

## 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	\$73.44	\$145.54	\$145.54	\$218.92	\$811.26
<a href="#"><u>Kaiser Permanente HMO</u></a>	\$73.44	\$73.44	\$145.54	\$145.54	\$218.92	\$679.54
<a href="#"><u>Regence BCBS HDHP &amp; Vision Service Plan (VSP)</u></a>	\$6.20	\$6.20	\$13.00	\$13.00	\$18.88	\$417.24
<a href="#"><u>Kaiser Permanente HDHP</u></a>	\$6.20	\$6.20	\$13.00	\$13.00	\$18.88	\$18.88
<b>OPT-OUT AND RECEIVE CASH</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 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 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	\$7.92	\$15.50	\$15.50	\$23.38	\$23.38
<a href="#"><u>Kaiser Permanente Dental</u></a>	\$7.92	\$7.92	\$15.50	\$15.50	\$23.38	\$70.00
<b>OPT-OUT AND RECEIVE CASH</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.

# Clark County 2020 Benefits Summary

SSG

**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.

**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 plan.

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

**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 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**

## Paid Days Off PDO Accrual Schedule

Part-time employees accrue pro-rated share.

**PDO (Paid Days Off)** Paid vacation, illness, holidays, or personal time off after the completion of six (6) months of service. PDO accruals reflect the inclusion of **96 hours of holiday pay**, based on (12 holidays) and thirty-two (**32**) **hours of sick pay** based on four (4) days of sick leave.

Completed Years of Service	Monthly Accrual (hours)	Hours per Year	Days per Year (based on 8 hours per day)	Vacation Portion (based on 8 hours per day)	Maximum Payout (hours)
Start	17.34	208	26	10	260
1	19.34	232	29	13	290
5	21.34	256	32	16	320
10	23.34	280	35	19	350
15	25.34	304	38	22	380
20	27.34	328	41	25	410
25	29.34	352	44	28	440
30	31.34	376	47	31	470

\* Not available to project employees

**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.