

## MEDICAL/VISION PLAN OPTIONS. Eligible first of the month following date of hire.

### Monthly Contributions for Employees

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

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.)
<a href="#"><u>Regence BCBS PPO &amp; Vision Service Plan (VSP)</u></a>	\$73.44	\$294.36	\$145.54	\$582.62	\$218.92	\$832.50
<a href="#"><u>Kaiser Permanente HMO</u></a>	\$73.44	\$262.54	\$145.54	\$524.14	\$218.92	\$786.62
<a href="#"><u>Regence BCBS HDHP &amp; Vision Service Plan (VSP)</u></a>	\$6.20	\$220.08	\$13.00	\$435.68	\$18.88	\$616.28
<a href="#"><u>Kaiser Permanente HDHP</u></a>	\$6.20	\$144.60	\$13.00	\$289.62	\$18.88	\$433.98
<b>OPT-OUT AND RECEIVE</b>	<b>\$130.00</b>	<b>\$91.00</b>	<b>\$130.00</b>	<b>\$91.00</b>	<b>\$130.00</b>	<b>\$91.00</b>

**Health Saving 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.)
<a href="#"><u>Delta Dental of WA (DDWA)</u></a>	\$7.92	\$18.32	\$15.50	\$34.96	\$23.38	\$53.68
<a href="#"><u>Kaiser Permanente Dental</u></a>	\$7.92	\$23.42	\$15.50	\$46.60	\$23.38	\$70.00
<b>OPT-OUT AND RECEIVE</b>	<b>\$20.00</b>	<b>\$14.00</b>	<b>\$20.00</b>	<b>\$14.00</b>	<b>\$20.00</b>	<b>\$14.00</b>

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".

### Additional Benefits:

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

**GROUP TERM LIFE INSURANCE\*** \$25,000 Employer paid coverage. 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** Ten (10) Holidays

**BEREAVEMENT LEAVE** Up to three (3) days or maximum of 24 hours upon death of covered family member. Up to an additional two (2) days or sixteen (16) hours for air travel or one-way land travel of four (4) or more hours when necessary, with prior approval.

**JURY DUTY LEAVE**

**MILITARY LEAVE**

\* Not available to project employees

**WASHINGTON STATE PUBLIC EMPLOYEES' RETIREMENT SYSTEM (PERS or PSERS)** 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.

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

### Vacation Leave Accrual Schedule

Vacation may be used after the completion of 6 months of service.

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	80
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

### Sick Leave Accruals

Full time employees shall accrue sick leave at the rate of eight (8) hours per month or ninety-six hours per year. Sick leave may be accumulated up to a maximum of twelve-hundred (1200) hours. Employees shall accrue sick leave based on paid hours. No accrual shall occur during unpaid leave. Regular part-time and job-share employees shall accrue sick leave on a pro rata basis.

### Floating Holiday Accruals

Employees shall receive three floating holidays per year. Floating holidays shall be credited on January 1<sup>st</sup> of each year. They must be used by the end of the year and may not be carried forward into the next calendar year. New employees shall receive a pro rata share of floating holiday hours at the rate of 1/24<sup>th</sup> or a maximum of 24 hours of the annual entitlement beginning with your first pay period.

**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.