

Clark County 2020 Benefits Summary

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MEDICAL/VISION PLAN OPTIONS. Eligible first of the month following date of hire. Monthly Contributions for Employees

MEDICAL PROVIDER	Employee Only		Employee & One Dependent		Employee & Family	
	Full-Time (30 + hrs. wk.)	Part-Time (20—29 hrs. wk.)	Full-Time (30 + hrs. wk.)	Part-Time (20—29 hrs. wk.)	Full-Time (30 + hrs. wk.)	Part-Time (20—29 hrs. wk.)
<u>Regence BCBS PPO & Vision Service Plan (VSP)</u>	\$73.44	\$294.36	\$145.54	\$582.62	\$218.92	\$832.50
<u>Kaiser Permanente HMO</u>	\$73.44	\$262.54	\$145.54	\$524.14	\$218.92	\$786.62
<u>Regence BCBS HDHP & Vision Service Plan (VSP)</u>	\$6.20	\$220.08	\$13.00	\$435.68	\$18.88	\$616.28
<u>Kaiser Permanente HDHP</u>	\$6.20	\$144.60	\$13.00	\$289.62	\$18.88	\$433.98
OPT-OUT AND RECEIVE CASH	\$130.00	\$91.00	\$130.00	\$91.00	\$130.00	\$91.00

To Opt Out of medical coverage you must provide proof of other group coverage.

Health Savings Account (HSA) Employees enrolled in the HDHP plans will be automatically enrolled in the HSA. The county will contribute \$20.83 per pay period for single coverage or \$41.66 per pay period for family coverage. You may also contribute per pay period an amount up to the annual maximum allowed.

DENTAL PLAN OPTIONS. Eligible the first of the month following 90 calendar days of employment. Monthly Contributions for Employees

DENTAL PROVIDER	Employee Only		Employee & One Dependent		Employee & Family	
	Full-Time (30 + hrs. wk.)	Part-Time (20—29 hrs. wk.)	Full-Time (30 + hrs. wk.)	Part-Time (20—29 hrs. wk.)	Full-Time (30 + hrs. wk.)	Part-Time (20—29 hrs. wk.)
<u>Delta Dental of WA (DDWA)</u>	\$7.92	\$18.32	\$15.50	\$34.96	\$23.38	\$53.68
<u>Kaiser Permanente Dental</u>	\$7.50	\$23.42	\$14.70	\$46.60	\$22.40	\$70.00
OPT-OUT AND RECEIVE	\$20.00	\$14.00	\$20.00	\$14.00	\$20.00	\$14.00

To find out more in-depth information concerning any of our health coverage plans, click on the plans name to be taken to a link that will provide you with their "Summary of Benefits Coverages".

FLEXIBLE SPENDING ACCOUNTS FOR HEALTH CARE AND DEPENDENT CARE* Allows employees to pay for qualified expenses with pre-tax dollars.

GROUP TERM LIFE INSURANCE* Employer paid 1x annual salary up to \$150,000. Plan includes Accidental Death & Dismemberment (AD&D).

ADDITIONAL TERM LIFE INSURANCE* (OPTIONAL) Purchase increments of \$10,000 up to a maximum of \$500,000. Spouse coverage available in \$10,000 increments up to 100% of the employee's total coverage. Dependent child coverage available. Evidence of insurability may be required.

LONG TERM DISABILITY INSURANCE* Employer paid benefit. Pays 60% of covered salary up to a maximum monthly benefit of \$9,000 following a 60 calendar day waiting period or total length of accrued PTO and/or sick leave, whichever is longer.

LONG TERM DISABILITY BUY-UP* (OPTIONAL) Purchase an additional 6 2/3% benefit to increase total long term disability benefit to 66 2/3%.

EMPLOYEE ASSISTANCE PROGRAM Referral and short term counseling service for employees and their covered dependents. Up to 6 individual counseling sessions per issue; legal and financial counseling available.

HOLIDAYS Nine (9) Holidays

BEREAVEMENT LEAVE Up to three (3) consecutive workdays at the time of a death in the employee's immediate family. Up to an additional two (2) days when air travel or one-way land travel of four (4) or more hours is necessary, with prior approval.

JURY DUTY LEAVE

MILITARY LEAVE

* Not available to project employees

WASHINGTON STATE PUBLIC EMPLOYEES' RETIREMENT SYSTEM (PERS) Employee choice between PERS Plan 2 and Plan 3. Participation and employer and employee contributions required. Contribution rates are established by DRS.

DEFERRED COMPENSATION (457 PLAN) OPTIONAL Employee paid tax deferred retirement savings plan.

LEGALLY MANDATED BENEFITS Social Security, Medicare, Unemployment Insurance, and Worker's Compensation.

Vacation/Sick Leave Plan including Floating Holiday

SICK LEAVE – you will accrue 8 hours of sick leave per month; or 96 hours per year. Sick Leave use is limited to time away from work if you or a covered family member is ill or injured. *Sick leave accrual is only available with the Vacation/Sick Leave Plan.*

FLOATING HOLIDAY – you will receive up to four (4) floating holidays on January 1 of each year and one (1) additional floating holiday will be prorated during the term of the current collective bargaining contract. If you are hired after January 1 you receive a pro-rated share of 5 floating holidays based on the number of pay periods remaining in the calendar year; *1/24 of 40 hours for each remaining pay period.*

Completed Years of Service	Per Pay Period Accrual (hours)	Hours per Year	Days per Year (based on 8 hours per day)	Maximum Accumulation (hours)
Start	3.34	80	10	NA
1	4.34	104	13	208
5	5.34	128	16	256
10	6.34	152	19	304
15	7.34	176	22	352
20	8.34	200	25	400
25	9.34	224	28	400
30	10.34	248	31	400

NOTE: This is a summary of benefits only; details are contained in the HR County Policy Manual, Collective Bargaining Agreement, Summary Plan Descriptions or other plan materials. This summary reflects benefits for full-time employees. Part-time, job-share, and project employee benefits may differ. Benefit Plans are subject to change.