

2011 City of Springfield Benefit Package for SEIU / OPEU Employees



City Provided Benefits

Medical (Required for employee)	Choice of Pacific Source HIP or PPO (See Benefit Handbook for details) (See premium table below for employee share of premiums)
Health Reimbursement Account	City pays into HRA to offset out of pocket costs on HIP (High deductible plan) only. <ul style="list-style-type: none"> • \$100 per month for single (\$1200 total annual) • \$200 per month for Two Party and Family (\$2400 total annual)
Dental (Required for employee)	Oregon Dental Service (ODS) (Employee pays a portion of the premium)
Vision	Part of Pacific Source Medical Plans
Basic Life Insurance (Standard Insurance Co)	1 x Annual Salary up to \$100,000 maximum
AD/D Insurance (Standard Insurance Co)	1 x Annual Salary up to \$100,000 maximum
Long Term Disability (Standard Insurance Co)	60% Wage replacement coverage for full-time employees disabled for more than 90 days.
Retirement	<ul style="list-style-type: none"> • Oregon Public Employee's Retirement System (OPERS) • City pays "PERS Employee pick-up of 6%" of salary after 6 months
Employee Assistance Program (DIRECTION)	Confidential personal and mental health counseling for all members of the employee's household. <ul style="list-style-type: none"> • 6 free visits per problem per calendar year
FireMed	Fire Med membership to all SEIU / OPEU employees.
Holidays	Ten (10) regular scheduled holidays plus two (2) floating holidays (prorated for partial year)
Vacation	<ul style="list-style-type: none"> • 0-3 years = Accrue 3.693 hours bi-weekly, 96 hrs annually • 4-8 years = Accrue 4.308 hours bi-weekly, 111.96 hrs annually • 9-13 years = Accrue 4.925 hours bi-weekly, 128.04 hrs annually • 14-18 years = Accrue 5.858 hours bi-weekly, 152.04 hrs annually • 19+ years = Accrue 6.154 hours bi-weekly, 159.96 hrs annually, plus .309 hours bi-weekly or 8.0 annually for each year beyond 19 • Maximum Accrual 500 hours • Maximum payout (after 6 months employment) 80 hours more than annual accrual
Sick Leave	<ul style="list-style-type: none"> • Accrue 3.693 hours per bi-weekly pay period, 96 hrs annually • Available month following accrual • Prorated for partial months • Maximum accrual 960 hours • Maximum payout at retirement 480 hours

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Voluntary Benefits (Employee Paid)

Sick Leave Reserve Program	<p>A bank of sick leave available to employees who exhaust all forms of paid leave due to a serious illness.</p> <ul style="list-style-type: none"> • Must donate one day of sick leave each year to participate in the program • Must re-enroll each year • Eligibility for leave determined by years of service and approval by Human Resources
Flexible Spending Account (FSA) (Manley Administrative Services)	<p>A voluntary pre-tax payroll deduction for out of pocket medical and/or childcare expenses under IRC Section 125</p> <ul style="list-style-type: none"> • Must be used within the plan year • Cannot change deduction mid-year (except for childcare)
Supplemental Life Insurance (Standard Insurance Co)	<p>Term life insurance for employee, spouse and children</p> <ul style="list-style-type: none"> • Cost increases with age • Guaranteed coverage if purchased within 30 days of hire
Accidental Death & Dismemberment Insurance (Standard Insurance Co)	<p>Employee only or family accidental death and dismemberment coverage</p> <ul style="list-style-type: none"> • Up to \$300,000 • Family coverage available
Short Term Disability Insurance (Sun Life Assurance Co.)	<p>60% Gross wage replacement coverage for employees disabled for more than 15 days and a maximum of 90 days.</p>
Deferred Compensation:	<p>Retirement investment options under IRC Section 457 provided through:</p> <ul style="list-style-type: none"> • Pretax deferral of wages • Employee manages the funds • No withdrawal until termination of employment • \$16,500 limit per year limit • Additional \$5,500 annual catch-up option if over age 50
<ul style="list-style-type: none"> • ING-Financial Planning • ICMA/RC • Oregon Saving Growth Plan 	

Medical and Dental Rates

Total Medical/Dental Amount per Month	HIP	PPO
Single	\$ 590.76	\$ 916.36
Two Party	\$ 1,262.12	\$ 1,977.86
Family	\$ 1,748.44	\$ 2,724.04
City Total Premium Share		
Single	\$ 531.69	\$ 531.69
Two Party	\$ 1,135.91	\$ 1,135.91
Family	\$ 1,573.60	\$ 1,573.60
Employee Total Premium Share		
Single	\$ 59.07	\$ 384.67
Two Party	\$ 126.21	\$ 841.95
Family	\$ 174.84	\$ 1,150.44