



**Department of Personnel
And
Human Services**

Bert H. Furuta
Director

**BENEFIT INFORMATION FOR EMPLOYEES IN POSITIONS ON THE 'Z' PAY SCALE
Non Union, Professional/Technical
FLSA: Non-exempt**

Annual Leave Accruals:

| | |
|------------------------------------|-------------------------------------|
| Upon employment* - | 10 days per year (6.67 hrs./month) |
| Upon completion of three years | 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 (16.67 hrs./month) |

Sick Leave Accruals:

| | |
|-------------------|---------------------------------|
| Upon employment - | 12 days per year (8 hrs./month) |
|-------------------|---------------------------------|

(Annual and sick leave accruals are earned monthly for any full month of employment. A full month is defined as 14 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.

*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 - 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

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 Premium | Monthly Contribution | Monthly Contribution | Per Pay Period |
| Premera | | | | |
| 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 |
| 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 | 52.07 | 3.13 | 1.57 |
| Employee + 2+ Dependents | 114.79 | 52.07 | 62.72 | 31.36 |
| 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 | 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 | | | | |