

CITY COUNCIL

BENEFIT SUMMARY SHEET

COMPENSATION: \$1,418.99/month

FRINGE BENEFITS AND WELLNESS

- **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 employees and dependents
- **VISION PLAN**
City paid for employee 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 employees hired after April 1, 1986

RETIREMENT BENEFITS

- **RETIREMENT - PERS**
2.5% @ 55 OR 2.0% @ 62 up to 2.5% @ 67
(depending on PERS membership date and City hire date)

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 employee contribution up to \$100.00/month

MISCELLANEOUS

- **WELLNESS**
Up to \$1,000.00/per fiscal year for costs associated with participation in a Wellness Program or a supervised health promoting activity
- **TRANSPORTATION ALLOWANCE**
\$250.00/month
- **WORKERS COMPENSATION**
City is self insured and provides coverage to member

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.