

CITY OF ANTIOCH
CITY COUNCIL
FRINGE BENEFIT SUMMARY

January 1, 2015 - December 31, 2015

WAGES

Effective 1/1/07 \$941.20/Month +
 \$30/ADA Meeting (Ordinance #977-C-S
 approved 9/12/00)

CAFETERIA PLAN: (Eff. 1/01/15)

City contributes:

\$ 546.77/mo – Single
 \$1,004.20/mo – Two-Party
 \$1,303.07/mo – Family

For the purchase of Health & Welfare
 Benefits:

(Any unused funds will be split 50/50
 between City and Employee)

City pays \$122.00/mo. for the PERS
 Minimum Employer Contribution (MEC)

Medical (PERS) (Optional w/proof
 of other coverage)

Monthly Premium Rates (Actual cost to emp.)

	Single	2-Party	Family
Anthem Blue Cross Select HMO	540.41	1,202.82	1,600.27
Anthem Blue Cross Traditional HMO	705.57	1,533.14	2,029.68
Blue Shield Access+	806.87	1,735.74	2,293.06
Blue Shield NetValue	748.60	1,619.20	2,141.56
Kaiser Permanente	592.45	1,306.90	1,735.57
PERS Choice	578.84	1,279.68	1,700.18
PERS Select	568.43	1,258.86	1,673.12
PERSCare	653.08	1,428.16	1,893.21
UnitedHealthcare	728.67	1,579.34	2,089.74

Dental (Delta Dental) (Non-Voluntary unless proof of other coverage)

	Single	2-Party	Family
Delta Dental - Option A	127.16	127.16	127.16
Delta Dental - Option B	127.78	127.78	127.78
Delta Dental - Option C	134.55	134.55	134.55
Delta Dental - Option D	182.61	182.61	182.61

Vision (Medical Eye Services) (Optional)

	Single	2-Party	Family
Medical Eye Services - Option 1	4.89	9.65	12.56
Medical Eye Services - Option 2	10.56	21.02	27.36
Medical Eye Services - Option 3	13.22	21.26	34.06

LIFE INSURANCE - \$12,000 (Mandatory)

Eff. 7/01/10 \$.21-1/2 per \$1,000

LONG-TERM DISABILITY

No

STATE DISABILITY INSURANCE

No

DEFERRED COMPENSATION

Yes - 5% of salary (Currently being waived)

CAR ALLOWANCE

Mayor \$450/Mo.
 Council Members \$350/Mo.

CELL PHONE ALLOWANCE

Mayor \$100/Mo.
 Council Members \$ 50/Mo.