

**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.)
<u>Regence BCBS PPO & Vision Service Plan (VSP)</u>	\$73.44	\$73.44	\$145.54	\$145.54	\$218.92	\$811.26
<u>Kaiser Permanente HMO</u>	\$73.44	\$73.44	\$145.54	\$145.54	\$218.92	\$679.54
<u>Regence BCBS HDHP & Vision Service Plan (VSP)</u>	\$6.20	\$6.20	\$13.00	\$13.00	\$18.88	\$417.24
<u>Kaiser Permanente HDHP</u>	\$6.20	\$6.20	\$13.00	\$13.00	\$18.88	\$18.88
OPT-OUT AND RECEIVE CASH	\$130.00	\$91.00	\$130.00	\$91.00	\$130.00	\$91.00

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**

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

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	\$7.92	\$15.50	\$15.50	\$23.38	\$23.38
<u>Kaiser Permanente Dental</u>	\$7.92	\$7.92	\$15.50	\$15.50	\$23.38	\$70.00
OPT-OUT AND RECEIVE	\$20.00	\$14.00	\$20.00	\$14.00	\$20.00	\$14.00

"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* \$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) consecutive workdays or maximum of 24 hours at the time of a death in the employee's immediate family. Up to an additional two (2) days or sixteen (16) hours when air travel or one-way land travel of four (4) or more hours is necessary, with prior approval.

Additional Benefits:

JURY DUTY LEAVE

MILITARY LEAVE

WASHINGTON STATE PUBLIC EMPLOYEES' RETIREMENT SYSTEM (PERS) Date of Hire. Employee choice between PERS Plan 2 and Plan 3. Participation and employer and employee contributions required. 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.

** Not available to project employees*

Paid Time Off PTO Accrual Schedule

PTO for vacation after the completion of 6 months of service; PTO use for sick leave immediate. Part-time employees accrue pro-rated share.

Employees receive one (1) floating holiday per year. The floating holiday shall be credited on January 1 of each year, and must be used by the end of the calendar year. Floating holidays may not be carried forward to the next calendar year. New employees shall receive a pro-rata share of the floating holiday at a rate of 1/24th up to a maximum of 8 hours of the annual entitlement.

Completed Years of Service	Monthly Accrual (hours)	Hours per Year	Days per Year (based on 8 hours per day)	Maximum Accumulation (hours)	Maximum Payout (hours)
Start	12.68	152	19	152	152
1	14.68	176	22	352	264
5	16.68	200	25	400	300
10	18.68	224	28	448	336
15	20.68	248	31	496	384
20	22.68	272	34	544	432
25	24.68	296	37	592	480

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.