City of Albany

Benefits Summary – Nonbargaining

July 1, 2024

		I	NSURANCE					
Medical, Dental & Vision	Full medic 95% of pr		dental, and vision coverage for employee and all eligible dependents with City paying approximately ium. ontribution is approximately \$51 per month. and family coverage is approximately \$147 per month.					
		contribution is approximately t opt out option is only availa						
Life/AD&D		2X employee's annual base sa ium exceeding the life insuran			t fully paid by the C	City. (Employer-		
Long-term Disability	Benefit is	66 2/3% of employee's mont	hly salary after 90-d	ay waiting period.	Premium fully paid	by the City.		
Supplemental (Employee paid)	Short-terr waiting pe	Isurance plans available: (Coverage may not be guaranteed and may require underwriting approval.) Disability – Coverage is guaranteed for new employees. Cost of purchased coverage varies. A 7-day iod with a 90-day maximum benefit. I term life insurance – Available coverage for employee, spouse, and eligible dependents.						
		Accident, Cancer, Hospital, Intensive Care, and Specific Event Insurance – Available coverage for employee, spouse, and eligible dependents.						
RETIREMENT								
PERS / OPSRP	-	Participation in the Oregon Public Employee Retirement System. City pays employers contribution and employee's 6.0% contribution.						
Deferred Compensation	Benefit is two percent (2%) of base pay paid by City into a 457 pre-tax deferred compensation plan with employee- selected provider: ICMA-RC or Nationwide Retirement Solutions. Employees may also make contributions to a 457 pre-tax or Roth deferred compensation.							
LEAVE BENEFITS								
Vacation	Vacation accruals are as follows: (Accruals available after six months of continuous City service).							
		Months of Continuous Service	Semi-monthly Accrual Rate (hours)	Equivalent Annual (hours)	Maximum Accrual (hours) 2 x Annual			
		1 through 48 months	4.0	96	192			
		49 through 96 months	5.0	120	240			
		97 through 144 months	5.5	132	264			
		145 through 168 months	6.0	144	288			
		169 through 228 months	6.5	156	312			
		229 months and over	7.0	168	336]		
		I FAVE BEN	EFITS CONTIN	UFD				

	Sick leave accruals are as follows: (Accruals available after its earned)						
	-	Semi-monthly Accrual Rate (hours)	Maximum Accrual (he	ours)			
	l l	4	1000				
Sick Leave Incentive Program	Upon PERS retirement, a proration of unused sick leave may be rolled into employee's VEBA account (see VEBA benefit below).						
Holiday Time	The following paid holidays are observed each year:						
	New Year's Day		Labor Day				
		Martin Luther King Day	Veterans' Day				
		Memorial Day	Thanksgiving Da	Thanksgiving Day			
		Juneteenth	Friday after Thanksgiving Day				
		Independence Day	Christmas Day				
Floating Holiday		bliday hours are credited each year as follows: t subject to being paid out.) Earliest Month on	Number of Floating				
		Active Payroll	Holiday Hours				
		January	24 hours				
		February, March, April, May	16 hours				
		June, July, August, September	8 hours				
		October, November, December	0 hours				
Professional Leave	Professional Leave (80 hours) is credited annually (July 1). Hours prorated at initial employment. Unused balances at end of fiscal year (June 30) do not roll over and are not subject to being paid out.						
Bereavement Leave	Bereavement Leave up to 5 days with pay per death occurrence for covered family member(s). May be supplemented by use of other applicable leave accruals.						
	I	OTHER BENEFITS					
Education Reimbursement	Reimbursement of 75% of tuition and book fees for successful completion of pre-approved, job-related college courses or courses within an institutional approved degree program.						
Employee Assistance Program	Access to the City's confidential Employee Assistance Programs (EAP) for employees and eligible dependents.						
Flexible Spending Plan (125)	Deferral plan for dependent care, eligible insurance premiums, and out-of- pocket medical expenses paid on pre tax basis. Employee must enroll annually on a calendar year.						
Voluntary Employee Benefits	Annual employer-paid contribution to a VEBA Trust account when enrolled in City's health insurance plan. Ci contribution of \$1,000 for single health coverage or \$2,000 for family health coverage. Funds can be used for out-of-pocket health care expenses.						
Association (VEBA Trust)							

NOTES: 1) All benefits and contributions listed on this summary are subject to change. 2) All benefits listed on this summary are for full-time employees; part-time employees' benefits are pro-rated based on the employee's budgeted FTE or in some instances, may not apply. Please contact Human Resources staff at <u>hr@cityofalbany.net</u> with any questions.