



Department of Personnel And Human Services

Bert H. Furuta

Director

BENEFIT INFORMATION FOR EMPLOYEES IN POSITIONS ON THE 'N' PAY SCALE

Non Union

FLSA Status: Non-exempt

Annual and sick leave accruals and holiday pay are earned on a prorated basis, based upon the percentage of compensated hours each calendar month. All accruals are shown as hours per month.

Annual Leave Accruals:	50%	60%	63%	70%	75%	80%	88%	100%
(Hours per week)	(20)	(24)	(25)	(28)	(30)	(32)	(35)	(40)
Upon employment -	3.34	4.00	4.20	4.67	5.00	5.34	6.00	6.67
Upon completion of three years -	4.00	4.80	5.04	5.60	6.00	6.40	7.20	8.00
Upon completion of five years -	5.00	6.00	6.30	7.00	7.50	8.00	9.00	10.00
Upon completion of ten years -	6.67	8.00	8.40	9.33	10.00	10.67	12.00	13.33
Upon completion of fifteen years -	8.34	10.00	10.50	11.67	12.50	13.34	15.00	16.67
Sick Leave Accruals:	4.00	4.80	5.04	5.60	6.00	6.40	7.20	8.00

(Annual and sick leave accruals are earned monthly for any full month of employment. A full month is defined as 65% of regularly scheduled hours.)

Holidays: 4.00 4.80 5.04 5.60 6.00 6.40 7.20 8.00
11 paid holidays per year (Includes one floating holiday that may be taken anytime during the year. The floating holiday does not accumulate from year to year.)

Probationary Period: Six-months

Note: Annual leave and the floating holiday may not be taken prior to successfully completing the probationary period.

Longevity Bonus:

Upon completion of the following years of employment, employees shall receive an annual longevity bonus as follows:

After 5 through 9 years service	1.0% of annual salary
After 10 through 14 years service	1.5% of annual salary
After 15 through 19 years service	2.0% of annual salary
After 20+ years service	2.5% of annual salary

Medical/Vision/Dental/Life Insurance - Coverage begins the first of the month following one full month of employment. Please see reverse side for current insurance premiums. In addition to the premium contributions listed, employees who elect to cover their spouse on medical coverage will be charged a \$25 per month spousal surcharge. This surcharge will only apply if the spouse has access to medical coverage through their own employer.

Medical and Vision Coverage: Kitsap County offers medical and vision plans for employees and dependents through Group Health or Premera Blue Cross.

Dental Insurance is contracted through Washington Dental Service and Willamette Dental.

Life Insurance – A \$24,000 policy is contracted through Standard Insurance. Additional employee and dependent coverage is available.

Washington State Public Employees Retirement System – mandatory participation

Other Available Benefits:

- Credit Union Membership
- Deferred Compensation Plans
- Flexible Spending Accounts for Health Care, Day Care & Transit
- AFLAC Coverage
- Employee Assistance Program
- Employee Recognition Program

Note to current County Employees: This information may or may not reflect your benefit package for this position, based on your hire date. Contact Personnel for more information.

2009 KITSAP COUNTY MONTHLY INSURANCE PREMIUMS

Full-Time Employees

Medical/Vision Plans		County	Employee	
	Monthly	Monthly	Monthly	Per Pay
Premera	Premium	Contribution	Contribution	Period
Employee only	431.20	430.62	0.58	0.29
Employee + spouse	883.94	856.48	27.46	13.73
Employee + child(ren)	754.58	734.68	19.90	9.95
Employee + family	1,207.32	1,160.92	46.40	23.20
Group Health #12431				
Employee only	404.24	404.10	0.14	0.07
Employee + spouse	828.66	811.20	17.46	8.73
Employee + child(ren)	707.34	694.88	12.46	6.23
Employee + family	1,131.82	1,102.04	29.78	14.89
Vision Service Plan (VSP) - Enroll only if medical coverage is waived				
Employee	7.85	7.85	0.00	0.00
Employee + Dependents	18.35	7.85	10.50	5.25
Employee Medical Contributions listed above do not include the \$25 spousal surcharge, if applicable.				
Dental Plans				
WDS Plan C / Option 2 (0497-2033)		\$1,000 annual max & \$2,000 lifetime ortho max		
Employee Only	49.35	49.35	0.00	0.00
Employee + 1 Dependent	95.60	74.35	21.25	10.63
Employee + 2+ Dependents	158.72	74.35	84.37	42.19
WDS Plan D / Option 4 (0497-4032)		\$2,000 annual max & \$2,000 lifetime ortho max		
Employee Only	52.22	49.35	2.87	1.44
Employee + 1 Dependent	101.13	74.35	26.78	13.39
Employee + 2+ Dependents	166.85	74.35	92.50	46.25
Co-pays apply for services No Annual Max, No deductible				
DeltaCare				
Employee Only	27.07	27.07	0.00	0.00
Employee + 1 Dependent	55.20	52.07	3.13	1.57
Employee + 2+ Dependents	114.79	52.07	62.72	31.36
\$15 Office Visit Co-pay No Annual Max, No deductible				
Willamette Dental				
Employee Only	53.11	49.35	3.76	1.88
Employee + 1 Dependent	88.37	74.35	14.02	7.01
Employee + 2+ Dependents	141.43	74.35	67.08	33.54
Kitsap County contributes \$25 monthly toward each employee's dependent dental and basic life insurance premiums.				
Standard Ins. Co - Basic Life #645273				
Employee (\$24,000)	3.60	3.60	0.00	0.00
Employee (\$24K) + Dependents (\$1K)	4.25	3.60	0.65*	0.33
* Can be paid under County contribution if \$25 has not been fully spent on dependent dental				