\$187.87