

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

BENEFIT	PLAN INFORMATION	ELIGIBILITY
HOLIDAYS	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); PAID ON PRO-RATED BASIS	DATE OF HIRE
FLOATING HOLIDAYS	SIX	AFTER 90 DAYS
VACATION	1 WEEK PAID ON PRO-RATED BASIS	1 ST CALENDAR YEAR OF EMPLOYMENT IF HIRED BETWEEN JAN 1 AND JUN 30
	2 WEEKS PAID ON PRO-RATED BASIS	2 ND CALENDAR YEAR OF EMPLOYMENT IF HIRED AFTER JUN 30; LESS THAN 4 YEARS EMPLOYED
	3 WEEKS PAID ON PRO-RATED BASIS	4 – 14 YEARS EMPLOYED
	4 WEEKS PAID ON PRO-RATED BASIS	15 – 19 YEARS EMPLOYED
	5 WEEKS PAID ON PRO-RATED BASIS	20+ YEARS EMPLOYED
HEALTH INSURANCE	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 \$108.00 SINGLE/\$281.00 FAMILY.	IF HIRED BETWEEN THE 1 ST AND 15 TH OF THE MONTH, COVERAGE BEGINS ON THE 1 ST OF THE MONTH FOLLOWING HIRE DATE. IF HIRED AFTER THE 15 TH OF THE MONTH, COVERAGE BEGINS THE 1 ST OF THE 2 ND FULL MONTH OF EMPLOYMENT
DENTAL INSURANCE	TWO PLANS TO CHOOSE FROM: DELTA DENTAL (DD) OR CAREPLUS (CP.) INDIV. MAX PER YEAR: \$1000 DD/\$1250 CP. DEDUCTIBLES: \$25 INDIV. \$75 FAM DD/ NONE CP. EMPLOYEE PAYS FULL PREMIUM: DD: \$51.96 SINGLE, \$105.85 SINGLE+ SPOUSE, \$115.72 SINGLE+ CHILD/REN, \$192.07 FAMILY CP: \$39.98 SINGLE, \$79.96 SINGLE+ SPOUSE, \$89.20 SINGLE+ CHILD/REN, \$147.79 FAMILY	
VISION INSURANCE	IN-NETWORK \$10 COPAY, MAX \$40 STANDARD CONTACT FIT/FOLLOW-UP, \$150 FRAME/CONTACT ALLOWANCE. EMPLOYEE PAYS FULL PREMIUM: \$6.43 SINGLE, \$12.83 SINGLE+ SPOUSE, \$13.13 SINGLE+ CHILD/REN, \$19.59 FAMILY	
FLEXIBLE SPENDING ACCOUNTS	UP TO \$2750 FOR HEALTHCARE EXPENSES AND UP TO \$5000 FOR DEPENDENT CARE EXPENSES CAN BE DEDUCTED PRE-TAX, PER YEAR FOR EXPENSES IN ACCORDANCE WITH PLAN DOCUMENT	
LIFE INSURANCE	ONE TIMES ANNUAL SALARY BASIC LIFE INSURANCE AND ONE TIMES ANNUAL SALARY ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE PAID FOR BY THE CITY.	
OPTIONAL LIFE INSURANCE	COST BASED ON COVERAGE AND PAID FOR BY EMPLOYEE.	DATE OF HIRE
INCOME PROTECTION	ELIGIBLE TO EARN ONE DAY OF SICK LEAVE PER MONTH (PRO-RATED) TO MAX OF 135 DAYS.	1 ST FULL MONTH OF EMPLOYMENT
RETIREMENT	ELIGIBLE TO PARTICIPATE IN WISCONSIN RETIREMENT SYSTEM (WRS) IF WORKING AT LEAST 1200 HOURS; EMPLOYEE & CITY EACH CONTRIBUTE; ELIGIBLE TO PARTICIPATE IN ICMA 457 PLAN (PRE-TAX AND ROTH) AND ROTH IRA; EMPLOYEE CONTRIBUTIONS ONLY.	DATE OF HIRE
EDUCATIONAL ASSISTANCE	BASED ON DEPT NEED, EDUCATION & TRAINING ASSISTANCE MAY BE AVAILABLE.	DATE OF HIRE