

**CITY OF FOND DU LAC**  
**NEW HIRE BENEFITS SUMMARY**  
**GENERAL EMPLOYEE – FULL-TIME HOURLY/NON-EXEMPT**

<b>BENEFIT</b>	<b>ELIGIBILITY</b>	<b>PLAN INFORMATION</b>
HOLIDAYS	DATE OF HIRE	NEW YEAR'S DAY, MEMORIAL DAY, INDEPENDENCE DAY, LABOR DAY, THANKSGIVING DAY, DAY AFTER THANKSGIVING, CHRISTMAS EVE (1/2 DAY), CHRISTMAS DAY, NEW YEAR'S EVE DAY (1/2 DAY)
FLOATING HOLIDAYS	AFTER 90 DAYS	FIVE
VACATION	1 <sup>ST</sup> CALENDAR YR OF EMPLOYMENT IF HIRED BETWEEN JAN 1 AND JUNE 30 2 <sup>ND</sup> CALENDAR YR OF EMPLOYMENT– AS OF JAN 1 LESS THAN 8 YRS 8 – 14 YRS 15 – 19 YRS 20 YRS OR MORE	ONE WEEK  TWO WEEKS TWO WEEKS THREE WEEKS FOUR WEEKS FIVE WEEKS
HEALTH INSURANCE	IF HIRED BETWEEN THE 1 <sup>ST</sup> AND 15 <sup>TH</sup> OF THE MONTH, COVERAGE BEGINS ON THE 1 <sup>ST</sup> OF THE MONTH FOLLOWING HIRE DATE. IF HIRED AFTER THE 15 <sup>TH</sup> OF THE MONTH, COVERAGE BEGINS THE 1 <sup>ST</sup> OF THE 2 <sup>ND</sup> FULL MONTH OF EMPLOYMENT.	SELF-INSURED PLAN WITH IN-NETWORK DEDUCTIBLES OF \$1000 SINGLE, \$2000 FAMILY. PLAN GENERALLY PAYS IN-NETWORK 90% AFTER DEDUCTIBLE. 3 TIER PRESCRIPTION DRUG PLAN: \$10 GENERICS, \$30 PREFERRED BRAND; \$60 NON-PREFERRED BRAND; MAIL-ORDER SAVINGS OPTION. PARTICIPATION IN HEALTH RISK ASSESSMENT REDUCES EMPLOYEE MONTHLY PREMIUM COST FOR GEN PLAN TO \$68.00 SINGLE, \$176.00 FAMILY.
DENTAL INSURANCE	IF HIRED BETWEEN THE 1 <sup>ST</sup> AND 15 <sup>TH</sup> OF THE MONTH, COVERAGE BEGINS ON THE 1 <sup>ST</sup> OF THE MONTH FOLLOWING HIRE DATE. IF HIRED AFTER THE 15 <sup>TH</sup> OF THE MONTH, COVERAGE BEGINS THE 1 <sup>ST</sup> OF THE 2 <sup>ND</sup> FULL MONTH OF EMPLOYMENT.	TWO PLANS TO CHOOSE FROM: DELTA DENTAL OR CARE-PLUS DD - \$1000 INDIVIDUAL MAX PER CALENDAR YR. CP - \$1250 INDIVIDUAL MAX PER CALENDAR YR. DD - \$25 INDIVIDUAL, \$75 FAMILY DEDUCTIBLE EMPLOYEE PAYS FULL PREMIUM. DD - \$50.94 SINGLE, \$103.77 SINGLE PLUS SPOUSE, \$113.45 SINGLE PLUS CHILD/REN, \$188.30 FAMILY CP - \$39.98 SINGLE, \$79.96 SINGLE PLUS SPOUSE, \$89.20 SINGLE PLUS CHILD/REN, \$147.79 FAMILY
FLEXIBLE SPENDING ACCOUNTS	IF HIRED BETWEEN THE 1 <sup>ST</sup> AND 15 <sup>TH</sup> OF THE MONTH, COVERAGE BEGINS ON THE 1 <sup>ST</sup> OF THE MONTH FOLLOWING HIRE DATE. IF HIRED AFTER THE 15 <sup>TH</sup> OF THE MONTH, COVERAGE BEGINS THE 1 <sup>ST</sup> OF THE 2 <sup>ND</sup> FULL MONTH OF EMPLOYMENT.	UP TO \$2650 PER YR CAN BE DEDUCTED PRE-TAX FOR HEALTHCARE EXPENSES IN ACCORDANCE WITH PLAN DOCUMENT. UP TO \$5000 PER YR CAN BE DEDUCTED PRE-TAX FOR DEPENDENT CARE EXPENSES IN ACCORDANCE WITH PLAN DOCUMENT.
LIFE INSURANCE	DATE OF HIRE	ONE TIMES ANNUAL SALARY BASIC LIFE INSURANCE PAID FOR BY THE CITY. ONE TIMES ANNUAL SALARY ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE PAID FOR BY THE CITY.
OPTIONAL LIFE INSURANCE	DATE OF HIRE	COST BASED ON COVERAGE AND PAID FOR BY EMPLOYEE.
INCOME PROTECTION	1 <sup>ST</sup> FULL MONTH OF EMPLOYMENT	ELIGIBLE TO EARN ONE DAY OF SICK LEAVE PER MONTH TO MAX OF 135 DAYS.
RETIREMENT	DATE OF HIRE	ELIGIBLE TO PARTICIPATE IN WISCONSIN RETIREMENT SYSTEM (WRS); EMPLOYEE & CITY EACH CONTRIBUTE; ELIGIBLE TO PARTICIPATE IN ICMA 457 PLAN AND ROTH IRA; EMPLOYEE CONTRIBUTIONS ONLY.
EDUCATIONAL ASSISTANCE	DATE OF HIRE	BASED ON DEPT NEED, EDUCATION & TRAINING ASSISTANCE MAY BE AVAILABLE.