

# Commissioned Deputy's Union Employees

## **SUMMARY OF MATERIAL TERMS:**

**Eligibility:** All Full-Time employees are eligible for employee benefits.

**Benefits Provided:** The plans provide for your medical, dental, vision, life, long term disability (LTD) and employee assistance program (EAP) in the manner listed below.

**Employee Costs:** The employer pays up to \$806.89 for the employee's premium on the medical plan and 75% of medical coverage for family members.

Sheriff's Office employees receive a monthly contribution to VEBA in the amount of \$300.00.

The employer pays the entire cost of the dental plan, which includes family coverage. You may choose either Washington Dental Service (\$1,000) or Willamette Dental of Washington.

The employer pays for \$40,000 term life and AD&D insurance coverage on the employee. The employer also pays for the employee long term disability (LTD) and employee assistance (EAP).

Vision coverage is included in the LEOFF medical plan.

If you select benefits coverage with costs that exceed the amount paid by the employer, you may elect to pay these premiums on a salary-reduction basis through a pre-tax flexible benefits plan offered through payroll deduction. The flexible benefits plan allows you to pay these premiums without paying taxes on the premium dollars. Therefore, the IRS does not allow you to make changes to your selections during the calendar year except for a few very specific qualifying events. Any premium costs in excess of the county contribution must be paid through payroll deduction.

Coverage under the plans is effective January 1, 2023, thru December 31, 2023.

Each year you must elect coverage for yourself and your dependents (if applicable) during the open enrollment period, which occurs each fall for a January 1 effective date.

You may also cover your spouse and or dependents for the following additional premiums:

## **MEDICAL OPTIONS**

### **LEOFF Health Welfare Trust Plan FX (includes vision)**

	<b>Coverage Cost</b>	<b>Cost to Employee</b>
Employee	\$ 806.89	\$ 0
Spouse	912.70	228.18
Child	502.68	125.67
Children	767.20	191.80
Spouse & Child	1,415.38	353.85
Spouse & Children	1,679.89	419.97

## **DENTAL OPTIONS**

### **Delta Dental of Washington \$1,000 Dental**

Composite	\$ 106.57	\$ 0
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### **Willamette Dental**

Composite	\$ 110.93	\$ 0
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**OTHER**

<b>Term Life Insurance &amp; AD&amp;D (\$40,000)</b>	\$	6.00	\$	0
<b>Long Term Disability (LTD)</b>	\$	5.36	\$	0
<b>Employee Assistance Program (EAP)</b>	\$	1.76	\$	0