

EXHIBIT A

ELECTED OFFICIALS BENEFITS

PLAN BENEFIT

TYPICAL CITY EXPENSES IN FY 24

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|--|----------------------------|---------------------|
| 1. Health Insurance (Plan 1) | | |
| a. Individual 93.4 % of cost covered | | \$1,061.47/month |
| b. Family 70.13% 77% of cost covered | | \$1,807.45/month |
| 2. Life Insurance (*reductions taken at age 65 in Life and AD&D coverages) | | |
| a. General Life \$50,000 amount 100% | \$0.190/\$1,000 | 9.50/month per year |
| b. AD&D - \$50,000 amount 100% | \$0.030/\$1,000 | 1.50/month per year |
| 3. Vision | | |
| a. Individual 100% of cost covered | | \$6.96/month |
| b. Family 39% of cost covered | | \$6.96/month |
| 4. Dental | | |
| a. Individual 100 % of cost covered | | \$31.55/month |
| b. Family 35.45% of cost covered | | \$34.64/month |
| 5. Pension Benefits | | Not specified |
| 6. Cell phone allowance | | \$100 per month |