

## LAYTON CITY BENEFIT HIGHLIGHTS 2024-2025 MUNICIPAL EMPLOYEE SUMMARY

Nothing in the Employee Summary will constitute a contract or agreement between the City and the Employee.  
The summary is offered only for information purposes.

**Additional specific information can be obtained in the employee handbook, benefit literature, and online.**

### CITY/EMPLOYEE PAID BENEFITS

**Employee Premium Portion:** (Includes Health, Dental, and Vision total premium)

<i>Coverage:</i>	<u>Employee Only</u>	<u>+1 dependent</u>	<u>Family 2 or more</u>
<i>Cost per pay period:</i>	\$120.24	\$122.21	\$124.73

**Health/Hospitalization** – Self-Funded program through Select Health

- Costs to employees may be higher at non-participating providers.
- Annual Deductible \$250 per person/\$500 per family (in-network)
- Out-of-Pocket maximum \$2,000 per person / \$4,000 family (in-network)
- In-patient hospital 95% paid / Out-patient surgery 95% paid / Preventative Services 100% paid
- Most eligible claims are payable at 80% insurance paid, 20% employee paid

**Prescription Drugs** – Annual Deductible \$200 per person/\$400 per family for Tier 2 and Tier 3 prescription drugs. Tier 1 & Tier 2 prescription drugs are covered at 80%, employee pays 20% at pharmacy. Tier 3 and Tier 4 prescription drugs are covered at 50%, employee pays 50% at pharmacy. Tier 1, 2 & 3 out-of-pocket maximum is \$2,500 per person or \$5,000 per family. Tier 4 prescription drugs have a separate deductible of \$500 per person and an out-of-pocket maximum of \$16,000 per person.

**RX Help Center** – This is a service to help with the higher out-of-pocket copays, deductibles, or coinsurances typically associated with the expensive brand maintenance, single source generics, or specialty medications. There is no cost to you for this service.

**Dental** – Self-Funded program through Select Health

- Annual deductible \$50 per person/\$150 per family
- \$1,000 maximum per person per year
- Preventive diagnostic services 100% of eligible expenses, 2 times per year
- Basic services 80%/20% of eligible expenses
- Prosthodontic services 50%/50% of eligible expenses
- Orthodontic services 50% up to \$1,000 per person, lifetime

**Vision** – Vision Service Plan (VSP) Employees may elect vision coverage only

<i>Coverage:</i>	<u>Employee Only</u>	<u>+1 dependent</u>	<u>Family 2 or more</u>
<i>Cost per pay period:</i>	\$0	\$1.97	\$4.49

- Exam co-pay \$20
- Eyeglasses: Frame replaced every twenty-four (24) months, \$130 allowance; lenses replaced every twelve (12) months; co-pay \$20
- Contacts: Plan pays a maximum of up to \$130 per year for contacts

**Wellable Wellness Program** –

- Required – annual physical and personal wellness assessment
- Tier I – refund of \$260 per year by completing 4,000 Wellable points annually
- Tier II – \$260 plus 1 additional vacation day by acquiring 72,000 points through activities and challenges
- Tier III – \$260 plus 2 additional vacation days by acquiring 180,000 points through activities and challenges

**Flex Accounts** – The employee's insurance premiums are deducted from their gross wages before taxes. In addition, employees may elect to have additional money deducted pre-tax and deposited into their Flexible Spending Account. This money reimburses qualified out-of-pocket expenses. These include:

- Medical Expenses – Deductibles, Co-Insurance, Prescriptions, plus other qualified expenses
- Dependent Care – Cost of caring for children or other dependents while employee is at work

## CITY PROVIDED



### **Life Insurance** – Group coverage and optional elective coverage provided through The Standard

- Individual Life – City provides a \$30,000 life insurance policy for each employee
- Dependent Life – City provides life insurance coverage of \$2,000 for each dependent
- Additional elective supplemental insurance is available at the employee's expense (group rates & portable). Rates based on employee age in five (5) year increments.

### **Teledoc** –

- Provides you and your eligible dependents with 24/7 access to U.S. board-certified doctors and pediatricians by phone or online video.

### **Employee Assistance Program (EAP) – (801) 392-6833** Provided by Blomquist Hale Consulting

- Counseling service for the employee and family members living in the same home
- Counseling services include emotional/stress management, family and parenting issues, depression, substance abuse, financial planning, legal assistance, and other various topics.
- Crisis Intervention Hotline

### **Long Term Disability Program** – Provided through The Standard

- Eligible for benefits following ninety (90) days of disability; Continuation Pay equal to 66.7% of salary for up to 2 years, and may be extended until retirement or age 65, if qualified.

### **Short Term Disability Program** – Provided through Colonial Life (optional)

- Provide income replacement for up to 90 days if unable to work.
- Rates are determined by age & elimination period selected.

### **Retirement** – Tier 2 Utah Retirement System (35 year plan) – Hired after July 1, 2011

- Hybrid Plan – Employer contributes an amount equal to 10% of salary. Current year pension contribution rate is 10.7% (10% employer contribution and 0.7% employee contribution). Annual stipend paid by employer to cover the cost of the employee contribution. **After four (4) years service** 100% vested in the Public Employee's Hybrid Plan.
- Defined Contribution Plan – Employer contributes an amount equal to 10% of salary to 401(k).

- Employees may also elect to contribute their own money to a tax deferred 401K, 457 or an after tax 457 retirement plan available from Utah Retirement System and/or MissionSquare Retirement.
- Employees may also elect to contribute their money to a Roth IRA plan available from the Utah Retirement System and/or MissionSquare Retirement.

### **Leave Accrual**

#### **Annual Leave** – Accrual of **3.6924 hours/pay period** (8 hrs/month) during first five (5) years

- Receive 40 hours upon date-of-hire, will accrue at a reduced rate (2.154) during 1<sup>st</sup> year of service
- Accrual rates increase after five (5), ten (10) and fifteen (15) years of service
- May accrue up to a maximum of two-hundred and forty (**240**) hours (by the end of the 1<sup>st</sup> pay period in January) each year

#### **Sick Leave** – Accrual of **3.6924 hours/pay period** (8 hrs/month)

- May accrue up to maximum of 1000 hours
- After five (5) years service**, one third (1/3) of accrual balance is paid upon termination
- May be used for illness and medical related issues for self and immediate family members
- Annually (each October) employees may convert up to one-third (1/3) of the current year unused sick leave accrual into 'cash', 457 or 401k plan or to be transferred to annual leave. Employees with more than 480 hours accrued may convert up to two-thirds (2/3) cash, 457, 401k, or annual leave.

## COMPENSATION

### **Pay days** – Employees are paid every other Friday

- There is one week lag in payment for time worked

-There are twenty-six (**26**) pay days/year

- 9/80 Schedule (every other Friday off)

**Paid Holidays – Thirteen (13) paid eight (8) hour holidays per year:** Due to the 9/80 Schedule you may have to use one (1) hr of vacation on a holiday to cover the 9<sup>th</sup> hour. New Year's Day, Martin Luther King Day, President's Birthday, Memorial Day, Juneteenth, Independence Day, Pioneer Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day, Day after Thanksgiving, Christmas Day

### **Payroll Deductions – Auto-Deposit** of the net paycheck, plus additional Auto-Deposits for Layton

City Utility Bills, Deferred Compensation-457 Retirement Plans, IRA Plans, Sub-4-Santa, United Way, Exercise Facility, EOS/VASA gym membership, Surf-N-Swim family pass and Department Association dues.