

CITY OF LA CROSSE
2020 BENEFIT SUMMARY
LPPNSA Local #26

To follow is a brief summary of the benefits that the City of La Crosse offers to its new employees. A complete packet of benefit information will be provided to the candidate selected for the position.

- 1) **Medical Benefit Plan** - Effective first of month following two full calendar months of employment, i.e. if start July 10, 2020, effective October 1, 2020 (assuming enrollment form received by applicable deadline). *Brief* summary of current benefit: Premium - \$91.64/month single plan; \$189.52/month limited family (2 person) plan; or \$230.72/month for family plan (if not participating in the Health Risk Assessment monthly contributions are \$116.36 / \$240.66 / \$292.98 respectively). In-network benefit: deductible \$400 per person /\$1200 max per family per calendar year: office visit co-pay of \$20.00/visit then most covered services are paid at 90% and member pays a 10% co-insurance to a co-insurance maximum of \$600 per person or \$1800 per family. Prescription drugs: Formulary generic/\$10 co-pay retail/\$20 mail order and formulary brand name/\$25 co-pay retail \$50 mail order. 90 day mail order or 90 day at retail of maintenance drugs required after first two fills at retail. A Schedule of Benefits and Summary of Benefits & Coverage providing more details will be provided to selected candidate. *Note: Employees hired full-time on or after 7/1/13 are not eligible for retiree medical benefit plan coverage.*
- 2) **Pension (Wisconsin Retirement System-WRS)** – Automatic enrollment. Contributions begin as of date of hire. Employer contributions are paid for by the employer. Employees are required to pay 50% of the total WRS contribution rate for “general” employees (equals 6.75% in 2020).
- 3) **Life Insurance** - Deadline to enroll is thirty days from date of hire. If enroll, coverage for claim purposes is the date the form is turned into HR or date of hire, whichever is later. Basic coverage for employee based on salary; i.e. if employee salary is \$39,724 – basic coverage would be rounded up to \$40,000. Monthly premium would be \$.40. Up to three additional units and a supplemental unit also available; each unit coverage would be the same as basic (\$40,000) and premiums for each unit are based on employee’s age and salary. Spouse/dependent coverage options also available. Coverage/premiums updated each July based on prior year’s salary.
- 4) **Section #125 Plan** - This is a flexible spending account in which you can defer money from your paycheck pre-tax to a dependent care or medical account. Plan limits are \$5,000 for dependent care; \$2700 for medical. You are then allowed to submit applicable expenses to the plan for reimbursement or use a pre-paid Debit card to pay for eligible expenses. The 2020 plan year for deductions is January 1, 2020 through December 31, 2020 and the plan year for incurring expenses is January 1, 2020 through March 15, 2021. If enroll by applicable deadline, a new employee’s plan year would begin the first of the month following 60 days of employment. Open enrollment to enroll in the next plan year held every fall.
- 5) **457 Deferred Compensation Plan** - May enroll at any time. This is a retirement investment program in which you are allowed to defer money pre-tax into a retirement investment account. It involves employee contributions only.
- 6) **Payroll Roth IRA** - Employees may elect for payroll deductions to be placed in a Roth IRA. May enroll at any time.
- 7) **Income Continuation Insurance** – A short or long term disability insurance that would pay employee up to 75% of earnings (based on prior year’s salary) while employee is disabled and off work due to an illness/injury. Deadline to enroll is thirty days from date of hire. If enroll, coverage would be effective the first of the month on or following date of hire. Various options available for waiting periods. There is a “premium holiday” in 2020.

- 8) **Voluntary Dental Plan** This is a voluntary plan, completely funded by the employee. Effective first of month following 60 days of employment (assuming enrollment form received by applicable deadline). Employees can choose between two different dental plans. An open enrollment is held every year (fall).

2020 Plan	Anthem Dental Plan – See Schedule of Benefits for complete details	Monthly Premium	
		Employee	Family (2+)
Low Plan	In Network / Out of Network	\$17.14	\$49.64
	Annual Maximum per person		
High Plan	Preventive (no Deductible)	100%	70%
	Limited Basic Services	80%	50%
	Deductible \$50/person/\$150/per family. No orthodontic services		
	Out of Network paid off an allowable amount with payment made to member, not dentist.		
	In & Out of Network Benefit. Annual Maximum \$2,000 per person.	\$43.19	\$121.29
	Preventive 100% (no Deductible); Basic Services 80%; Major Services 50%;		
	Deductible \$50/person/\$150/per family. Orthodontic services at 50% with a \$1,500 lifetime benefit (taking into account all orthodontia coverage). Contact HR to request a copy of Anthem's Orthodontics policy.		
	Out of network paid at 90th percentile with payment made directly to member, not dentist.		

- 9) **Voluntary Vision Plan** – This is a voluntary plan, completely funded by the employee. Effective first of the month following 60 days of employment (assuming enrollment form received by applicable deadline). Detailed information provided at benefit orientation.

2020 Monthly Premiums	
• Emp. Only	\$6.98
• Emp. + spouse	\$13.96
• Emp. + child(ren)	\$15.75
• Emp. + family	\$24.36

10) **Vacation:**

- One (1) week of paid vacation after one (1) year of continuous service;
- Two (2) weeks after two (2) years of continuous service;
- Three (3) weeks after six (6) years of continuous service;
- Four (4) weeks after fourteen (14) years of continuous service;
- Five (5) weeks after twenty (20) years of continuous service;
- Twenty-six (26) days after twenty-six (26) years of continuous service;
- Twenty-seven (27) days after twenty-seven (27) years of continuous service;
- Twenty-eight (28) days after twenty-eight (28) years of continuous service;
- Twenty-nine (29) days after twenty-nine years (29) of continuous service; and
- Thirty (30) days after thirty (30) years of continuous service.

- 11) **Sick Leave** – employees accumulate one (1) day of sick leave which shall be credited to them for each month of employment commencing with the first month of employment. The sick leave credits shall be cumulative to a maximum of 120 days. Use of sick leave is for employee’s illness or injury only. Employees may use up to thirty-two hours of accumulated sick leave credits a year for personal business with the approval of their supervisor. Employees may use up to twenty four hours a year for Family Care (care for minor children due to their minor illness/injury). Use of sick leave for personal business or Family Care shall be deducted from sick leave accumulation. Effective for employees hired on/after 7/1/13: At retirement, the City will make a lump sum payment to employee’s Retirement Health Savings Account in the amount equal to one hundred (100%) percent of the amount of accrued sick leave on record at the time of retirement, assuming eligibility requirements have been met.

- 12) **Holidays** – All full-time employees are granted paid holidays as follows: New Year’s Day, Martin Luther King Holiday, Spring Holiday (Friday before Easter), Memorial Day, Independence Day, Labor Day, Thanksgiving Day, the day after Thanksgiving, Christmas Eve, Christmas Day, and New Year’s Eve.

Use of sick leave, including personal business days is not available during the first 6 months.

(See collective bargaining agreement for more details.)