City of Tuscaloosa

Employee Benefits Summary View benefit plan documents for full details at

| Bath Businance (Abbama) Per Degion 1 (Employee S111.26 (Employee S20.25 (Emp-Finally S224.72 Per Degione S20.25 (Employee S20.25 (Emplo | |
|---|---------------|
| Build Cross/Blue Shield (Alabama) Employees S11.26 Emprovember 40 results employees 10 seps 40 Employment 10 results covrage, prescription dug pan. Sep Employment 10 results Cross/Blue Shield International States per parkets kitters and seps per parkets and seps per par | or medical |
| Ababama) Emp-foliation 1518.83 Emp-family 5224.72 Parally 6244.72 Parally 6244.72 Parally 6244.72 Parally 6244.7 | |
| Empspaces 2009.25 EmpsPanues 254.72.7 PBin Option 2 Employee 531.25 EmpsPanues 255.73.23 EmpsPanues 255.74 within 30 days of hire date. within 30 days of hire date. cccss 2day Health Nates per paycheck twice a month. Employees 8. dependents who are enrolled in the CITy's health insurance plan. Employees 8. dependents who are enrolled in the CITy's health insurance plan. Free employee health clinic. You receiv treatment for mion illness and injun paying a copyment, deductible or on maximum. ental insurance linic Employees 511.87 All Paul time employees All Paul time employees The first day of the month following the data of employment if enrolled with 30 days of hire data. Free employee health clinic. You receiv treatment for mion insurance. file Cross/Bite Sing City Maters per paycheck twice a month. Free for employees 51.87 All Paul time employees The first day of the month following the data of employment is enrolled with 30 days of hire data. Free employee following the data of employment if age 55 with 25 YOS - City pays per sign. Challeng the sign of the data of retriement. The first day of the month following the data of employment if enrolled with 30 days of hire data. Corruptees classification, ming employees Corruptees classification employees first of YA DCAI (Like pays 255, ST22 EmpsFamily S12.34 All Paul time employees All Paul time employees The first day of the month following the data of employment if enrolled with 30 days of hire data. Routine vision care and correction. Ex soruces for gauss pays pays to employment if enrolled with | |
| Emp-Family 5224-72 Plan Obtion 2 Employee 533.12 Employee 533.12 Emportant prior 1366.74 Rates per paycheck twice a month. Immediately upon enrolling in the City's health insurance plan. Free employee health clinic. You receiv enrolled in the City's health insurance plan. ental Insurance Inic Free to employee 5.8 dependents who are enrolling in the City's health insurance plan. Immediately upon enrolling in the City's health insurance plan. Free employee health clinic. You receiv enrolled in the City's health insurance plan. Free employees and plan paying a co-payment, deductible or ou maximum. ental Insurance Inic Employees 511.87 Rates per paycheck twice a month. All Full time employees The first day of the month following the date of employment ferrolled within 30 days of hire 50% saids/1 words provinger following the date of errollements but are less following the date of entime englowees Comprehensive hespitalization, major coverage, prescription drug plan (sam as active employee plan.). All Foult time errollements but are less following the date of employment ferrollements than age 55 must pay full monthly reture rangements but are less following the date of employment ferrollement following the date of employment ferrollement that age prophyteck twice a month. All Full time employees The first day of the month following the date of employment if enrollem within 30 days of hire date. SJ.00 Dependent Care Limit following the date of employment if enrollem within 30 days of hire date. SJ.000 Dependent Care Limit employees All Full time employees The first day of the month following the date of | |
| Plan Dotion 2 Employee 39.12 Emp-spouse 513.92 Emp-spouse 513.92 Employees 31 dependents who are encolled in the City's health insurance plan Immediately upon morelled in the City's health insurance plan Free to employee halth clinic. You receive treatment for minoling see comparent, deductible or o maximum. ental Insurance luce Cross/Blue Sheld Employee 511.87 Family 51.44 Rates per paycheck twice a month. All Full time employees The first day of the month following the date of employees of the date. Fore to employee praining 2 per spouse 53.000 calendary per spouse 53.0000 calendary per spouse 53.0000 ca | |
| Employee 53.12 Emp-shilling Employee States Employee States Employee Employee States Free employee health clinic. You receit manth. ccss 2day Health Inic Free to employee 58.depredents who are enrolling in the City's health insurance plan. Immediately upon enrolling in the City's health insurance plan. Free employee health clinic. You receit manth. Free employee health clinic. You receit manth. ental insurance linic Employees 51.87 All Full time employees The first day of the month following the date of employment if enrolled within 30 days of hire date. Sofe sound prevant, education of employment if enrolled within 30 days of hire date. Comprehensive hospitalization, major coursing, prescription drug plan (sam as ctive employee plan). tabserments, response 53.01 (Free 95 mosths; but are loss; prevision this trate of the employees in the course 53.01 (Free 95.77.2 Emp-sprainity 512.34 Rates per paycheck twice a month. All Full time employees The first day of the month following the date of employment if enrolled within 30 days of hire date. Routine vision care and correction. Ex- contacts or glasses. Course, EX- contacts or glasses. Course, EX- contacts or glasses. Course, EX- contacts or glasses. Course, EX- contacts or glasses. Course enalty enalty full month employees The first day of the month following the date of employment if enrolled within 30 days of hire date. Routine vision care and correction. Ex- contacts or glasses. Course, EX- contacts or glasses, Course, EX- contact | |
| Emp-Spouse S13.9.2 Emp-Family S186.74 Employees 8 employees 8 dependents who are enrolled in the City's health insurance plan. Immediately upon free to employees 8. dependents. cccss 2day Health Inic Free to employees 8. dependents who are enrolled in the City's health insurance plan. Immediately upon maximum. Free employee health clinic. You receiv treatment for muoit health insurance plan. Line Cross/Blue Shield Employee 51.87 Family S1.44 Rates per paysheck twice a month. All Full time employees The first day of the month date. Deductible - S22 per uery. K48p.1 DOG calendar year maximum benefit date. Line Cross/Blue Shield If age 55 with 25 YOS - City pays S0% subsidy toward premium. Retires 49 subsidy toward premium. Retins 40 subsidy toward premium. Retires 40 subsidy toward premium. | |
| Emp-Spoule S173.92 Emp-Spoule S173.92 month. Employees Employees State anoth. Immediately upon enrolling in typon enrolling in typon month. Free employee health clink. You receit the construction of the City's health insurance plan. enrolling in typon health insurance plan. Employees St dependents who are enrolling in the City's health insurance plan. Immediately upon enrolling in the City's health insurance plan. Free employee health clink. You receit who are enrolling in the City's health insurance plan. ental insurance blue Coss/Blue Shield Based on gree paycheck twice a month. If all cli time employees The first day of the month following the date of employees in the class of the date. Comprehensive hospitalization, major coverage, prescription drug plan (sam as active employee plan). this coss/Blue Shield Bue Coss/Blue Shield (Habama) If age SS with 25 VOS - City pays Subsidy toward premium. If age SS with a text 10 YOS- City pays 25% subsidy toward premium. If age SS with age 100 monthly rate until age SS. All Full time employees The first day of the month following the date of employees of the employees Routine vision care and correction. Ex- empolyees in the class of the employees Routine vision care and correction. Ex- empolyees silon Insurance SPS Employee S3.81 Empolyee S3.81 Empolyees All Full time employees The first day of the month date. Routine vision care and correction. Ex- employees Routine vision care and correction. Ex- employees First day of the month date. S25,000 Ige endent | |
| Emp-family \$386.74 Rate per paycheck twice a month. Immediately upon receive a month. Free to employee halth clink: You receive treatment for minutesses and input health insurance plan. Inice cross files Shield (algobama) Free to employee for the fully health insurance plan. Immediately upon recreated in the City's health insurance plan. Immediately upon recreated in the City's health insurance plan. Immediately upon maximum. Immediately upon maximum. ental insurance law Cross/Blue Shield (Algbama) Employee 51187 Immediately upon moth. Immediately upon moth. <td< td=""><td></td></td<> | |
| Rates per paycheck twice a month. Immediately upon Free employee Rath clinic. Your reciment for minor illnesses and nigm paying a co-payment, deductible or our maximum. ental insurance plan. Employee S11.87 Immediately upon Free employee member each calt insurance plan. ental insurance plan. Employee S11.87 All Full time The first day of the month Deductible - S25 per member each calt (three per family). ental insurance plan. Rates per paycheck twice a month. All Full time employees Find three per family. Deductible - S25 per member each calt (three per family). use Coss/Bilue Shield fage 55 with 25 YOS - City pays Retirees from full time employment (effective Cotor 1, 2006 calendar year maximum benefit effective cotor 1, 2000 calendar year maximum benefit the date of employment if enrolled within 30 days of hire date of employment if enrolled within 30 days of hire date of employment if enrolled within 30 days of hire date of employment if enrolled within 30 days of hire date of employment if enrolled within 30 days of hire date of employment if enrolled within 30 days of hire date of employment if enrolled within 30 days of hire date of employment if enrolled within 30 da | |
| month. Free to employees & dependents Immediately upon enroller in the City's health insurance plan. Immediately upon enroller in the City's health insurance plan. Immediately upon enroller in the City's health insurance plan. enalt insurance (alue Cross/Blue Shield (Alabama) Employees 51.87 family 53.144 fates per paycheck twice a month. Al Full time employees fill The first day of the month of tage 55 with 25 YOS - City pays surance (alue cross/Blue Shield (alabama) Fage 55 with 25 YOS - City pays surance file Setting 55 with 25 YOS - City pays surance correction for the memployment if enrolled prominum. Retiress who meet scrive requirements but are less that age 55 rmust pay full monthy rate until age 55. All Full time employees The first day of the month file correction for date. Comprehensity correction, Ex employee plan). ision insurance (spip) Employees 56.61 cmps/spip 77.22 cmps/spip 77.23 cmps/spip 77.23 cmp | |
| Cress 239 Health Inic Free to employees 8 dependents Employees 8 dependents where are included in the City's health insurance plan. Immediately upon restingendent the City's health insurance plan. Free employees 11.87 health insurance plan. Free employees 12.87 health insurance plan. Free employees 22.87 health insurance plan. Free employees 22.87 health insurance plan. Free employee 12.87 health insurance plan. Free employee 12.87 health insurance plan. Free employee 12.87 health insurance plan. Free employee plan. </td <td></td> | |
| Inicwho are enrolled in the City's health insurance plan.deependents who are enrolled in the City's health insurance plan.reatment from immovillenesses and aujurg enrolled in the City's health insurance plan.reatment from immovillenesses and aujurg enrolled in the City's health insurance plan.reatment from immovillenesses and aujurg enrolled in the City's health insurance plan.reatment from immovillenesses and aujurg enrolled in the City's health insurance plan.reatment from immovillenesses and aujurg enrolled in the City's health insurance plan.reatment from immovillenesses and aujurg enrolled in the City's health insurance plan.reatment from immovillenesses and aujurg enrolled in the City's health insurance plan.reatment from immovillenesses and aujurg enrolled in the City's health insurance plan.reatment from immovillenesses and aujurg enrolled in the City's health insurance plan.reatment from immovillenesses and aujurg enrolled in the City's health insurance (file City City pays 25% subsidy toward permium. If age 55 with a test at 00'50. City pays 25% subsidy toward permium. Hik Department for englower file for City pays 25% subsidy toward permium. Hik Department for englower file for City City pays 25% subsidy toward permium. Hik Department for englower file for City City pays 25% subsidy toward permium. Hik Department for englower file for City City pays 25% subsidy toward permium. Hik Department for englower file for City City pays 25% subsidy toward permium. Hik Department for englower file for City City pays 25% subsidy toward permium. Hik Department for englower file for City City pays 25% subsidy toward permium. Subsidy Subsidy toward permium. Hik Department for englower file for City City City City City City | |
| Inicwho are enrolled in the City's health insurance plan.deependents who are enrolled in the City's health insurance plan.reatment from immovillenesses and aujurg enrolled in the City's health insurance plan.reatment from immovillenesses and aujurg enrolled in the City's health insurance plan.reatment from immovillenesses and aujurg enrolled in the City's health insurance plan.reatment from immovillenesses and aujurg enrolled in the City's health insurance plan.reatment from immovillenesses and aujurg enrolled in the City's health insurance plan.reatment from immovillenesses and aujurg enrolled in the City's health insurance plan.reatment from immovillenesses and aujurg enrolled in the City's health insurance plan.reatment from immovillenesses and aujurg enrolled in the City's health insurance plan.reatment from immovillenesses and aujurg enrolled in the City's health insurance plan.reatment from immovillenesses and aujurg enrolled in the City's health insurance (file City City pays 25% subsidy toward permium. If age 55 with a test at 00'50. City pays 25% subsidy toward permium. Hik Department for englower file for City pays 25% subsidy toward permium. Hik Department for englower file for City City pays 25% subsidy toward permium. Hik Department for englower file for City City pays 25% subsidy toward permium. Hik Department for englower file for City City pays 25% subsidy toward permium. Hik Department for englower file for City City pays 25% subsidy toward permium. Hik Department for englower file for City City pays 25% subsidy toward permium. Hik Department for englower file for City City pays 25% subsidy toward permium. Subsidy Subsidy toward permium. Hik Department for englower file for City City City City City City | eive |
| health insurance plan.enciller in City's health insurance plan.beakth insurance plan.paying a copyment, deductible or ou maximum. www.accessidabhealth.com maximum. www.accessidabhealth.com maximum. www.accessidabhealth.com maximum. www.accessidabhealth.compaying a copyment, deductible or So payment, deductible, So payment, deductibl | |
| health insurance textle insurance (Alabama) Employee \$11.87 (Alabama) All Full time employees The first day of the month of lowing the date of employment if enrolled within 30 days of hire date. Deductions (Correspondence) Domestication (Correspondence) Description (Correspondence) Description (Correspondence) <thdescrespondence)< th=""> Description (Corresponde</thdescrespondence)<> | |
| Image: Signapping Sig | Jut of pocke |
| ental insurance (Alabams)Enally 611.87 Family 513.44 Rates per paycheck twice a month.Infull time enployeesThe first day of the month outproment if enrolled within 30 days of hire date.Deduction: 255 per member each call (three per family).(Alabams) (Blabams)if age 55 with 25 VO5 - CIP pays, 50% subsidy toward premum. It age 55 with at teast 10 YO5 - CIP pays 25% subsidy toward premum. Hater cost/Blue Shield (CIP pays 25% subsidy toward premum. Hater cost/Blue Shield (CIP pays 25% subsidy toward premum. Retirees who means the date of retirement. HIV Dags - the cost with the date.The first adw of the month premum. Retirees who means eligibility)The first adw of the month the date of retirement. HIV Dags - the cost with the date.Routine vision care and correction. Ex converse, prescription drug plan (sam as active employee glan). Coverse, prescription drug plan (sam as active employee glan).ision insurance (SP)Emp-Faling \$12.34 Rates per paycheck twice a month.All Full time employeesThe first day of the month employees following the date of employees. Following the date of employees following the date of employees following the date of employees following the date of employees. Following the date of em | |
| Jue Cross/Plue Shield (Alabama)Rame yes paycheck twice a month.employeesfollowing the date of employment if enrolled within 30 days of hire date.(three praminy). 2000 for exams (2 per year), X-Pays (1 per 36 months), Routine cleaning (2 per s1000 concertage, prescription drug plan (sam sactive employee han).etrice Health surance like Cross/Plue Shieldif age SS with a test 10 YOS - (Fertive Votober 1, Crup pays 25% usbidy toward premium. Retires who meet service requirements but are sold.Retires from full time employment if ended of retirement.Comprehensive hospitalization, major coverage, prescription drug plan (sam as active employee plan).ision insurance (SP)Employees 33.61 Emp-Shig (ST) 7.2 Emp-Shig | |
| [Alabama] Rates per paycheck twice a month. employment if enrolled within 30 days of hire date. 100% for exams (2 per year), x-Ray | alendar year |
| month.within 30 days of hire date.per 36 months), Routine cleaning (2 per date.etrice Health surance like Cross/filue ShieldIf age 55 with 25 YOS - City pays 50% subsidy toward premium. If age 55 with at least 10 YOS - City pays 25% subsidy toward premium. Premium. Retirees who meet service requirements but access who meet | |
| etiree Health surance luce Cros/Filue Shield If age 55 with 25 YOS - City pays 50% subsidy toward premium. If age 55 with at least 10 YOS - City pays 25% subsidy toward premium. Retirees who must than age 55 must pay full monthy rate until age 55. Retirees from full time employment (effective October 1, 2009 - check with the Premium. Retirees who must than age 55 must pay full monthy rate until age 55. Comprehensive hospitalization, major coverage, prescription drug plan (sam as active employee plan). sion insurance (SP) Employee 53.61 Emp-Finily \$12.34 Rates per paycheck twice a month. If Jul I full time employees The first day of the month following the date of employment if errolled within 30 days of hire date. Routine vision care and correction. Ex contacts or glasses. Co-pays apply to employment if errolled within 30 days of hire date. exible Spending Counce (FSA & DCA) tealth Equity) S2,750 Health Limit S5,000 Dependent Care Limit state the full vision shared by City All Full time employees The first day of the month following the date of employment if errolled within 30 days of hire date. Health FSA allows payment of eligible to deuctibles). Dependent Care EFSA rein eductual of Omaha) S2,500 Dependent Care Limit state AD& D Insurance dutual of Omaha) All Full time employees The first day of the month following the date of employment if errolled within 30 days of hire date. S25,000 accidental death & dismembe coverage. oburtary Group Life dutual of Omaha) Sased on age & selected coverage amount All Full time employees catively at work The first day of the month following the date of employment if errolled within 30 days of hire date. Provides pation to select cove | (1 full mouth |
| etiree Health Isurance Jue Cross/Blue Shield Alabama) If age 55 with 25 YOS - City pays SW subsidy toward premium. If age 55 with at least 10 YOS - City pays 25% subsidy toward premium. Retirese who meet service requirements but are less higher an age 55 must pay full monthly rate until age 55. Retirese from full time employment (effective October 1, 2009 - Check with the response requirements but are less higher an age 55. Comprehensive hospitalization, major coverage, prescription drug plan (sam as active employee plan). ision Insurance (SP) Employee 33.61 Emp+Child(ren) 57.22 Emp+Fanify 512.24 Rates per paycheck twice a month. All Full time employees The first day of the month following the date of employment if enrolled within 30 days of hire date. Routine vision care and correction. Ex contacts or glasses. Co-pays apply to e employment if enrolled within 30 days of hire date. extile Spending cocur (FSA & DCA) iealth Equity) S1.08 twice monthly - total premium shared by City All Full time employees The first day of the month following the date of employment if enrolled within 30 days of hire date. S2.000 life insurance coverage. Autual of Omaha) No cost to employee - total mount All Full time employees actively at work The first day of the month following the date of employment if enrolled within 30 days of hire date. S2.000 accidental deats & dismembe coverage. outary Group Life Autual of Omaha) Based on age & annual salary. All Full time employees actively at work The first day of the month employees actively at work Benefit | per year) |
| etiree Health surance jue Cross/Blue Shield (Jabama) If age 55 with 25 YOS - City pays SOS subsidy toward premium. If age 55 with at least 10 YOS - City pays 25% subsidy toward premium. Retirees who meet service requirements but are less han age 55. Retirees from full time employment (effective October 1, 2009 - check with the return are 000 - check with the return are 000 - check with the return are 000 - check with the service requirements but are less han age 55. Comprehensive hospitalization, major coverage, prescription drug plan (sam as active employee plan). ision insurance (SP) Employee 33.61 Emp+Family 512.34 Rates per paycheck twice a month. All Full time employees The first day of the month following the date of employment if enrolled within 30 days of hire date. Routine vision care and correction. Ex concacts or glasses. Co-pays apply to e materials. Preferent providers provide savings; reimbursements pay reviders according to a schedule of bi reviders provides extible Spending Cocurn (FSA & DCA) iealth Equity) 52,700 Health Limit S5,000 Dependent Care Limit All Full time employees The first day of the month following the date of employment if enrolled within 30 days of hire date. S25,000 accidental deates for employment if enrolled within 30 days of hire date. asic Life Insurance Autual of Omaha) No cost to employee - total premium shared by City All Full time employees actively at work The first day of the month following the date of employment. S25,000 accidental death & dismembe coverage. outaria of Omaha) Resed on age & selected coverage anount Al | fit |
| surance live Cross/Blue Shiel Alabama) SOS subsidy toward premium. If age 55 with at least 10 YOS- City pays 25% subsidy toward premium. Retires who meet service requirements but rate less betweet requirements but rate less premium. Retires who meet service requirements but rate less premium shared by C122 Emp+5ps 57.72 Emp+5ps | |
| surance live Cross/Blue Shiel Alabama) SOS subsidy toward premium. If age 55 with at least 10 YOS- City pays 25% subsidy toward premium. Retires who meet service requirements but rate less betweet requirements but rate less premium. Retires who meet service requirements but rate less premium shared by C122 Emp+5ps 57.72 Emp+5ps | or medical |
| silue Cross/Blue Shield (F age 55 with at least 10 YOS - (City pays 25% subsidy toward premium. Retires who meet service requirements but are less than age 55. (effective October 1, 2009 - check with the Her Department for eligibility) as active employee plan). sisten Insurance (SP) Employee 53.61 Emp+Snill (Sr. 12.24 Emp+Snill (Sr. 12.24) Rates per paycheck twice a month. All Full time employees a time first day of the month following the date of employment if enrolled within 30 days of hire date. Routhe vision care and correction. Ex- contacts or glasses. Co-pays apply to e employment if enrolled within 30 days of hire date. extile Spending count (FSA & DCA) tealth Equity) S1.08 twice monthly - total premium shared by City All Full time employees The first day of the month following the date of employment if enrolled within 30 days of hire date. Health FSA allows payment of eligible covered medical expenses (such as co- deuctibles). Dependent Care ISM enti- date. asise Life Insurance Autual of Omaha) S1.08 twice monthly - total premium shared by City All Full time employees actively at work The first day of the month following the date of employment if enrolled within 30 days of hire date. S25,000 accidental death & dismembe coverage. of true of Disability Autual of Omaha) Based on age & annual salary. All Full time employees actively at work The first day of the month following the date of employment if enrolled within 30 days of hire date. Provides option to select coverage. ont Term Disability Autual of Omaha) Based on age & annual salary. 100% | |
| FAlabama) City pays 25% subsidy toward premium. Retirees who meet service requirements but are less than age 55 must pay full monthly rate until age 55. 2009 - check with the HR Department for eligibility) ision Insurance Employee 33.61 All Full time employees For first day of the month following the date of employment if enrolled within 30 days of hire date. Routine vision care and correction. Exc contacts or glasses. Co-pays apply to employee for hire date. exible Spending ccount (Fs & DCA) \$2,750 Health Limit All Full time employees The first day of the month following the date of employment if enrolled within 30 days of hire date. Coverd medical expenses (such as co-town the employees easite Life Insurance Autual of Omaha) \$1.08 twice monthly - total premium shared by City All Full time employees The first day of the month following the date of employment if enrolled within 30 days of hire date. \$25,000 Jife insurance coverage. Autual of Omaha) No cost to employee - total premium paid by City All Full time employees actively at work The first day of the month following the date of employment. \$25,000 accidental death & dismembe coverage. oluntary Group Life Autual of Omaha) Based on age & selected coverage All Full time employees actively at work The first day of the month following the date of employment. \$25,000 accidental death & dismembe coverage. oluntary Group Life Autual of Omaha) Based on age & annual salary. More actively at work <td< td=""><td></td></td<> | |
| premium. Retirees who meet service requirements but are less than age 55 must pay full monthly rate until age 55.HR Department for eligibility)Retirees who meet eligibility)Retirees who meet eligibility)ision Insurance (SP)Employee 33.61 Emp-Failly 51.24 Rates per paycheck twice a month.All Full time employeesThe first day of the month rate intil 30 days of hire date.Routine vision care and correction. Ex contacts or glasses. Co-pays apply to e metrials. Preferred providers provide savings; reimbursements paid to non-ry providers according to a schedule of but month.exible Spending ccount (FSA & DCA) tealth Equity)S2,750 Health Limit S2,000 Dependent Care LimitAll Full time employeesThe first day of the month following the date of employment if enrolled within 30 days of hire date.Health FSA allows payment of eligible covered medical expenses (such as co- deductibles). Dependent Care FSA rein eligible childcare expenses. Accounts of date.asic Life Insurance Autual of Omaha)No cost to employee - total premium shared by CityAll Full time employeesThe first day of the month following the date of employment if enrolled within 30 days of hire date.S25.000 accidental death & dismembe collowing the date of employment if enrolled within 30 days of hire date.olutary Group Life Autual of Omaha)Based on age & selected coverage amountAll Full time employees actively at tollowing the date of employment if enrolled workProvides option to select coverage for employment if enrolled work are and a so and a selected of employment if enrolled work areaBenefits begin 90 days a | |
| service requirements but are less than age 55 must pay full monthly rate until age 55.eligibility)Routine vision care and correction. Exc contacts or glasses. Co-pays apply to e employees employees in the first day of the month date.Routine vision care and correction. Exc contacts or glasses. Co-pays apply to e materials. Preferred providers provide surings, reimbursements paid to non- providers accound (FSA & DCA) Ealth Equity)All Full time employeesThe first day of the month following the date of employment if enrolled within 30 days of hire date.Routine vision care and correction. Exc contacts or glasses. Co-pays apply to e materials. Preferred providers provide surings, reimbursements paid to non- providers account of sol employeesThe first day of the month following the date of employment if enrolled within 30 days of hire date.Routine vision care and correction. Exc contacts or glasses. Co-pays apply to e materials. Preferred providers provide surings, reimbursements paid to non- providers accountsasic Life Insurance Autual of Omaha)\$1.08 twice monthly- total premium shared by CityAll Full time employeesThe first day of the month following the date of employment if enrolled within 30 days of hire date.\$25,000 accidental death & dismembe coverage.oluntary Group Life Autual of Omaha)Based on age & annual salary. 100% employee paidAll Full time employees actively at workThe first day of the month following the date of employment if enrolled within 30 days of hire date.Provides porved following the date of employment if enrolled within 30 days of hire date.ong Term Disability Autual of Omaha)Ba | |
| than age 55 must pay full monthly rate until age 55. All Full time employees The first day of the month following the date of employment if enrolled within 30 days of hire date. Routine vision care and correction. Exx contacts or glasses. Co-pays paply to e employment if enrolled within 30 days of hire date. exible Spending SC,750 Health Limit ccount (FSA & DCA) saise Life Insurance Autual of Omaha) All Full time s5,000 Dependent Care Limit All Full time employees The first day of the month following the date of employment if enrolled within 30 days of hire date. Health FSA allows payment of eligible covered medical expenses (such as co- deductible). Dependent Care FSA rein date. asic Life Insurance Autual of Omaha) \$1.08 twice monthly - total premium shared by City All Full time employees The first day of the month following the date of employment. \$25,000 life insurance coverage. Autual of Omaha) No cost to employee - total mount All Full time employees actively at work The first day of the month following the date of employment. \$25,000 life insurance coverage. Autual of Omaha) No cost to employee - total mount All Full time employees actively at work The first day of the month following the date of employment. \$25,000 life insurance coverage. \$25,000 accidental death & dismembe coverage. ontartar Group Life Autual of Omaha) Based on age & annual salary. All Full time employees actively at work The first day of the month following the date of employment if enrolled within | |
| rate until age 55. All Full time employees The first day of the month following the date of employment if enrolled within 30 days of hire date. Routine vision care and correction. Exc contacts or glasses. Co-pays apply to e employment if enrolled within 30 days of hire date. exuble Spending ccount (FSA & DCA) lealth Equity) \$2,750 Health Limit \$5,000 Dependent Care Limit All Full time employees The first day of the month following the date of employment if enrolled within 30 days of hire date. The first day of the month following the date of employment if enrolled within 30 days of hire date. The first day of the month following the date of employment if enrolled within 30 days of hire date. Solo Dependent Care FSA rein employment if enrolled within 30 days of hire date. asic Life Insurance Autual of Omaha) \$1.08 twice monthly - total premium shared by City All Full time employees The first day of the month following the date of employment if enrolled within 30 days of hire date. \$25,000 accidental death & dismembe coverage. oluntary Group Life Autual of Omaha) Based on age & selected coverage amount All Full time employees actively at work The first day of the month following the date of employment if enrolled within 30 days of hire date. Frovides option to select coverage. ong Term Disability Autual of Omaha) Based on age & selected coverage anount All Full time employees actively at work The first day of the month following the date of employment if enrolled within 30 days of hire date. Benefits begin 10 days after onset of d injury/li | |
| Image: Sign Insurance Employee S3.61 All Full time The first day of the month Routine vision care and correction. Exit (SP) Emp-Fsigs 57.72 Emp-Fsigs 57.72 Employees Finally 512.34 Rates per paycheck twice a month. Contacts or glasses. Co-pays apply to e employment if enrolled within 30 days of hire date of employment if enrolled materials. Preferred providers provide sprovide sprovid | |
| /SP) Emp+Child(ren) \$7.22 Emp+Sps \$7.72 Emp+Family \$12.34 Rates per paycheck twice a month. employees following the date of employment if enrolled within 30 days of hire date. contacts or glasses. Co-pays apply to e materials. Preferred providers provide savings; reinnursements paid to non- providers according to a schedule of bu materials. Preferred providers provide savings; reinnursements paid to non- providers according to a schedule of bu materials. Preferred providers provide savings; reinnursements paid to non- providers according to a schedule of bu materials. Preferred providers provide savings; reinnursements paid to non- providers according to a schedule of bu materials. Preferred providers provide savings; reinnursements paid to non- providers according to a schedule of bu materials. Preferred providers provide savings; reinnursements paid to non- providers according to a schedule of bu materials. Preferred providers provide savings; reinnursements paid to non- providers according to a schedule of bu materials. Preferred providers provide savings; reinnursements paid to non- providers according to a schedule of bu materials. Preferred providers provide savings; reinnursements paid to a schedule of employment if enrolled within 30 days of hire date. asic AD&D Insurance Alutual of Omaha) No cost to employee - total premium paid by City All Full time employees actively at following the date of employment if enrolled within 30 days of hire date. \$25,000 accidental death & dismembe coverage. olutual of Omaha) Based on age & annual salary. Alutual of Omaha) All Full time employees actively at following the date of employment if enrolled within 30 days of hire date. Benefits begin 90 days after onset of injury/liness. Benefit is equal to 60% of work <td></td> | |
| /SP) Emp+Child(ren) \$7.22 Emp+Sps \$7.72 Emp+Family \$12.34 Rates per paycheck twice a month. employees following the date of employment if enrolled within 30 days of hire date. contacts or glasses. Co-pays apply to e materials. Preferred providers provide savings; reinnursements paid to non- providers according to a schedule of bu materials. Preferred providers provide savings; reinnursements paid to non- providers according to a schedule of bu materials. Preferred providers provide savings; reinnursements paid to non- providers according to a schedule of bu materials. Preferred providers provide savings; reinnursements paid to non- providers according to a schedule of bu materials. Preferred providers provide savings; reinnursements paid to non- providers according to a schedule of bu materials. Preferred providers provide savings; reinnursements paid to non- providers according to a schedule of bu materials. Preferred providers provide savings; reinnursements paid to non- providers according to a schedule of bu materials. Preferred providers provide savings; reinnursements paid to non- providers according to a schedule of bu materials. Preferred providers provide savings; reinnursements paid to a schedule of employment if enrolled within 30 days of hire date. asic AD&D Insurance Alutual of Omaha) No cost to employee - total premium paid by City All Full time employees actively at following the date of employment if enrolled within 30 days of hire date. \$25,000 accidental death & dismembe coverage. olutual of Omaha) Based on age & annual salary. Alutual of Omaha) All Full time employees actively at following the date of employment if enrolled within 30 days of hire date. Benefits begin 90 days after onset of injury/liness. Benefit is equal to 60% of work <td></td> | |
| Emp+Sps \$7.72 Emp+Family \$12.34 Rates per paycheck twice a month.employment if enrolled within 30 days of hire date.materials. Preferred providers provide savings; reimbursements paid to non- providers according to a schedule of bit solving to a schedule of bit solving to a schedule of bit providers according to a schedule of bit solving to a schedule of bit solving to a schedule of bit solving to a schedule of bit providers according to a schedule of bit solving the date of employment if enrolled within 30 days of hire date.materials. Preferred providers provide solving to a schedule of bit solving the date of employment if enrolled within 30 days of hire date.asic AD&D Insurance Autual of Omaha)\$1.08 twice monthly - total premium shared by CityAll Full time employeesThe first day of the month following the date of employment.\$25,000 accidental death & dismembe coverage.oluntary Group Life Autual of Omaha)Based on age & selected coverage amountAll Full time employees actively at following the date of employment if enrolled workThe first day of the month following the date of employment if enrolled within 30 days of hire date.oluntary Group Life Autual of Omaha)Based on age & annual salary. 100% employee paidAll Full time employees actively at workThe first day of the month following the date of <td>Exams,</td> | Exams, |
| Emp+Family \$12.34 Rates per paycheck twice a month.within 30 days of hire date.savings; reimbursements paid to non- providers according to a schedule of be providers according to a schedule of be covered medical expenses (such as co- deductible). Dependent Care Limitexible Spending ccount (FSA & DCA) lealth Equity)\$2,750 Health LimitAll Full time employeesThe first day of the month following the date of employment if enrolled within 30 days of hire date.Health FSA allows payment of eligible covered medical expenses (such as co- deductible). Dependent Care FSA rein employees to the first day of the month following the date of employment.Health FSA allows payment of eligible covered medical expenses. Accounts to deductible). Dependent Care FSA rein employees to the first day of the month following the date of employment.asic AD&D Insurance Autual of Omaha)No cost to employee - total premium paid by CityAll Full time employeesThe first day of the month following the date of employment.\$25,000 accidental death & dismembe coverage.oluntary Group Life Autual of Omaha)Based on age & selected coverage amountAll Full time employees actively at workThe first day of the month following the date of employment.Provides option to select coverage for spouse & dependent child(ren). Can c benefit for yourself & dependents show within 30 days of hire date.outual of Omaha)Based on age & annual salary. 100% employee paidAll Full time employees actively at workThe first day of the month following the date of employment if enrolled within 30 days of hire date.Benefits begin 90 days after onset | exams and |
| Emp+Family \$12.34 Rates per paycheck twice a month.within 30 days of hire date.savings; reimbursements paid to non-f providers according to a schedule of br providers according to a schedule of br count (FSA & DCA)exible Spending ccount (FSA & DCA) lealth Equity)\$2,750 Health Limit \$5,000 Dependent Care LimitAll Full time employeesThe first day of the month following the date of employment if enrolled within 30 days of hire date.Health FSA allows payment of eligible covered medical expenses (such as co- deductible). Dependent Care FSA reis deductible). Dependent Care FSA reis date.asic Life Insurance dutual of Omaha)\$1.08 twice monthly - total premium shared by CityAll Full time employeesThe first day of the month following the date of employment.\$25,000 accidental death & dismembe coverage.oluntary Group Life Autual of Omaha)No cost to employee - total premium paid by CityAll Full time employeesThe first day of the month following the date of employment.Provides option to select coverage.oluntary Group Life Autual of Omaha)Based on age & selected coverageAll Full time employees actively at workThe first day of the month following the date of employment.Provides option to select coverage for spouse & dependent child(ren). Can c benefit for yourself & dependents show within 30 days of hire date.outrary Group Life Autual of Omaha)Based on age & annual salary.All Full time employees actively at workThe first day of the month following the date of employment if enrolled within 30 days of hire date.Benefits begin 90 days after onset of d | de best cost |
| Rates per paycheck twice a month.date.providers according to a schedule of bu providers according to a schedule of bu month.exible Spending ccount (FSA & DCA) lealth Equity)\$7.09 Health Limit \$5,000 Dependent Care LimitAll Full time employeesThe first day of the month following the date of employees of the month following the date of employment if enrolled within 30 days of hire date.Health FSA allows payment of eligible i covered medical expenses. Accounts to employment if enrolled within 30 days of hire date.asic Life Insurance Alutual of Omaha)\$1.08 twice monthly - total premium shared by CityAll Full time employeesThe first day of the month following the date of employment if enrolled within 30 days of hire date.\$25,000 life insurance coverage.oluntary Group Life Autual of Omaha)Based on age & selected coverage amountAll Full time employees actively at workThe first day of the month following the date of employment if enrolled within 30 days of hire date.Provides option to select coverage for spouse & dependent child(ren). Can co benefit for yourself & dependents show workoutual of Omaha)Based on age & annual salary.All Full time employees actively at workThe first day of the month following the date of employment if enrolled workBenefits begin 90 days after onset of di inputy/liness. Benefit is equal to 60% of tarmonthy earnings.outual of Omaha)Based on age & annual salary.All Full time employees actively at workThe first day of the month following the date of employment if enrolled workBenefits begin 15 days after approved | |
| month.month.month.exible Spending ccount (FSA & DCA) Health Equity)\$2,750 Health Limit \$5,000 Dependent Care LimitAll Full time employeesThe first day of the month following the date of employment if enrolled within 30 days of hire date.Health FSA allows payment of eligible covered medical expenses (such as co- deductibles). Dependent Care FSA rein within 30 days of hire date.asic Life Insurance Autual of Omaha)\$1.08 twice monthly - total premium shared by CityAll Full time employeesThe first day of the month following the date of employment if enrolled within 30 days of hire date.\$25,000 accidental death & dismembe coverage.asic AD&D Insurance Autual of Omaha)No cost to employee - total premium paid by CityAll Full time employeesThe first day of the month following the date of employment.\$25,000 accidental death & dismembe coverage.oluntary Group Life Autual of Omaha)Based on age & selected coverage amountAll Full time employees actively at workThe first day of the month following the date of employment if enrolled within 30 days of hire date.Provides option to select coverage for spouse & dependent child(ren). Can co employment if enrolled within 30 days of hire date.ong Term Disability Autual of Omaha)Based on annual salary.All Full time employees actively at workFirst day of the month following the date of employment if enrolled within 30 days of hire date.Benefits begin 15 days after approved dase.nort Term Disability Autual of Omaha)Based on annual salary. 100% employee paidAll Full | |
| exible Spending ccount (FSA & DCA) lealth Equity)\$2,750 Health Limit \$5,000 Dependent Care LimitAll Full time employeesThe first day of the month following the date of employment if enrolled within 30 days of hire date.Health FSA allows payment of eligible i covered medical expenses (such as co- deductibles). Dependent Care FSA rein eductibles). Dependent Care FSA rein eductibles. With employee pre-tax contributions.asic Life Insurance Autual of Omaha)\$1.08 twice monthly - total premium shared by CityAll Full time employeesThe first day of the month following the date of employment if enrolled within 30 days of hire date.\$25,000 life insurance coverage.Autual of Omaha)No cost to employee - total premium paid by CityAll Full time employeesThe first day of the month following the date of employment.\$25,000 accidental death & dismembe coverage.oluntary Group Life Autual of Omaha)Based on age & selected coverage amountAll Full time employees actively at workThe first day of the month following the date of employment if enrolled within 30 days of hire date.Provides option to select coverage for spouse & dependent child(ren). Can cr benefit for yourself & dependents show within 30 days of hire date.ong Term Disability Autual of Omaha)Based on age & annual salary.All Full time employees actively at workThe first day of the month following the date of employment if enrolled within 30 days of hire date.Benefits begin 15 days after approved disaling nijury/illness. Benefit is equal to 60% of tax monthly earnings.hort Term Disability backersBased o | benents. |
| cccount (FSA & DCA) lealth Equity)\$5,000 Dependent Care Limitemployeesfollowing the date of employment if enrolled within 30 days of hire date.covered medical expenses (such as co- deductibles). Dependent Care FSA rein eligible childcare expenses. Accounts I date.asic Life Insurance Autual of Omaha)\$1.08 twice monthly - total premium shared by CityAll Full time employeesThe first day of the month following the date of employment if enrolled within 30 days of hire date.\$25,000 life insurance coverage.Autual of Omaha)No cost to employee - total premium paid by CityAll Full time employeesThe first day of the month following the date of employment.\$25,000 accidental death & dismembe coverage.oluntary Group Life Autual of Omaha)Based on age & selected coverageAll Full time employees actively at workThe first day of the month following the date of employment.Provides option to select coverage for spouse & dependent child(ren). Can co employment if enrolled within 30 days of hire date.Benefits begin 90 days after onset of di injury/illness. Benefit is equal to 60% of ata monthy earnings.ong Term Disability Autual of Omaha)Based on annual salary. 100% employee paidAll Full Time employeesFirst day of the month following the date of employment if enrolled within 30 days of hire date.Benefits begin 90 days after onset of di injury/illness. Benefit is equal to 60% of ata monthy earnings.ort Term Disability Autual of Omaha)Based on annual salary. 100% employee paidAll Full Time EmployeesFirst Day of Employement employeesBenefits b | |
| Health Equity)employment if enrolled with 30 days of hire date.deductibles). Dependent Care FSA rein eligible childcare expenses. Accounts i date.asic Life Insurance Autual of Omaha)\$1.08 twice monthly - total premium shared by CityAll Full time employeesThe first day of the month following the date of employment if enrolled within 30 days of hire date.\$25,000 life insurance coverage.asic AD&D Insurance Autual of Omaha)No cost to employee - total premium paid by CityAll Full time employeesThe first day of the month following the date of employment.\$25,000 accidental death & dismembe coverage.oluntary Group Life Autual of Omaha)Based on age & selected coverage amountAll Full time workThe first day of the month following the date of employment.Provides option to select coverage for spouse & dependent child(ren). Can co benefit for yourself & dependents show employment if enrolled within 30 days of hire date.ong Term Disability Autual of Omaha)Based on age & annual salary.All Full time employees actively at workThe first day of the month following the date of employment if enrolled within 30 days of hire date.Benefits begin 90 days after onset of di injury/illness. Benefit is equal to 60% of tax monthly earnings.nort Term Disability exprese paidBased on annual salary. 100% employee paidAll Full Time EmployeesFirst Day of Employeemt first Day of Employeemt first Day of Employment following the date of employment if enrolled within 30 days of hire date.nort Term Disability Exprese SA/ERSBased on annual salary. 100%< | |
| asic Life Insurance Autual of Omaha)\$1.08 twice monthly - total premium shared by CityAll Full time employeesThe first day of the month following the date of employment if enrolled within 30 days of hire date.\$25,000 life insurance coverage.Autual of Omaha)No cost to employee - total premium paid by CityAll Full time employeesThe first day of the month following the date of employment.\$25,000 accidental death & dismember coverage.oluntary Group Life Autual of Omaha)No cost to employee - total premium paid by CityAll Full time employeesThe first day of the month following the date of employment.Provides option to select coverage for spouse & dependent child(ren). Can co benefit for yourself & dependents shore workoluntary Group Life Autual of Omaha)Based on age & annual salary.All Full time employees actively at workThe first day of the month following the date of employment if enrolled within 30 days of hire date.Benefits begin 90 days after onset of di injury/illness. Benefit is equal to 60% of tar monthly earnings.hort Term Disability etirement - SA/ERSBased on annual salary. 100% employee paidAll Full Time EmployeesFirst Day of Employement following the date of employment if enrolled within 30 days of hire date.Benefits begin 15 days after approved disabiling injury/illness. Benefit is equal to 60% of tar monthly earnings.hort Term Disability SA/ERSBased on annual salary. 100% employees (hired prior to 1/1/2013) contribute 5% ofAll Full Time EmployeesFirst Day of Employment fully of employment fully of employmentBen | |
| asic Life Insurance Alutual of Omaha)\$1.08 twice monthly - total premium shared by CityAll Full time employeesThe first day of the month following the date of employment if enrolled within 30 days of hire date.\$25,000 life insurance coverage.Asic AD&D Insurance Alutual of Omaha)No cost to employee - total premium paid by CityAll Full time employeesThe first day of the month following the date of employment.\$25,000 accidental death & dismembel coverage.oluntary Group Life Alutual of Omaha)Based on age & selected coverage amountAll Full time employees actively at workThe first day of the month following the date of employment.Provides option to select coverage for spouse & dependent child(ren). Can cr benefit for yourself & dependents show employment if enrolled within 30 days of hire date.Ong Term Disability Alutual of Omaha)Based on age & annual salary. 100% employee paidAll Full time employees actively at workThe first day of the month following the date of employment if enrolled within 30 days of hire date.Benefits begin 90 days after onset of d injury/illness. Benefit is equal to 60% or tax monthly earnings.hort Term Disability employee paidBased on annual salary. 100% employees paidAll Full Time EmployeesFirst Day of Employement following the date of employment if enrolled workBenefits begin 15 days after approved disabling injury/illness. Benefit is equal of your before-tax monthly earnings, n exceed the plan's maximum monthly b amountterremet - SA/ERSTier 1-Employees (hired prior to 1/1/2013) contribute 5% ofMandatory for Full | |
| asic Life Insurance Mutual of Omaha) \$1.08 twice monthly - total premium shared by City All Full time employees The first day of the month following the date of employment if enrolled within 30 days of hire date. \$25,000 life insurance coverage. asic AD&D Insurance Mutual of Omaha) No cost to employee - total premium paid by City All Full time employees The first day of the month following the date of employment. \$25,000 accidental death & dismember coverage. oluntary Group Life Mutual of Omaha) Based on age & selected coverage amount All Full time employees actively at work The first day of the month following the date of employment. Provides option to select coverage for spouse & dependent child(ren). Can cu employment if enrolled within 30 days of hire date. ong Term Disability Mutual of Omaha) Based on age & annual salary. 100% employee paid All Full time employees actively at work The first day of the month employment if enrolled within 30 days of hire date. Benefits begin 90 days after onset of d injury/illness. Benefit is equal to 60% of work hort Term Disability etirement - SA/ERS Based on annual salary. 100% employees (hired prior to 1/1/2013) contribute 5% of All Full Time Employees First day of Employment First day of employment it me amployment Benefits begin 15 days after approved disabling injury/illness. Benefit is equa of your before-tax monthly earnings, n exceed the plan's maximum monthly b amount | s funded |
| Mutual of Omaha) premium shared by City employees following the date of asic AD&D Insurance No cost to employee - total All Full time The first day of the month \$25,000 accidental death & dismember oluntary Group Life Based on age & selected coverage All Full time The first day of the month Provides option to select coverage for Autual of Omaha) Based on age & selected coverage All Full time The first day of the month Provides option to select coverage for Autual of Omaha) Based on age & selected coverage All Full time The first day of the month Provides option to select coverage for Mutual of Omaha) Based on age & annual salary. All Full time The first day of the month Provides option to select coverage for Mutual of Omaha) Based on age & annual salary. All Full time The first day of the month Provides option to select coverage for Mutual of Omaha) Based on age & annual salary. All Full time The first day of the month Benefits begin 90 days after onset of diviny month date of Mutual of Omaha) Based on annual salary. 100% All Full Time First Day of Employement Benefits begin 15 days after approved disabling injury/illness. Benefit is equal to 60% of work | i. |
| asic AD&D Insurance Mutual of Omaha)No cost to employee - total premium paid by CityAll Full time employeesThe first day of the month following the date of employment.\$25,000 accidental death & dismember coverage.oluntary Group Life Alutual of Omaha)Based on age & selected coverage amountAll Full time employees actively at workThe first day of the month following the date of employment.Provides option to select coverage for spouse & dependent child(ren). Can co workoburtary Group Life Alutual of Omaha)Based on age & annual salary. 100% employee paidAll Full time employees actively at workThe first day of the month following the date of employment if enrolled within 30 days of hire date.ong Term Disability Mutual of Omaha)Based on age & annual salary. 100% employee paidAll Full Time employees actively at workThe first day of the month following the date of employment if enrolled within 30 days of hire date.nort Term Disability employee paidBased on annual salary. 100% employee paidAll Full Time EmployeesFirst Day of Employement first Day of Employement disabling injury/illness. Benefit is equal of your before-tax monthly earnings, n exceed the plan's maximum monthly be amountettirement - SA/ERSTier 1-Employees (hired prior to 1/1/2013) contribute 5% ofMandatory for Full time employeesFirst day of employment first day of employment first day of employment | |
| asic AD&D Insurance Mutual of Omaha)No cost to employee - total premium paid by CityAll Full time employeesThe first day of the month following the date of employment.\$25,000 accidental death & dismember coverage. employment.oluntary Group Life Autual of Omaha)Based on age & selected coverage amountAll Full time employees actively at workThe first day of the month following the date of employment.Provides option to select coverage for spouse & dependent child(ren). Can cri benefit for yourself & dependents show workong Term Disability Autual of Omaha)Based on age & annual salary. 100% employee paidAll Full time employees actively at workThe first day of the month following the date of employment if enrolled workProvides option to select coverage for spouse & dependent show employment if enrolled workhort Term Disability employee paidBased on annual salary. 100% employee paidAll Full time employeesThe first day of the month following the date of employment if enrolled workBenefits begin 15 days after onset of d injury/illness. Benefit is equal to 60% of tax monthly earnings.hort Term Disability employee paidBased on annual salary. 100% employees paidAll Full Time EmployeesFirst Day of Employement for Employement date.Benefits begin 15 days after approved disabling injury/illness. Benefit is equa of your before-tax monthly earnings, n exceed the plan's maximum monthly b amountetirement - SA/ERSTier 1-Employees (hired prior to 1/1/2013) contribute 5% ofMandatory for Full time employeesFirst day of employment first day of e | |
| asic AD&D Insurance Mutual of Omaha)No cost to employee - total premium paid by CityAll Full time employeesThe first day of the month following the date of employment.\$25,000 accidental death & dismember coverage. employment.oluntary Group Life Autual of Omaha)Based on age & selected coverage amountAll Full time employees actively at workThe first day of the month following the date of employment.Provides option to select coverage for spouse & dependent child(ren). Can cri benefit for yourself & dependents show workong Term Disability Autual of Omaha)Based on age & annual salary. 100% employee paidAll Full time employees actively at workThe first day of the month following the date of employment if enrolled workProvides option to select coverage for spouse & dependent show employment if enrolled workhort Term Disability employee paidBased on annual salary. 100% employee paidAll Full time employeesThe first day of the month following the date of employment if enrolled workBenefits begin 15 days after onset of d injury/illness. Benefit is equal to 60% of tax monthly earnings.hort Term Disability employee paidBased on annual salary. 100% employees paidAll Full Time EmployeesFirst Day of Employement for Employement date.Benefits begin 15 days after approved disabling injury/illness. Benefit is equa of your before-tax monthly earnings, n exceed the plan's maximum monthly b amountetirement - SA/ERSTier 1-Employees (hired prior to 1/1/2013) contribute 5% ofMandatory for Full time employeesFirst day of employment first day of e | |
| date.date.asic AD&D Insurance Mutual of Omaha)No cost to employee - total premium paid by CityAll Full time employeesThe first day of the month following the date of employment.\$25,000 accidental death & dismember coverage.oluntary Group Life Mutual of Omaha)Based on age & selected coverage amountAll Full time employees actively at workThe first day of the month following the date of employment.Provides option to select coverage for spouse & dependent child(ren). Can cr employment if enrolled within 30 days of hire date.ong Term Disability Mutual of Omaha)Based on age & annual salary. 100% employee paidAll Full time employees actively at workThe first day of the month date.Benefits begin 90 days after onset of d injury/illness. Benefit is equal to 60% of workhort Term Disability etirement - SA/ERSBased on annual salary. 100% employees (hired prior to 1/1/2013) contribute 5% ofAll Full Time EmployeesFirst day of Employment first | |
| asic AD&D Insurance Mutual of Omaha) No cost to employee - total premium paid by City All Full time employees The first day of the month following the date of employment. \$25,000 accidental death & dismembe coverage. oluntary Group Life Mutual of Omaha) Based on age & selected coverage amount All Full time employees actively at work The first day of the month following the date of employment if enrolled within 30 days of hire date. Provides option to select coverage for spouse & dependent child(ren). Can cu employment if enrolled within 30 days of hire date. ong Term Disability Mutual of Omaha) Based on age & annual salary. All Full time employees actively at work The first day of the month date. Benefits begin 90 days after onset of d injury/illness. Benefit is equal to 60% or tax monthly earnings. hort Term Disability employee paid Based on annual salary. 100% employee paid All Full Time Employees First Day of Employement first Day of Employment for poursemant date. Benefits begin 15 days after approved disabling injury/illness. Benefit is equa of your before-tax monthly earnings, n exceed the plan's maximum monthly b amount etirement - SA/ERS Tier 1-Employees (hired prior to 1/1/2013) contribute 5% of Mandatory for Full time employees First day of employment First day of employment first day of employment Tier 1-May retire after 25 YOS or at ag 10 YOS. | |
| Mutual of Omaha) premium paid by City employees following the date of employment. coverage. oluntary Group Life Mutual of Omaha) Based on age & selected coverage amount All Full time employees actively at work The first day of the month following the date of employment if enrolled within 30 days of hire date. Provides option to select coverage for spouse & dependent child(ren). Can cu benefit for yourself & dependents sho employment if enrolled within 30 days of thire date. ong Term Disability Mutual of Omaha) Based on age & annual salary. 100% employee paid All Full time employees actively at work First day of the month following the date of employment if enrolled within 30 days of hire date. Benefits begin 90 days after onset of d injury/illness. Benefit is equal to 60% of tax monthly earnings. hort Term Disability etirement - SA/ERS Based on annual salary. 100% and 1/1/2013) contribute 5% of All Full Time Employees First Day of Employement for your before-tax monthly earnings. tire not - spouse to the paid The first day of the poloyment 1/1/2013) contribute 5% of Mandatory for Full time employees First day of employment First day of employment 10 YOS. | perment |
| oluntary Group Life //utual of Omaha) Based on age & selected coverage amount All Full time employees actively at work The first day of the month following the date of employment if enrolled within 30 days of hire date. Provides option to select coverage for spouse & dependent child(ren). Can cu benefit for yourself & dependents show employment if enrolled within 30 days of hire date. Ong Term Disability //utual of Omaha) Based on age & annual salary. 100% employee paid All Full time employees actively at work The first day of the month following the date of employment if enrolled within 30 days of hire date. Benefits begin 90 days after onset of d injury/illness. Benefit is equal to 60% of tax monthly earnings. hort Term Disability etirement - SA/ERS Based on annual salary. 100% 1/1/2013) contribute 5% of All Full Time Employees First Day of Employement First day of employment first day of employment first day of employment time employees Benefits begin 15 days after approved disabling injury/illness. Benefit is equal of your before-tax monthly earnings, n exceed the plan's maximum monthly b amount | |
| Jointary Group Life Mutual of Omaha) Based on age & selected coverage amount All Full time employees actively at work The first day of the month following the date of employment if enrolled within 30 days of hire employment if enrolled Provides option to select coverage for spouse & dependent child(ren). Can cr benefit for yourself & dependents show within 30 days of hire date. ong Term Disability Alutual of Omaha) Based on age & annual salary. All Full time employees actively at work The first day of the month date. Benefits begin 90 days after onset of d injury/illness. Benefit is equal to 60% of work hort Term Disability etirement - SA/ERS Based on annual salary. 100% 1/1/2013) contribute 5% of All Full Time Employees First day of the mployment insurgent for yourself & days after approved disabiling injury/illness. Benefit is equal of your before-tax monthly earnings, exceed the plan's maximum monthly b amount | |
| Mutual of Omaha) amount employees actively at work following the date of employment if enrolled within 30 days of hire date. spouse & dependent child(ren). Can comployment if enrolled within 30 days of hire date. Dong Term Disability Based on age & annual salary. All Full time employees actively at work The first day of the month employment if enrolled within 30 days of hire date. Benefits begin 90 days after onset of dinury/illness. Benefit is equal to 60% of the molty employee paid hort Term Disability Based on annual salary. 100% employee paid All Full Time Employees First Day of Employment end. Benefits begin 15 days after approved disabling injury/illness. Benefit is equal to 60% of work employees paid All Full Time Employees First Day of Employement end. Benefits begin 15 days after approved disabling injury/illness. Benefit is equal of your before-tax monthly earnings, nexceed the plan's maximum monthly be amount etirement - Tier 1-Employees (hired prior to 1/1/2013) contribute 5% of Mandatory for Full time employees First day of employment if any of employment if approved any after 25 YOS or at ag 10 YOS. | or celf |
| work employment if enrolled within 30 days of hire date. benefit for yourself & dependents show employment end. ong Term Disability Mutual of Omaha) Based on age & annual salary. 100% employee paid All Full time employees actively at work The first day of the month employees actively at work Benefits begin 90 days after onset of d injury/illness. Benefit is equal to 60% of tax monthly earnings. hort Term Disability etirement - SA/ERS Based on annual salary. 100% employees (hired prior to 1/1/2013) contribute 5% of All Full Time Employees First Day of Employement First day of employment First day of employment Benefits begin 15 days after approved disabling injury/illness. Benefit is equal of your before-tax monthly earnings, n exceed the plan's maximum monthly b amount | |
| within 30 days of hire date. employment end. ong Term Disability Mutual of Omaha) Based on age & annual salary. 100% employee paid All Full time employees actively at work He first day of the month following the date of employment if enrolled within 30 days of hire date. Benefits begin 90 days after onset of d injury/illness. Benefit is equal to 60% of tax monthly earnings. hort Term Disability employee paid Based on annual salary. 100% employee paid All Full Time Employees First Day of Employement for Sale Benefits begin 15 days after approved disabling injury/illness. Benefit is equal of your before-tax monthly earnings, n exceed the plan's maximum monthly b amount etirement - SA/ERS Tier 1-Employees (hired prior to 1/1/2013) contribute 5% of Mandatory for Full time employees First day of employment First day of employment Tier 1- May retire after 25 YOS or at ag 10 YOS. | |
| date. date. ong Term Disability Alutual of Omaha) Based on age & annual salary. 100% employee paid All Full time employees actively at work The first day of the month following the date of employment if enrolled within 30 days of hire date. Benefits begin 90 days after onset of d injury/illness. Benefit is equal to 60% of tax monthly earnings. hort Term Disability hort Term Disability Based on annual salary. 100% employee paid All Full Time Employees First Day of Employement for Sale Benefits begin 15 days after approved disabling injury/illness. Benefit is equa of your before-tax monthly earnings, n exceed the plan's maximum monthly b amount etirement - SA/ERS Tier 1-Employees (hired prior to 1/1/2013) contribute 5% of Mandatory for Full time employees First day of employment First day of employment for add tab. Tier 1-May retire after 25 YOS or at ag 10 YOS. | iould |
| Dong Term Disability Mutual of Omaha) Based on age & annual salary. All Full time employees actively at work The first day of the month following the date of employment if enrolled within 30 days of hire Benefits begin 90 days after onset of d injury/illness. Benefit is equal to 60% of tax monthly earnings. hort Term Disability Based on annual salary. 100% employee paid All Full Time Employees First Day of Employement following the date of employment if enrolled within 30 days of hire Benefits begin 15 days after approved disabling injury/illness. Benefit is equal of your before-tax monthly earnings, n exceed the plan's maximum monthly b amount etirement - SA/ERS Tier 1-Employees (hired prior to 1/1/2013) contribute 5% of Mandatory for Full time employees First day of employment First day of employment time employees Tier 1-May retire after 25 YOS or at ag 10 YOS. | |
| Mutual of Omaha) 100% employee paid employees actively at work following the date of employment if enrolled within 30 days of hire date. injury/illness. Benefit is equal to 60% of tax monthly earnings. hort Term Disability Based on annual salary. 100% employee paid All Full Time Employees First Day of Employeement disabling injury/illness. Benefit is equal to 60% of date. hort Term Disability Based on annual salary. 100% employee paid All Full Time Employees First Day of Employeement disabling injury/illness. Benefit is equal of your before-tax monthly earnings, n exceed the plan's maximum monthly be amount etirement - Tier 1-Employees (hired prior to 1/1/2013) contribute 5% of Mandatory for Full time employees First day of employment Tier 1-May retire after 25 YOS or at ag 10 YOS. | |
| work employment if enrolled within 30 days of hire date. tax monthly earnings. hort Term Disability Based on annual salary. 100% employee paid All Full Time Employees First Day of Employement first Day of Employement employees Benefits begin 15 days after approved disabling injury/illness. Benefit is equa of your before-tax monthly earnings, n exceed the plan's maximum monthly to amount etirement - SA/ERS Tier 1-Employees (hired prior to 1/1/2013) contribute 5% of Mandatory for Full time employees First day of employment First day of employment Tier 1- May retire after 25 YOS or at ag 10 YOS. | |
| work employment if enrolled within 30 days of hire date. tax monthly earnings. hort Term Disability Based on annual salary. 100% employee paid All Full Time Employees First Day of Employement employees Benefits begin 15 days after approved disabling injury/illness. Benefit is equa of your before-tax monthly earnings, n exceed the plan's maximum monthly to amount etirement - SA/ERS Tier 1-Employees (hired prior to 1/1/2013) contribute 5% of Mandatory for Full time employees First day of employment First day of employment Tier 1- May retire after 25 YOS or at ag 10 YOS. | of before- |
| within 30 days of hire date. within 30 days of hire date. hort Term Disability Based on annual salary. 100% employee paid All Full Time Employees First Day of Employement first Day of Employement Benefits begin 15 days after approved disabling injury/illness. Benefit is equa of your before-tax monthly earnings, n exceed the plan's maximum monthly be amount etirement - SA/ERS Tier 1-Employees (hired prior to 1/1/2013) contribute 5% of Mandatory for Full time employees First day of employment First day of employment 10 YOS. Tier 1- May retire after 25 YOS or at ag 10 YOS. | |
| hort Term Disability hort Term Disability Based on annual salary. 100% employee paid HI Full Time Employees Hirst Day of Employement Employees First Day of Employement First Day of Employement based on annual salary. 100% disabling injury/illness. Benefit is equa of your before-tax monthly earnings, n exceed the plan's maximum monthly be amount time employees 1/1/2013) contribute 5% of time employees | |
| hort Term Disability Based on annual salary. 100% All Full Time First Day of Employement Benefits begin 15 days after approved disabling injury/illness. Benefit is equa of your before-tax monthly earnings, n exceed the plan's maximum monthly to amount etirement - Tier 1-Employees (hired prior to 1/1/2013) contribute 5% of Mandatory for Full time employees First day of employment Tier 1-May retire after 25 YOS or at ag 10 YOS. | |
| employee paid Employees disabling injury/illness. Benefit is equal of your before-tax monthly earnings, n exceed the plan's maximum monthly be amount etirement - Tier 1-Employees (hired prior to SA/ERS Mandatory for Full time employees First day of employment Tier 1 - May retire after 25 YOS or at age 10 YOS. | d onset of |
| etirement - Tier 1-Employees (hired prior to 1/1/2013) contribute 5% of Mandatory for Full time employees First day of employment time employees Tier 1-May retire after 25 YOS or at ag 10 YOS. | |
| etirement - Tier 1-Employees (hired prior to 1/1/2013) contribute 5% of Mandatory for Full time employees First day of employment first day of employment Tier 1- May retire after 25 YOS or at ag 10 YOS. | |
| etirement - Tier 1-Employees (hired prior to 1/1/2013) contribute 5% of Mandatory for Full time employees First day of employment for the employees Tier 1- May retire after 25 YOS or at agent 10 YOS. | |
| etirement - Tier 1-Employees (hired prior to 1/1/2013) contribute 5% of Mandatory for Full time employees First day of employment 10 YOS. Tier 1- May retire after 25 YOS or at ag 10 YOS. | , penent |
| SA/ERS 1/1/2013) contribute 5% of time employees 10 YOS. | ago (C) |
| | age 60 with |
| eligible gross pay. City Tier 2-May retire after 10 YOS or at age | |
| | ige 60. |
| contributes 9.39%. Contact Human Resources for more inf | information |
| Tier 2-Employees (hired after | |
| 12/31/2012) contribute 7.5% of | |
| eligible gross pay. City contributes | |
| 7.63%. | |
| etirement - Police & Employee - 12.00% of gross pay Mandatory for Full First day of employment. Employees hired BEFORE 9/1/15 may r | v retire afta |
| | |
| re Pension City - 14.50% of gross pay time sworn Police & 20 YOS (25 years of service or attained | ∃u age 60 |
| Fire employees with 20 YOS). | |
| Employees hired AFTER 9/1/15 may re | |
| 20 YOS (25 years of service or attained | ed age 60 |
| with 20 YOS) but cannot draw on their | eir pension |
| benefits until reaching age 52. | |

City of Tuscaloosa

Employee Benefits Summary View benefit plan documents for full details at https://www.luscaloosa.com/government/work-with-us/employee-benefits

| 2 | napos/nim.e | govonnie | nt/work-with-us/employee-bene | |
|--|--|--|--|---|
| 457b Deferred Compensation Plans | Voluntary participation | All employees | First day of employment. | Deferred Compensation Plan - tax deferred retirement savings plan. Contact HR for more details. |
| Workers Compensation | No cost to employee | All employees | First day of employment. | Worker's Compensation program administered by York (1-800-277-7500). |
| AVAIL - Vacation and Minor Illness Leave | No cost to employee | All Full time employees | Begins accumulating immediately. | Year 1= 96 hours (48 hrs. on DOH & 48 hrs. on 6 month anniversary date) Year 2-4= 5.54 hours/pay pr. Year 5-9= 6.46 hours/pay pr. Year 10-14= 7.38 hours/pay pr. Year 15-19= 8.31 hours/pay pr. Year 20+= 9.23 hours/pay pr. |
| SAIL - Serious Accident and Illness Leave | No cost to employee | All Full time employees | Begins accumulating immediately. Can be used for accident/illness as defined by policy. | SAIL hours accrue at the rate of 4.0 hours per bi- weekly pay period. |
| Family Medical Leave (Must use AVAIL / SAIL before unpaid leave) | No cost to employee | All Full time employees | After completion of 1250 hours of work over previous 12 months. | Up to 12 weeks leave in one year for birth or adoption of child - care of child, spouse or parent with serious health condition - or the employees own serious health condition. |
| Jury and Witness Leave | No cost to employee | All Full time employees | First day of employment. | Paid leave (criminal cases) granted for hours served |
| Leave of Absence (unpaid) | No cost to employee | Full time employees (with approval of Mayor) | First day of employment. | Leave granted (1) for good cause, (2) if the employee has used all paid leave, and (3) if the leave does not seriously interfere with department operations. |
| Military Leave | No cost to employee | All Full time employees | First day of employment. | Leave of absence with up to 168 hrs of paid military time beginning each fiscal year. |
| Beer Tax Bonus | No cost to employee | All Full time employees | Full bonus based on 1 year of full time service. Pro- rated if less than 1 year full time service. | Bonus based on percentage of taxes collected. |
| Longevity Bonus | No cost to employee | All Full time sworn Fire & Police | Upon completing 5 years of service. | |
| Employee Assistance Program (EAP) River Oaks | No cost to employee | All employees and immediate family members | First day of employment. | Confidential counseling services to support you. Some resources include substance abuse, conflict resolution, marital counseling and financial planning - 205-650-0576 |
| Holidays | No cost to employee | All Full time employees | Immediately. | New Year's Day, Martin Luther King, Jr. Day, Memorial Day, Independence Day, Labor Day, Veterans Day, Thanksgiving Day, The day following Thanksgiving Day, Christmas Eve, Christmas Day |
| Fitness Centers | Discount if employee chooses to participate | All employees | Upon enrollment. | Discounted memberships to Fitness One, EW Motion Therapy, Stong Inc Gym and PARA facilities. |
| Supplemental Insurances (Unum) Critical Illness and Accident | Determined by insurer 100% Employee paid | All Full time employees | The first day of the month following the date of employment if enrolled within 30 days of hire date. | Allows payroll deduction of certain insurances (Accident and Critical Illness) |
| City Credit Union | Employee chooses to participate | All Full time employees | First day of employment. | \$5.00 membership fee - allows direct deposit of payroll checks & payroll deductions for savings / loans -Contact City Credit Union at 205-349-4209. |
| Legal Shield/ID Shield | Legal Shield - Single: \$16.95/mo Family: \$18.95/mo ID Shield - Single: \$8.95/mo Family: \$18.95/mo | All Full time employees | First day of employment. | Benefit to assist employees with personal legal matters and identity theft. Benefits are direct pay only. Discounts are available for combined membership. |
| Tobacco Free Workplace Tobacco Cessation Resources | No cost to employee | All employees | First day of employment. | Free resources to help you become tobacco free. Contact HR for more details. |
| Mobile Phone & other Discounts | No cost to employee | All employees | First day of employment. | AT&T - 15% discount, Childrens Hands on Museum, Spiller Furnature, revIVe Hydration Therapy, Ticket Monster Perks, Faulkner University |