

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

BENEFIT	PLAN INFORMATION	ELIGIBILITY
<b>HOLIDAYS</b>	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
<b>FLOATING HOLIDAYS</b>	FIVE	AFTER 90 DAYS
<b>VACATION</b>	1 WEEK PAID ON PRO-RATED BASIS	1 <sup>ST</sup> CALENDAR YEAR OF EMPLOYMENT IF HIRED BETWEEN JAN 1 AND JUN 30
	2 WEEKS PAID ON PRO-RATED BASIS	2 <sup>ND</sup> 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
<b>HEALTH INSURANCE</b>	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 \$127.00 SINGLE/\$331.00 FAMILY.	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
<b>DENTAL INSURANCE</b>	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	
<b>VISION INSURANCE</b>	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	
<b>FLEXIBLE SPENDING ACCOUNTS</b>	UP TO \$2850 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	
<b>LIFE INSURANCE</b>	ONE TIMES ANNUAL SALARY BASIC LIFE INSURANCE AND ONE TIMES ANNUAL SALARY ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE PAID FOR BY THE CITY.	
<b>OPTIONAL LIFE INSURANCE</b>	COST BASED ON COVERAGE AND PAID FOR BY EMPLOYEE.	DATE OF HIRE
<b>INCOME PROTECTION</b>	ELIGIBLE TO EARN ONE DAY OF SICK LEAVE PER MONTH (PRO-RATED) TO MAX OF 135 DAYS.	1 <sup>ST</sup> FULL MONTH OF EMPLOYMENT
<b>RETIREMENT</b>	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
<b>EDUCATIONAL ASSISTANCE</b>	BASED ON DEPT NEED, EDUCATION & TRAINING ASSISTANCE MAY BE AVAILABLE.	DATE OF HIRE