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## EMPLOYEE BENEFITS SUMMARY

Effective 01/01/2025 – 12/31/2025

**MEDICAL INSURANCE:** The City offers eligible employees the option of three medical insurance plans summarized below.

PLAN 1 - CLASSIC	PLAN 2 – HSA*	PLAN 3 – BUY UP
<b>Deductible</b> \$1,500 Individual / \$3,000 Family	<b>Deductible</b> \$3,300 Individual / \$6,600 Family	<b>Deductible</b> \$500 Individual / \$1,000 Family
<b>Out-of-Pocket Maximum</b> \$7,150 Individual / \$14,300 Family	<b>Out-of-Pocket Maximum</b> \$5,000 Individual / \$10,000 Family	<b>Out-of-Pocket Maximum</b> \$5,000 Individual / \$10,000 Family
<b>Coinsurance</b> 70/50	<b>Coinsurance</b> 80/60	<b>Coinsurance</b> 70/50
<b>Pharmacy</b> \$10 Generic \$40 Preferred / \$75 Non-Preferred \$100 Specialty	<b>Pharmacy</b> 20% Generic 20% Preferred Brand 20% Non-Preferred Brand	<b>Pharmacy</b> \$5 Generic \$35 Preferred Brand \$60 Non-Preferred Brand
<b>Copay</b> \$10 Virtual Care Telehealth \$30 Office Visit \$100 ER then 70% coinsurance	<b>No Copay</b> Deductible and Coinsurance Applies	<b>Copay</b> \$10 Virtual Care Telehealth \$30 Office Visit \$100 ER then 70% coinsurance

\*NOTE—HSA ONLY: The City of Sandpoint contributes \$1,800 annually to the employee's Health Equity account on a prorated, semimonthly basis in the amount of \$71.00 per payday. Enrollees cannot be covered by other health coverage that is not an HDHP (with certain exceptions).

**MEDICAL INSURANCE COVERAGE LEVEL:** The City contributes to all or a portion thereof for medical insurance premium costs for eligible employees, depending on the level of coverage chosen. Employee costs are summarized below.

COVERAGE LEVEL	PLAN 1 - CLASSIC		PLAN 2 – HSA		PLAN 3 – BUY UP	
	Monthly	Per Pay Period*	Monthly	Per Pay Period*	Monthly	Per Pay Period*
Employee Only	\$0.00	\$0.00	\$0.00	\$0.00	\$60.02	\$30.01
Employee & Spouse	\$233.92	\$116.96	\$206.64	\$103.32	\$362.98	\$181.49
Employee & 1 Child	\$98.12	\$49.06	\$86.70	\$43.35	\$186.72	\$93.36
Employee & 2+ Children	\$155.60	\$77.80	\$137.46	\$68.73	\$260.86	\$130.43
Employee, Spouse & 1 Child	\$332.04	\$166.02	\$293.34	\$146.67	\$489.68	\$244.84
Employee, Spouse & 2+ Children	\$389.54	\$194.77	\$344.08	\$172.04	\$563.84	\$281.92

\*NOTE – In months where 3 paychecks occur, premiums and employee HSA contributions will be deducted on the first and second paychecks of that month.

**LIFE INSURANCE:** The City contributes to 100% of life insurance premium costs for eligible employees. The policy benefit is equal to the employee's annual salary plus \$2,000 up to a maximum of \$100,000. The policy also includes \$1,000 coverage for spouse and \$1,000 coverage for dependent children up to age 26.

**LONG TERM DISABILITY:** The City contributes to 100% of long-term disability insurance premium costs for eligible employees. In general, the benefits for a payable claim are 60% of the employee's monthly earnings, not to exceed \$5,000.

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**DENTAL INSURANCE:** The City contributes to 100% of dental insurance premium costs for eligible employees. Employees are responsible for full premium costs to insure dependents depending on the level of coverage chosen as summarized below.

COVERAGE LEVEL	MONTHLY	PER PAY PERIOD*
Employee Only	\$0.00	\$0.00
Employee & Spouse	\$41.00	\$20.50
Employee & 1 Child	\$19.00	\$9.50
Employee & 2+ Children	\$52.00	\$26.00
Employee, Spouse & Child(ren)	\$93.00	\$46.50

\*NOTE – In months where 3 paychecks occur, premiums will be deducted on the first and second paychecks of that month.

**VISION INSURANCE:** The City offers an optional vision insurance plan to eligible employees. Employees are responsible for premium costs to insure themselves and dependents as summarized below.

COVERAGE LEVEL	MONTHLY	PER PAY PERIOD*
Employee Only	\$8.20	\$4.10
Employee & Spouse	\$16.40	\$8.20
Employee & Child(ren)	\$17.56	\$8.78
Employee, Spouse & Child(ren)	\$28.06	\$14.03

\*NOTE – In months where 3 paychecks occur, premiums will be deducted on the first and second paychecks of that month.

**PAID HOLIDAYS:** The City observes the following holidays:

New Year's Day	Memorial Day	Labor Day	Day after Thanksgiving
Human Rights Day	Juneteenth	Veterans Day	Christmas Day
Presidents' Day	Independence Day	Thanksgiving Day	

**PAID TIME OFF:** Eligible employees accrue paid time off as follows:

Years of Service	Per Pay Period*	Per Month	Per Year	Maximum (2x Annual)
Less than 1 year	7.00	14.00	168.00	336.00
1 year but less than 2 years	7.20	14.40	172.80	345.60
2 years but less than 3 years	7.40	14.80	177.60	355.20
3 years but less than 4 years	7.60	15.20	182.40	364.80
4 years but less than 5 years	7.80	15.60	187.20	374.40
5 years but less than 10 years	8.00	16.00	192.00	384.00
10 years but less than 15 years	9.00	18.00	216.00	432.00
15 years but less than 20 years	10.00	20.00	240.00	480.00
20 years or more	11.00	22.00	264.00	528.00

\*NOTE – In months where 3 paychecks occur, PTO accruals will be credited on the first and second paychecks of that month.

**LIFE FLIGHT NETWORK:** Annual membership fee of \$XX for medical transport service. (To be Determined)

NOTE: Insurance coverage shall commence on the first day of the month following 30 days of employment, not to exceed 60 days.