

# CITY COUNCIL

# BENEFIT SUMMARY SHEET

**COMPENSATION:** \$1,547.99/month

## FRINGE BENEFITS AND WELLNESS

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- **MEDICAL**  
City medical plan premium contribution up to \$703.75/month for member, plus additional contribution if enrolling eligible dependent(s)
- **DENTAL INSURANCE**  
Employer paid family coverage
- **EMPLOYEE ASSISTANCE PROGRAM (EAP)**  
Available to member and dependents
- **VISION PLAN**  
City paid for member only  
Dependents maybe added at additional cost
- **LIFE INSURANCE**  
City paid \$100,000 policy
- **ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE**  
Covered accident/injury/loss up to \$102,000  
Work-related accident up to an additional \$50,000
- **MEDICARE COVERAGE**  
Provided for members elected after April 1, 1986
- **WELLNESS**  
Up to \$1,000.00/per fiscal year for costs associated with participation in a Wellness Program or a supervised health promoting activity
- **WELLNESS CENTER AND LAP SWIM**  
Available to all active members at no cost

## RETIREMENT BENEFITS

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- **RETIREMENT – PERS (Optional Enrollment)**  
**2.5% @ 55 OR 2.0% @ 62 up to 2.5% @ 67**  
*(depending on PERS membership date and election date with the City)*  
  
PERS will determine Classic or New membership status
- **RETIREMENT HEALTH SAVINGS PLAN (RHS)**  
City contributes \$100.00/month
- **RETIREE MEDICAL TRUST**  
\$50.00/pay period City contribution
- **§457 DEFERRED COMPENSATION PLAN**  
City matches §457 deferred compensation member contribution up to \$100.00/month

## MISCELLANEOUS

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- **WORKERS COMPENSATION**  
City is self insured and provides coverage to member
- **TRANSPORTATION ALLOWANCE**  
\$250.00/month

**THIS IS PROVIDED AS A SUMMARY OF BENEFITS AND DOES NOT CONFER ANY RIGHTS UPON ANY EMPLOYEE. PLEASE REFER TO THE APPROPRIATE RESOLUTION FOR A MORE DETAILED DISCUSSION OF THESE BENEFITS.**