



2024 EMPLOYEE BENEFIT SUMMARY

EMPLOYEE BENEFITS <i>(BEGINS 1ST DAY OF MONTH FOLLOWING 60 DAYS OF EMPLOYMENT)</i>	CITY CONTRIBUTION	EMPLOYEE CONTRIBUTION
HEALTH (5 OPTIONS)		
BLUE CROSS/BLUE SHIELD - PPO \$500 Deductible	CITY PAYS	\$109.37
BLUE CROSS/BLUE SHIELD - PPO \$1,500 Deductible	CITY PAYS	\$8.45
BLUE CROSS/BLUE SHIELD - PPO \$4,000 Deductible	CITY PAYS	NO COST
BLUE CROSS/BLUE SHIELD - HSA \$3,200 Deductible	CITY PAYS + \$16.82/MONTH TO HSA	NO COST
BLUE CROSS/BLUE SHIELD -HSA \$4,000 Deductible	CITY PAYS + \$84.12/MONTH TO HSA	NO COST
<i>(SPOUSE/DEPENDENT COVERAGE AVAILABLE -100% EMPLOYEE COST)</i>		
DENTAL		
METLIFE DENTAL	CITY PAYS	NO COST
<i>(SPOUSE/DEPENDENT COVERAGE AVAILABLE -100% EMPLOYEE COST)</i>		
LIFE		
STANDARD LIFE	CITY PAYS	NO COST
<i>(25,000 LIFE & 25,000 AD&D & 25,000 Line of Duty)</i>		
<i>(SUPPLEMENTAL LIFE AVAILABLE - 100% EMPLOYEE COST)</i>		
SUPPLEMENTAL BENEFITS (OPTIONAL)		
AFLAC • HSA CONTRIBUTIONS • STANDARD LIFE (Add'l) • METLIFE (VISION) • VOYA 457(b) PLAN		
<i>(100% EMPLOYEE COST)</i>		
LAGERS RETIREMENT		
<i>(Contributions will begin after 6 months of employment)</i>		
	CITY CONTRIBUTION	EMPLOYEE CONTRIBUTION
LAGERS/ L-12 (1.75%)	AS REQUIRED BY LAW	4% OF SUBJECT WAGES