



Department of Personnel And Human Services

Bert H. Furuta

Director

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

Union: Council: Public Works Roads, includes IAM & AW, Laborers, Operating Engineers and Teamsters

FLSA: Non-exempt

Annual Leave* Accruals:

Upon employment -	12 days per year (8 hrs./month)
Upon completion of five years -	15 days per year (10 hrs./month)
Upon completion of ten years -	20 days per year (13.33 hrs./month)
Upon completion of fifteen years -	25 days per year (16.66 hrs./month)

*Note: Annual leave may not be taken prior to successful completion of probationary period.

Sick Leave Accruals:

Upon employment -	15 days per year (10 hrs./month)
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(Annual and sick leave accruals are earned monthly for any full month of employment. A full month is defined as 15 days in a paid status.)

Holidays:

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

Longevity Bonus:

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

After 5 through 9 years service	1.5% of base hourly rate
After 10 through 14 years service	2.0% of base hourly rate
After 15 through 19 years service	2.5% of base hourly rate
20+ years service	3.0% of base hourly rate

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 - The County pays life insurance premiums for a \$24,000 policy for the employee only. Dependent coverage and additional employee coverage is available at the employee's expense.

Washington State Public Employees Retirement System – mandatory participation

Union Membership or Service Fee Obligation is mandatory within 30 days of employment

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

Public Works Council (252, 282, 302, 589R)

Medical/Vision Plans		County Monthly Contribution	Employee Monthly Contribution	Employee Per Pay Period
Premera		Monthly Premium		
	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	49.35	46.25 23.13
	Employee + 2+ Dependents	158.72	49.35	109.37 54.69
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	49.35	51.78 25.89
	Employee + 2+ Dependents	166.85	49.35	117.50 58.75
DeltaCare		Co-pays apply for services No Annual Max, No deductible		
	Employee Only	27.07	27.07	0.00 0.00
	Employee + 1 Dependent	55.20	27.07	28.13 14.07
	Employee + 2+ Dependents	114.79	27.07	87.72 43.86
Willamette Dental		\$15 Office Visit Co-pay No Annual Max, No deductible		
	Employee Only	53.11	49.35	3.76 1.88
	Employee + 1 Dependent	88.37	49.35	39.02 19.51
	Employee + 2+ Dependents	141.43	49.35	92.08 46.04
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