

*Fringe Benefit Summary*

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**NON-BARGAINING UNIT  
NON-EXEMPT**

**HEALTH INSURANCE**

The City of Champaign pays 100% of your health insurance premium and 50% of the premium for your dependent(s). Premiums for dependent coverage may be made on a pre-tax basis, through the City's Section 125 plan.

**HEALTH ALLIANCE MEDICAL PLANS**

**Network Option:**

HMO plan anchored by Carle Clinic, Carle Hospital, and Christie Clinic

There is no cost for individual coverage (City pays \$479/mo). Employee/spouse coverage for is \$1,133/mo (employee pays \$327/mo and the City pays \$806/mo). Employee/children coverage for is \$887/mo (employee pays \$204/mo and the City pays \$683/mo). Family coverage is \$1,184/mo (employee pays \$352.50/mo and the City pays \$831.50/mo).

--Additional information can be obtained by contacting Health Alliance's customer service department - 1-800-851-3379

**DENTAL/VISION INSURANCE**

Employees may purchase through payroll deduction, dental and/or vision insurance. Employees pay 100% of the monthly premium for this coverage. The dental plan has two options: Network and Premier Plans. Premiums for dental and vision insurance may be made on a pre-tax basis, through the City's Section 125 plan.

**Trustmark Network PPO Plan**

	<u>Monthly</u>
Single	\$ 18.24
Employee/Spouse	\$ 42.80
Employee/Children	\$ 43.82
Family	\$ 69.42

**Trustmark Premier PPO Plan**

	<u>Monthly</u>
Single	\$ 30.32
Employee/Spouse	\$ 71.14
Employee/Children	\$ 67.82
Family	\$ 109.68

- Dental insurance is provided by Trustmark: 1-800-371-1633.

**VISION SERVICE PLAN**

	<u>Monthly</u>
Single	\$ 9.01
Employee/One Dependent	\$ 13.07
Family	\$ 23.43

- Vision Service Plan: 1-800-877-7195.

## LIFE INSURANCE

The City provides term life insurance in the amount of \$25,000 for regular full-time non-exempt employees and \$13,000 for regular part-time non-exempt employees. Employees may purchase additional life insurance from \$10,000 to \$100,000 in \$10,000 increments and/or term life for their dependents through payroll deduction.

- ◆ \$3.60/month for dependent coverage--\$10,000 on spouse/\$5,000 on each dependent child
- ◆ \$1.80/month for dependent coverage--\$5,000 on spouse/\$2,000 on each dependent child
- ◆ Cost for employee additional coverage varies depending upon your age.

Additional information can be obtained by contacting our life insurance provider, Fort Dearborn Life Insurance Company at 1-800-348-4512.

## PENSION

Illinois state law requires that eligible municipal employees be covered by the Illinois Municipal Retirement Fund (IMRF). Employee contributions to IMRF are 4.5% of salary; employee contributions are tax-deferred. Additional contributions are paid by the City. In addition, IMRF members are covered by Social Security (FICA) (1-800-ASK-IMRF).

## HOLIDAYS

*New Years Day  
Martin Luther King, Jr.'s Birthday  
Memorial Day  
Independence Day  
Labor Day*

*Veterans Day  
Thanksgiving Day  
Friday after Thanksgiving  
Christmas Eve  
Christmas Day*

## PERSONAL LEAVE

At the beginning of each fiscal year, employees are credited with three personal days (24 hours). Personal leave may not be accumulated and carried over into the next fiscal year (July 1st).

<u>Date Of Hire</u>	<u>Personal Leave Credits</u>
7/1 - 10/31	24 hours
11/1 - 2/29	16 hours
3/1 - 6/30	8 hours

<b>VACATION</b>
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Vacation accrual rates are based on years of service. Vacation may be taken after (6) months of employment. Vacation accrual rates and maximum accumulations are:

<u>YEARS OF SERVICE</u>	<u>BIWEEKLY ACCRUAL</u>	<u>ACCUMULATION</u>
<i>Beginning with Year 1 through 4</i>	<i>3.69 hours/12 days</i>	<i>192 hours/24 days</i>
<i>Beginning with Year 5</i>	<i>4.31 hours/14 days</i>	<i>224 hours/28 days</i>
<i>Beginning with Year 6 through 7</i>	<i>5.08 hours/16.5 days</i>	<i>264 hours/33 days</i>
<i>Beginning with Year 8 through 9</i>	<i>5.54 hours/18 days</i>	<i>288 hours/36 days</i>
<i>Beginning with Year 10 through 11</i>	<i>5.85 hours/19 days</i>	<i>304 hours/38 days</i>
<i>Beginning with Year 12 through 14</i>	<i>6.00 hours/19.5 days</i>	<i>312 hours/39 days</i>
<i>Beginning with Year 15 through 19</i>	<i>6.15 hours/20 days</i>	<i>320 hours/40 days</i>
<i>Beginning with Year 20 through 24</i>	<i>6.77 hours/22 days</i>	<i>352 hours/44 days</i>
<i>Beginning with Year 25 to separation</i>	<i>7.69 hours/25 days</i>	<i>400 hours/50 days</i>

<b>SICK LEAVE</b>
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Employees accrue sick leave at the rate of 3.69 hours per pay period (approximately 1 day per month).

**LONGEVITY PAY**

Employees receive longevity pay based upon their years of continuous employment with the City. Longevity pay is an addition to the employees' base wage rate, as follows:

<u>YEARS OF SERVICE</u>	<u>LONGEVITY RATE</u>
<i>10 years</i>	<i>5.0%</i>
<i>20 years</i>	<i>10.0%</i>

**CREDIT UNION**

Employees may join the Champaign Municipal Employees Credit Union. Payroll deduction for savings and credit union loan payments are available as well as a deduction for the savings bond program and Christmas Club. Additional information can be obtained by contacting the Credit Union directly.

- ◆ Champaign Municipal Employee Credit Union

510 W. Park, Suite F  
Champaign, IL 61821  
(217-359-7025)

**DEFERRED COMPENSATION PLAN**

The City of Champaign offers employees the opportunity to participate in a tax-deferred annuity plan of the International City Management Association (ICMA) through payroll deduction. This is an optional plan with no City contributions. Account Representative: Julie Crouse (1-866-822-3635).