

AFSCME Employee Benefit Summary* - 2023

Leave Time Bank		
Length of Service	Allotment (Hours)	Hours / Month
Date of hire to end of year five	120	10
Six years to end of year nine	160	13.33
Ten years and over	200	16.67

Sick Leave	12 days per year
Holidays	10
Funeral Leave	up to 5 days per year

Health Care Coverage													
Medical**	<p>HMO / EPO</p> <ul style="list-style-type: none"> • \$500 single / \$1,000 family deductible • \$20 office visit co-pay (primary care) / \$40 specialist co-pay • \$40 urgent care co-pay, \$100 emergency room co-pay • Co-insurance: 80% / 20% to \$1,000 for single, \$2,000 for family <p>PPO</p> <ul style="list-style-type: none"> • \$750 single / \$1,500 family deductible • \$25 office visit (primary care) / \$50 specialist co-pay • \$50 urgent care / \$100 emergency room co-pay • In-network co-insurance: 80% / 20% to \$1,000 single, \$2,000 family • Out-of-network co-insurance: 50% / 50% to \$5,000 single, \$10,000 family 												
Medical Cost Share (5% Monthly)	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">EPO</th> <th style="text-align: center;">PPO</th> </tr> </thead> <tbody> <tr> <td>Single</td> <td style="text-align: center;">\$26.69</td> <td style="text-align: center;">\$26.28</td> </tr> <tr> <td>Couple</td> <td style="text-align: center;">\$61.75</td> <td style="text-align: center;">\$60.11</td> </tr> <tr> <td>Family</td> <td style="text-align: center;">\$70.82</td> <td style="text-align: center;">\$69.74</td> </tr> </tbody> </table>		EPO	PPO	Single	\$26.69	\$26.28	Couple	\$61.75	\$60.11	Family	\$70.82	\$69.74
	EPO	PPO											
Single	\$26.69	\$26.28											
Couple	\$61.75	\$60.11											
Family	\$70.82	\$69.74											
Dental***	<ul style="list-style-type: none"> • 20% co-pay on all preventative / basic care (exams, x-rays, fillings). • Annual benefit of \$1,500 per family member. 												
Optical**	\$10 yearly exam; \$140 frame allowance												
Prescription Coverage**	\$10 generic, \$30 brand name, \$80 non-preferred, Specialty drugs 50% co-pay												
Insurance Opt Out	The City shall offer a medical insurance buyout at the rate of \$80.84 Single or \$130.00 Couple/Family per pay period based on twenty-six pay periods per year should the employee elect to opt out of the City's health care insurance. Waiver does not apply to dental or optical.												
Retirement Health Savings Plan	In lieu of Retiree Health Benefits, the City will make a 3% contribution of base salary into a 457 plan with no additional contribution from the employee.												
Additional Benefits													
Defined Contribution Plan - 401(k)	City will contribute 9% of base salary into a 401(k) plan. City will also match up to 3% of any additional contribution (maximum City contribution is 12%). Vested 50% at 3 years, 75% at 4 years and 100% after 5 years.												
Voluntary 457 Plan for DC Participants Only	City will match dollar for dollar with the Employee, on a pre-tax basis, contributions of \$10, \$20, or \$30. Election amount must be made annually.												
Uniforms	<ul style="list-style-type: none"> • Annual work uniform allowance of \$225 for employees required to wear one. 												
Tuition Reimbursement	<ul style="list-style-type: none"> • Up to \$4,000 per year for undergraduate studies • Up to \$3,000 per year for post-graduate studies 												
Life Insurance	<ul style="list-style-type: none"> • 1 ½ times annual salary with less than 5 yrs of service • 2 times annual salary with 5 yrs of service or more 												
Disability	<p>Short -Term**</p> <ul style="list-style-type: none"> • 66 2/3 of weekly salary <p>Long - Term***</p> <ul style="list-style-type: none"> • 66 2/3 of monthly salary 												
Benefits start after 30 days of employment *Benefits start the first day of the month after 120 days of employment													

***Please refer to the latest AFSCME contract for the most up-to-date information.**