



City of Kenmore 2025 Fringe Benefits

The City of Kenmore offers a comprehensive and generous benefits package. The City pays 100% of the following benefits for full time permanent employees (unless otherwise noted):

| <u>Type</u> | <u>Description</u> | <u>Premium</u> |
|--|---------------------------------|---|
| ✱ 401(a) Plan | Social Security Replacement | 5.2% of salary (employer) 6.2% of salary (employee) |
| ✱ Medicare | Federal Requirement | 1.45% of salary (each) |
| ✱ WA Paid Family & Medical Leave | State Requirement | 0.262% salary (employer) 0.658% of salary (employee) |
| ✱ WA CARES Fund (unless exempt) | State Requirement | 0.58% of salary (employee) |
| ✱ Public Employees Retirement System (PERS) | State system for municipalities | |
| | PERS 1, 2 & 3 | 9.11% of salary (employer) |
| | PERS 1 | 6.00% of salary (employee) |
| | PERS 2 | 6.36% of salary (employee) |
| | PERS 3 | 5-15% of salary (employee) |

✱ **Medical Insurance** through AWC Benefit Trust. Full time employees are fully covered and pay 10% of spouse and/or dependent monthly medical premiums as follows:

| | <u>Employee Monthly Pretax Payroll Deduction*</u> | <u>Monthly Total Premium</u> |
|---|---|------------------------------|
| Medical Plan 1: Regence BlueShield - AWC HealthFirst 250 (with HRA) | | |
| Employee | 0.00 | 954.62 |
| Employee & spouse | 96.26 | 1,917.22 |
| Employee, spouse, + one child | 143.68 | 2,391.40 |
| Employee, spouse, + two children (full family) | 182.88 | 2,783.44 |
| Employee + one child | 47.42 | 1,428.82 |
| Employee + two or more children | 86.62 | 1,820.84 |
| Medical Plan 2: Regence BlueShield - High Deductible Health Plan (with HSA) | | |
| Employee | 0.00 | 663.82 |
| Employee & spouse | 67.18 | 1,335.80 |
| Employee, spouse, + one child | 100.88 | 1,672.76 |
| Employee, spouse, + two children (full family) | 128.48 | 1,948.66 |
| Employee + one child | 33.70 | 1,000.78 |
| Employee + two or more children | 61.28 | 1,276.68 |
| Medical Plan 3: Regence BlueShield - Accountable Health Network (with HRA + extra) | | |
| <i>(choose one network: UW Medicine, MultiCare Connected Care, Eastside Health, Virginia Mason Franciscan Health)</i> | | |
| Employee | 0.00 | 911.44 |
| Employee & spouse | 91.90 | 1,830.58 |
| Employee, spouse, + one child | 137.18 | 2,283.38 |
| Employee, spouse, + two children (full family) | 174.62 | 2,657.68 |
| Employee + one child | 45.28 | 1,364.22 |
| Employee + two or more children | 82.70 | 1,738.54 |
| Medical Plan 4: Kaiser Permanente - Kaiser Access PPO (with HRA) | | |
| Employee | 0.00 | 944.68 |
| Employee & spouse | 92.94 | 1,874.20 |
| Employee, spouse, + one child | 140.36 | 2,348.32 |
| Employee, spouse, + two children (full family) | 187.78 | 2,822.44 |
| Employee + one child | 47.40 | 1,418.80 |
| Employee + two or more children | 94.82 | 1,892.94 |

| | Employee Monthly Pretax Payroll Deduction | Monthly Total Premium |
|---|---|-----------------------|
| Medical Plan 5: Kaiser Permanente High Deductible Health Plan (with HSA) | | |
| Employee | 0.00 | 709.90 |
| Employee & spouse | 69.56 | 1,405.52 |
| Employee, spouse, + one child | 105.10 | 1,761.00 |
| Employee, spouse, + two children (full family) | 140.66 | 2,116.52 |
| Employee + one child | 35.54 | 1,065.40 |
| Employee + two or more children | 71.10 | 1,420.88 |

*Monthly deductions are based on two paychecks per month. There are no medical deductions when there is a third paycheck in the month.

✿ **HRA & HSA Employer Annual Contributions (Health Reimbursement Account & Health Savings Account):**

| | HRA Plans 1, 3 & 4 | Plus HRA Extra for AHN Plan 3 | HSA Plans 2 & 5** |
|--|-----------------------|----------------------------------|----------------------|
| Employee | 450.00 | 259.08 | 2,000.00 |
| Employee & spouse | 900.00 | 493.68 | 4,500.00 |
| Employee, spouse, + one child | 1,350.00 | 609.12 | 4,500.00 |
| Employee, spouse, + two children (full family) | 1,350.00 | 705.00 | 4,500.00 |
| Employee + one child | 900.00 | 374.75 | 3,000.00 |
| Employee + two or more children | 1,350.00 | 470.28 | 3,000.00 |

** Participating employees may also make pretax contributions, subject to IRS annual limits.

✿ **Dental Insurance - AWC Dental Plans; Employer Paid Premium**

Delta Dental of Washington Plan F with Orthodontia Rider Plan V
Willamette Dental Group \$10 Copay Plan

✿ **Vision Insurance - AWC Vision Services; Employer Paid Premium**

VSP \$25 Copay Plan

✿ **Employee Assistance Program (EAP); Employer Paid Premium**

Confidential counseling, legal assistance & financial guidance. Basic Plan provides limited free sessions

✿ **Group Life & AD&D Insurance -Lincoln Financial Group; Employer Paid Premium**

Benefit one times annual salary (maximum \$150,000), (benefit reduced for age 65 & over)

✿ **Group Long Term Disability Insurance (LTD) - Lincoln Financial Group; Employer Paid Premium**

Benefit 60% of monthly salary/maximum \$8,000/mo., (benefit reduced for age 65 & over)

✿ **Parental Leave Program** - City provides six weeks of paid parental leave for qualified employees

✿ **Optional Employee Benefits (no funding provided by the Employer) -**

| | |
|--|---|
| Deferred Compensation 457 Plans (<i>Pretax and Roth</i>) | Providers: Mission Square and DRS |
| Flexible Spending Accounts (<i>Pretax</i>) | Provider: NAVIA (Medical, Day Care & Limited) |
| Supplemental Insurance | Provider: Aflac |

✿ **Paid Leave –**

Holidays – the City annually recognizes eleven holidays, plus one employee chosen floating holiday per year
Vacation – accrues at the rate of .83 days/month for full time new hires, which equals ten vacation days per year
Sick – accrues at the rate of eight hours per month of continuous employment for full time employees