



TIME OFF		
Benefit	Details	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)	Date of Hire
<b>Floating Holidays</b>	5 paid days off	After 90 days
<b>Vacation</b>	1 week paid time off	If hired between Jan 1 and June 30 <sup>th</sup> Available after 90 days.
	2 weeks paid time off	2 <sup>nd</sup> Calendar year of employment if hired after June 30; Less than 8 years of employment
	3 weeks paid time off	8 – 14 years employed
	4 weeks paid time off	15-19 years employed
	5 weeks paid time off	20+ years employed

INSURANCE			
Benefit	Who Pays	Details	Eligibility
<b>Health Insurance</b> Auxiant	City pays 80% of Monthly Premium. Participation in Health Risk Assessment increases City contribution to 84%.  Reduced Employee Monthly Premium \$133 Single \$346 Family	<ul style="list-style-type: none"> <li>In-Network deductible \$1,000 Single/\$2,000 Family</li> <li>Co-insurance : 90/10 PPO Network</li> <li>Covered Services performed at Corporate Care Clinic covered at 100%</li> <li>Teladoc physical and mental health covered at 100%</li> <li>Prescriptions \$10/\$30/\$60</li> </ul>	First of the month following Date of Hire. If hired on the 1 <sup>st</sup> , benefits are effective Date of Hire.
<b>Flexible Spending Accounts (FSA)</b>	Elect up to \$3,050 for healthcare expenses and up to \$5,000 for dependent care expenses can be deducted pretax for expenses in accordance with plan document.		
<b>Dental Insurance</b> Delta Dental EPO Low Plan	Employee pays 100% Monthly Premium  \$39.85/Single \$81.18 EE/Spouse \$85.62 EE/Child(ren) \$142.75/Family	EPO Low Plan <ul style="list-style-type: none"> <li>Individual max per year \$750</li> <li>Deductible \$50 Individual \$150 Family</li> </ul>	
<b>Dental Insurance</b> Delta Dental PPO High Plan	Employee pays 100% Monthly Premium  \$47.78/Single \$96.68 EE/Spouse \$107.40 EE/Child(ren) \$177.75/Family	EPO Plan <ul style="list-style-type: none"> <li>Individual max per year \$1,000</li> <li>Deductible \$25 Individual \$75 Family</li> </ul>	
<b>Vision Insurance</b> Delta Dental through Eye Med	Employee pays 100% Monthly Premium  \$6.24/Single \$12.48 EE/Spouse \$12.74 EE/Child(ren) \$18.98/Family	PPO High Plan <ul style="list-style-type: none"> <li>\$10 copay</li> <li>\$150 Frame/Contact allowance</li> </ul>	

Benefit	Details		Eligibility
<b>Life Insurance AD&amp;D</b> The Hartford	City pays 100% of premium	Coverage level: <ul style="list-style-type: none"> <li>Employee - 1x annual salary with max \$150,000</li> <li>Spouse - \$10,000</li> <li>Child \$5,000 (age 6 months – 18)</li> </ul>	Date of Hire
<b>Optional Life Insurance</b> The Hartford	Employee pays 100% Monthly Premium. Premium is based on age and coverage level	Coverage level: <u>Employee</u> – Elect between \$10,000 - \$500,000 or 5 times your annual earnings <u>Spouse</u> – Elect between \$5,000 and \$250,000 <u>Child</u> – Elect \$5,000 or \$10,000	First of the month following Date of Hire. If hired on the 1 <sup>st</sup> , benefits are effective Date of Hire.
<b>Accident</b> The Hartford	Employee pays 100% Monthly Premium \$6.24/Single \$12.48 EE/Spouse \$12.74 EE/Child(ren) \$18.98 Family	Helps you pay for out of pocket costs you may experience after an accident. This is a supplement to your health plan.	
<b>Critical Illness</b> The Hartford	Employee pays 100% Monthly Premium Premium is based on employee age and level of coverage	Supplement to your health plan and pays a lump sum benefit upon a verified diagnosis.	
<b>Hospital Indemnity</b> The Hartford	Employee pays 100% Monthly Premium \$6.24/Single \$12.48 EE/Spouse \$12.74 EE/Child(ren) \$18.98 Family	Supplement to your health plan and will pay the member directly when they have an overnight hospital stay.	

### INCOME PROTECTION

Benefit	Details	Eligibility
<b>Sick Leave</b>	Earn one day of sick leave per month to max of 135 days	1 <sup>ST</sup> Full month of employment
<b>Short Term Disability</b>	Employee pays 100% of monthly premium. Eligible for 60% of your total weekly earnings up to a weekly maximum of \$1,500 when not able to work due to an injury, sickness, or disability for up to 13 weeks.	First of the month following Date of Hire. If hired on the 1 <sup>st</sup> , benefits are effective Date of Hire.
<b>Long Term Disability</b>	Employee pays 100% of monthly premium. Eligible for 60% of your monthly up to \$5,000 when not able to work due to an injury, sickness, or disability. 90 day elimination period.	
<b>Retirement</b> Wisconsin Retirement System (WRS)	Eligible to participate in WRS if working at least 1200 hours. Employee & City each contribute.	Date of Hire
<b>Retirement</b> Mission Square (ICMA)	Eligible to participate in 457 plan (Pre-Tax & Roth) and Roth IRA. This is 100% employee funded	
<b>Educational Assistance</b>	Based on department need, education & training assistance may be available.	