



## **BENEFITS SUMMARY FOR FULL-TIME EMPLOYEES**

### **MEDICAL INSURANCE**

- Effective the first of the month following initial hire. If hire date is first of the month, it is effective immediately.
- Employee premium paid through a payroll deduction taken monthly; employee pays 20% of total premium
- Deductibles: \$500.00 per individual/\$1,000.00 per family, two adult, or adult & dependent. Additional \$50.00 deductible for all Emergency Room Visit. Pharmacy copayments and coinsurance do not count towards deductible.
- Maximum out-of-pocket for covered expenses after deductible: \$1000 of coinsurance per Single agreement; \$2000 of coinsurance per Family, Two Adult, or Adult & Dependent
- Benefits paid at 50% until coinsurance is met. Benefits paid at 100% after coinsurance is met.
- Wellness benefits for preventative and well child care paid at 100%
- \$1,500 supplemental accident benefit/calendar year/person
- Please see BlueCross BlueShield of Wyoming benefit book for more information

### **DENTAL INSURANCE**

- Deductibles: \$25 per person, \$50 per family aggregate
- Maximum for each enrolled participant is \$1,000 per calendar year
- Twice yearly check-ups (preventive care) paid at 100% of allowable
- Implants, 50% up to \$2,000 per calendar year
- Restorative Procedures: 80%
- Prosthodontic Procedures: 50%
- Orthodontic Procedures: 50% allowable charges up to \$1,000 lifetime max
- Please see BlueCross BlueShield of Wyoming benefit book for more information

<b>Insurance Premiums</b>		
	Monthly	Employee
Single	671.45	134.29
Adult/Dependent(s)	1193.71	238.74
Two Adult	1361.58	272.32
Family	1865.17	373.03

### **VISION PLAN**

- No deductible
- Vision exam every 12 months; \$80.00 paid per visit
- Basic lenses paid at \$60.00 per 12 months; bifocal-\$100.00, trifocal-\$90.00, progressive-\$90.00, and lenticular-\$190.00
- Frames - \$100.00 paid every 24 months
- Contact lenses- \$135.00 every 12 months
- Please see BlueCross BlueShield of Wyoming benefit book for more information

### **HOLIDAYS**

- The city recognizes 11 regular holidays with pay. The holidays include New Year's Day, Good Friday, Memorial Day, Independence Day, Labor Day, Veterans Day, Thanksgiving Days (Thursday & Friday), Christmas Eve, Christmas Day and New Year's Eve.

### **VACATION**

- Vacation is accrued based on the following schedule

YEARS OF SERVICE	RATE	CARRY OVER
0-5	8.00 hours per month	40 hours
6-10	12.00 hours per month	80 hours
11-15	14.00 hours per month	80 hours
16-23	16.00 hours per month	80 hours
24 and up	20.00 hours per month	80 hours

### **SICK LEAVE**

- Sick leave is accrued at 8 hours per month and accumulates without limit.
- May be used for the employee or their immediate family as defined by FMLA.
- If sick leave exceeds 3 days, the employee will be required to provide a notice from their medical provider stating why their illness prevented them from working and when they are able to return to work.

### **FAMILY/MEDICAL LEAVE**

- Upon approval and 30 day advance notice (absent an emergency), up to 12 weeks of leave (use of sick leave and vacation during this time off). Continuation of benefits and return to same or equivalent job upon return.

**ON-CALL**

- An hourly employee who is required to be “on-call” is paid at a rate of one (1.5) hour of regular straight time pay for each twelve hour period or portion thereof during which an employee is required to be available or "on call". This payment shall be in addition to payments made to the employees for actual time worked.

**FUNERAL LEAVE**

- May take up to 5 working days hours paid time off for death of immediate family at regular rate of pay

**JURY DUTY AND/OR COURT LEAVE**

- Facility will pay the difference between jury duty pay and the employee’s regular rate of pay during regularly scheduled work hours

**LIFE INSURANCE**

- Effective the first of the month following initial hire. If hire date is first of the month, it is effective immediately.
- Sun Life Employee Group Benefit is \$25,000 paid by the City of Rock Springs, employee may purchase additional coverage of \$40,000 for themselves, \$5,000 spouse and \$2,500 for children. Spouse and children coverage may not be purchased without an employee additional purchase.
- Wyoming NCPERS Plan provides a sliding scale of group term life and accidental death and dismemberment insurance coverage for the employee, spouse or child at a cost of \$16/month.

**WYOMING RETIREMENT SYSTEM**

<b>Pension Plan</b>	<b>Contributions</b>	<b>Vesting</b>	<b>Eligibility for Full Retirement</b>
Public Employees	Employee (EE) = 8.25% Employer (ER) = 7.62% City Pays (EE+ER) = 100%	48 Months	Age 60 with 4 years of service or upon meeting “Rule of 85”
Law Enforcement	Employee (EE) = 8.6% Employer (ER) = 8.6% City Pays (EE+ER) = 100%	48 Months	Age 60 with 4 years of service or any age with 20 years of service
Fire	Employee (EE) = 6% Employer (ER) = 12% City Pays (EE+ER) = 100% Employee paid ABT 3.245%	48 Months	Age 50 with 4 years of service

**OTHER**

- Direct deposit of checks
- Service awards
- Notary Public at no cost
- Payroll deduction for union dues
- Discount on passes to the Family Rec Center, Civic Center and Golf Course (\*\*rules and exclusions apply)
- AFLAC and various 457 Deferred Compensation Plans available through payroll deductions
- Injury leave
- Educational Cost Reimbursement Program after 1 year of employment
- Professional liability coverage

Note: The content of this Benefits Summary is printed for general information only and is subject to revision periodically. Precise information on the implementation and exceptions to the benefits mentioned here can be found in the City’s policies, procedures and benefit plan descriptions.