

# LAYTON CITY BENEFIT HIGHLIGHTS 2011-12

## “POLICE” EMPLOYEE CHECKLIST

Nothing in the “Employee Checklist” shall constitute a contract or agreement between the City and the Employee.  
The checklist summary is offered only for information purposes.

**Additional specific information can be obtained in the benefit booklets and online.**

### CITY/EMPLOYEE PAID BENEFITS

#### 1. Employee Premium Portion: (Includes Health, Dental, and Vision total premium)

Coverage:	<u>Employee Only</u>	<u>+1 dependent</u>	<u>Family 2 or more</u>
Cost per pay period:	\$68.25	\$70.22	\$72.74

#### **Health/Hospitalization** – Self-Funded program through Select Health

- Costs to employees may be higher at non-participating providers.
- Annual Deductible \$100 per person/\$300 per family
- In-patient hospital 100% paid / Out-patient surgery 100% paid / Preventative Services 100% paid
- Most eligible claims are payable at 80% insurance paid, 20% employee paid
- Tier 1 prescription drugs are covered at 80%, employee pays 20% at pharmacy. Tier 2 or Tier 3 prescription drugs have an annual deductible of \$50 per person/\$150 per family and are reimbursed at 80% through NBS Health Reimbursement Account, employee pays 20%.

#### **Dental** – Self-Funded program through Select Health

- Annual deductible \$50 per person/\$150 per family
- \$1,000 maximum per person per year
- Preventive diagnostic services 100% of eligible expenses, 2 times per year
- Basic services 80%/20% of eligible expenses
- Prosthodontic services 50%/50% of eligible expenses
- Orthodontic services 50% up to \$1,000 per person

There is a twelve-month pre-existing condition limitation for new enrollees for health, hospitalization and dental *unless they provide a **Certificate of Creditable Coverage** from their prior insurance provider (indicating no break in insurance coverage within the last 63 days prior to the start date with Layton City).*

#### **Vision** – Vision Service Plan (VSP) Employees may elect vision coverage only

Coverage:	<u>Employee Only</u>	<u>+1 dependent</u>	<u>Family 2 or more</u>
Cost per pay period:	\$0	\$1.97	\$4.49

- Exam co-pay \$20
- Eyeglasses: Frame replaced every twenty-four (24) months; lenses replaced every twelve (12) months; co-pay \$20
- Contacts: Plan pays a maximum of up to \$130 per year for elective and 100% for medically necessary, if a participating provider (up to \$210 per year if non-participating)

**Flex Accounts** – The employee’s insurance premiums are deducted from their gross wages before taxes. In addition, employees may elect to have additional money deducted pre-tax and deposited into their Flexible Spending Account. This money reimburses qualified out-of-pocket expenses. These include:

- Medical Expenses – Deductibles, Co-Insurance, Prescriptions, plus other qualified expenses
- Dependent Care – Cost of caring for children or other dependents while employee is at work

### CITY PROVIDED

#### 2. Life Insurance – Group coverage provided through Regence Life and elective policy optional through Lincoln Financial.

- Individual Life – City provides a \$30,000 life insurance policy for each employee
- Dependent Life – City provides life insurance coverage of \$2,000 for each dependent
- Additional elective supplemental insurance is available at the employee’s expense (group rates & portable). Rates based on employee age in five (5) year increments.

#### 3. Employee Assistance Program (EAP) – (801) 392-6833 Provided by Blomquist Hale Consulting

- Counseling service for the employee and family members living in the same home
- Counseling services include emotional/stress management, family and parenting issues, depression, substance abuse, financial planning, legal assistance, and other various topics.
- Crisis Intervention Hotline

- \_\_\_4. **Long Term Disability Program** – Provided through Standard  
-Eligible for benefits following ninety (90) days of disability; Continuation Pay equal to 66.7% of salary (or 100% if disabled in Line-of-Duty), for up to 2 years, and may be extended until retirement or age 65 if qualified.  
**Short Term Disability Program** – Provided through Colonial Life  
- Provide income replacement for up to 90 days if unable to work.  
- Rates are determined by age & elimination period selected.

- \_\_\_5. **Retirement** – Tier 2 Utah Retirement System (25 year plan) – Hired after July 1, 2011  
-Hybrid Plan – Employer contributes and amount equal to 12% of salary. Current year 10.45% to pension and 1.55% to 401(k). **After four (4) years service** 100% vested in the Public Safety Hybrid Plan.  
-Defined Contribution Plan – Employer contributes an amount equal to 12% of salary to 401(k).

Tier 1 Utah Retirement System (20 year plan) – Hired before July 1, 2011 and employed with URS agency.  
Public Safety employee – bi-weekly contribution made at 28.07% of current salary. **After four (4) years service** 100% vested in the Public Safety Defined Benefit Plan.

- Employees may also elect to contribute their own money to a tax deferred 457 or after tax 457 retirement plan available from the Utah Retirement System and/or ICMA Retirement Corp. The ICMA 457 offers Roth provisions.  
- Employees may also elect to contribute their money to a Roth IRA plan available from the Utah Retirement System and/or ICMA Retirement Corp.

\_\_\_6. **Leave Accrual**

**Annual Leave** – Accrual of **3.6924 hours/pay period** (8 hrs/month) during first five (5) years  
-Accrual rates increase after five (5), ten (10) and fifteen (15) years of service  
-May accrue up to a maximum of two-hundred and forty (**240**) hours (by the end of the 1<sup>st</sup> pay period in January) each year

**Sick Leave** – Accrual of **3.6924 hours/pay period** (8 hrs/month)

- May accrue up to maximum of 1000 hours  
-**After five (5) years service**, one third (1/3) of accrual balance is paid upon termination  
-May be used for illness and medical related issues for self and immediate family members  
-Annually (each November) employees may convert up to one-third (1/3) of the current year unused sick leave accrual into 'cash', 457 account or to be transferred to annual leave. Employees with more than 480 hours accrued may convert two-thirds (2/3) to cash, 457, or annual leave.

\_\_\_7. **COMPENSATION**

**Pay days** –Employees are paid every other Friday  
-There are twenty-six (**26**) **pay days** per year  
-There is one week lag in payment for time worked

**Paid Holidays – Holiday Compensation Accrual** – accrual of **3.69 hours/pay period**. This accrual covers the worked Holidays by providing equal hours to be taken at a later time. This is given the first pay period in July and again the first pay period in January. The Holiday Comp hours **must be used or it will be forfeited** just prior to the next semi-annual accrual. Equivalent to **Twelve (12) paid holidays per year**: New Year's Day, Martin Luther King Day, President's Birthday, Memorial Day, Independence Day, Pioneer Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day, Day after Thanksgiving, Christmas Day.

**Payroll Deductions – Auto-Deposit** of the net paycheck, plus additional Auto-Deposits for Layton City Water Bill, Deferred Compensation-457 Retirement Plans, IRA Plans, Sub-4-Santa, United Way, Exercise Facility, Surf-N-Swim family pass and Department Association dues.