

**City of Johnston**  
**Employee Benefits**  
**Full-Time Employees**  
**Effective July 1, 2008**

Please contact Stephanie Reynolds, Assistant City Administrator (727-7769), with any questions regarding benefits.

***Health Insurance***

The City pays 100% of the medical premium for full-time employees electing single coverage. Non-union employees electing family coverage pay \$29.07 per month. Union employees (AFSCME and Teamsters) electing family coverage pay \$50 per month. Health insurance benefits are effective the first of the month following the date your employment with the City begins. **The plan provided is partially self-funded (meaning the City purchases a high deductible, high out-of-pocket maximum plan from Wellmark and reimburses the employee directly for qualifying expenses) with the following deductibles and out-of-pocket maximums:**

**Wellmark Blue Cross/Blue Shield Alliance Select**

*Single coverage:*

- \$200 deductible
- \$500 out-of-pocket maximum (OPM)
- 90/10 coverage (in network)
- Three-tiered prescription drug card (\$10/generic; \$25/formulary; \$40/brand) (does not apply to deductible or OPM)
- \$15 office visit co-pay (does not apply to deductible or OPM)

*Family coverage:*

- \$200/person or \$400/family deductible
- \$500/person or \$1,000/family out-of-pocket maximum (OPM)
- 90/10 coverage (in network)
- Three-tiered prescription drug card (\$10/generic; \$25/formulary; \$40/brand) (does not apply to deductible or OPM)
- \$15 office visit co-pay (does not apply to deductible or OPM)

***Dental Insurance***

The City pays 100% of the dental premium for full-time employees electing single coverage. Employees electing family coverage pay the difference between the single and family premium (\$53.71 per month). Dental benefits are effective the first of the month following the date your employment with the City begins.

**Delta Dental**

- Deductible - \$25/person or \$75/family (waived for preventative services)
- Preventative – 100% of charges covered
- Basic/Endodontic/Periodontal - 80% of charges covered; employee responsible for 20% co-insurance
- Major – 50% of charges covered; employee responsible for 50% coinsurance
- Annual benefit maximum - \$1,500/person

***Life Insurance***

All full-time employees are insured with term insurance for \$10,000. The City pays 100% of the premium.

***Accidental Death and Dismemberment Insurance***

All full-time employees are provided \$10,000 coverage. The City pays 100% of the premium.

***Short-Term and Long-Term Disability Insurance***

All full-time employees are provided short-term and long-term disability insurance. The City pays 100% of the premiums. Coverage information is attached.

***Paid Holidays/Personal Leave***

The following shall be observed as paid holidays:

- New Year’s Day
- President’s Day
- Memorial Day
- Independence Day
- Labor Day
- Veteran’s Day
- Thanksgiving Day
- The day after Thanksgiving
- The day before Christmas or the day after Christmas as determined by the City Administrator
- Christmas Day

***Paid-Time-Off (PTO)***

Employees accrue paid-time-off (PTO) according to the following schedules with a maximum accrual amount of 380 hours:

***Exempt (Salaried) Employee Accrual Schedule***

0 - 5 Years of Employment:	8.07 hours bi-weekly
5 - 10 Years of Employment:	9.62 hours bi-weekly
10 - 15 Years of Employment:	11.16 hours bi-weekly
15 + Years of Employment:	12.70 hours bi-weekly

***Police Sergeants and Police Officers Accrual Schedule***

0 - 5 Years of Employment:	6.73 hours bi-weekly
5 - 10 Years of Employment:	8.37 hours bi-weekly
10 - 15 Years of Employment:	10 hours bi-weekly
15 + Years of Employment:	11.64 hours bi-weekly

***Non-Exempt (Hourly) Full-Time Employee Accrual Schedule***

0 - 5 Years of Employment:	6.54 hours bi-weekly
5 - 10 Years of Employment:	8.08 hours bi-weekly
10 - 15 Years of Employment:	9.62 hours bi-weekly
15 + Years of Employment:	11.15 hours bi-weekly

***Non-Exempt (Hourly) Full-Time Firefighter/EMT Accrual Schedule***

0 - 5 Years of Employment:	7.46 hours bi-weekly
5 - 10 Years of Employment:	9.31 hours bi-weekly
10 - 15 Years of Employment:	11.15 hours bi-weekly
15 + Years of Employment:	13 hours bi-weekly

***IPERS***

All full-time and permanent part-time employees are required to participate in the Iowa Public Employees' Retirement System (IPERS). Contribution rates are listed below:

	<b>Regular Classification</b>	<b>Protected Classification (Police and Fire Departments)</b>
Employee contribution rate	4.10% of annual wages	5.63% of annual wages
Employer contribution rate	6.35% of annual wages	8.45% of annual wages

***Optional Retirement Benefits***

Full-time employees may voluntarily contribute toward a 457 Deferred Compensation Plan. See Stephanie Reynolds for additional information.

***Optional Flexible Spending Account***

Full-time employees may participate in the City's flexible spending (aka Section 125 plan) program, which allows eligible medical and daycare expenses to be deducted from each payroll on a pre-tax basis. See Stephanie Reynolds for additional information.

***Voluntary Life Insurance***

Full-time employees may purchase additional group life insurance from Principal Financial Group. Coverage is also available for spouses and eligible dependents. See Stephanie Reynolds for additional information.

***Banking/Financial Institutions***

Wells Fargo, N.A. offers free checking accounts and other banking services to City of Johnston employees. Visit a Personal Banker at the Johnston branch of Wells Fargo, N.A. and identify yourself as a City of Johnston employee to learn more about the free services provided.

***Payroll Period***

The City has a bi-weekly payroll period (26 pay periods per year).

### Short Term Disability Benefit

	Current Benefit	Benefit as of 7/1/08
<b>Elimination Period</b>		
<i>Accident</i>	30 days	30 days
<i>Illness/Pregnancy</i>	30 days	30 days
<b>Benefit</b>	66 2/3% of weekly earnings	60% of weekly earnings
<b>Maximum Weekly Benefit</b>	\$100	\$1,000
<b>Benefit Duration</b> <i>(includes Elimination Period)</i>	1 year	26 weeks

### Long Term Disability Benefit

	Current Benefit	Benefit as of 7/1/08
<b>Elimination Period</b>	N/A	180 days
<b>Definition of Disability</b>	N/A	Own occupation for 2 years; Any gainful occupation thereafter
<b>Monthly Benefit</b>	N/A	60% of Salary
<b>Maximum Benefit Period</b>	N/A	Later of age 65 or Social Security normal retirement age
<b>Maximum Monthly Benefit</b>	N/A	\$5,000
<b>Social Security Integration</b>	N/A	Primary and Family
<b>Mental Health/Substance Abuse</b>	N/A	Limited to 24 months
<b>Survivor Benefit</b>	N/A	3 months
<b>Pre-Existing Conditions</b>	N/A	3/12
<b>Special Provisions</b>	N/A	24 month limitation on chronic fatigue illness, chemical and environmental illness and musculoskeletal and connective tissue illness, and mandatory vocational rehabilitation.