



CITY OF PECULIAR

EMPLOYEE COMPENSATION BENEFITS

2014-2015



**City of Peculiar
Compensation Structure
Jan. 20, 2015**



Pay Grade	Hourly Min	Hourly Midpoint	Hourly Max	Range Spread	Salary Min	Salary Midpoint	Salary Max	Police Salary Min	Police Salary Midpoint	Police Salary Max
3	\$11.11	\$12.76	\$14.42	13%	\$23,099	\$26,550	\$30,002	\$ 24,253.43	\$ 27,877.50	\$ 31,501.58
5	\$12.05	\$13.85	\$15.65	13%	\$25,056	\$28,800	\$32,544	\$ 26,308.80	\$ 30,240.00	\$ 34,171.20
7	\$13.18	\$15.14	\$17.11	13%	\$27,405	\$31,500	\$35,595	\$ 28,775.25	\$ 33,075.00	\$ 37,374.75
9	\$14.68	\$16.88	\$19.07	13%	\$30,537	\$35,100	\$39,663	\$ 32,063.85	\$ 36,855.00	\$ 41,646.15
11	\$17.13	\$19.69	\$22.25	13%	\$35,627	\$40,950	\$46,274	\$ 37,407.83	\$ 42,997.50	\$ 48,587.18
13	\$18.87	\$23.58	\$28.30	20%	\$39,240	\$49,050	\$58,860	\$ 41,202.00	\$ 51,502.50	\$ 61,803.00
15	\$21.42	\$28.56	\$35.70	25%	\$44,550	\$59,400	\$74,250	\$ 46,777.50	\$ 62,370.00	\$ 77,962.50
17	\$26.61	\$35.48	\$44.35	25%	\$55,350	\$73,800	\$92,250	\$ 58,117.50	\$ 77,490.00	\$ 96,862.50

Position	Department	Pay grade	Exempt
Admin Assistant	Admin	5	Non-exempt
Business Office Manager	Admin	15	Exempt
City Clerk	Admin	13	Exempt
Receptionist	Admin	5	Non-exempt
City Administrator	Admin	Contract	
Project Manag. & Comp. Coordinator	Admin	14	Salaried
IT Systems Administrator	Admin	15	Salaried
City Planner	Codes	15	Exempt
Codes Officer	Codes	9	Non-exempt
Court Clerk	Court	7	Non-exempt
Alderman	Elected	N/A	

Position	Department	Pay grade	Exempt
Police Officer	Police	9	Non-exempt
Police Sergeant	Police	13	Non-exempt
Records Clerk	Police	7	Non-exempt
Part-time Police Officer	Police	5	Non-exempt
Reserve Police Office	Police	Volunteer	
School Resource Officer	Police	13	Non-exempt
City Engineer	Public Works	17	Exempt
P.W. Field Service Crew	Public Works	7	Non-exempt
Public Works Manager	Public Works	13	Exempt
Utility Manager	Waterworks/Wastewater	15	Exempt
Waterworks Maintenance	Waterworks	9	Non-exempt

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Mayor	Elected	N/A			Public Works Crew Chief	Public Works	9	Non-exempt
Parks & Rec Director	Parks	15	Exempt		Waste Truck Driver	Wastewater	3	Non-exempt
Parks Maintenance	Parks	9	Non-exempt		Waste Water Maintenance	Wastewater	9	Non-exempt
Police Captain(not funded)	Police	15	Non-exempt		Waste Water Operator	Wastewater	11	Non-exempt
Police Chief/Emerg. Management	Police	17	Exempt		Utility Clerk	Waterworks	7	Non-exempt

MEDICAL PLAN

Humana

Tiger Plan

	In-Network	Out-of-Network
Deductible: Single / Family	\$500/\$1,000	\$1,000/\$2,000
Coinsurance (Employee Pays)	20%	50%
Out of Pocket Maximum: Single/Family	\$4,000 / \$8,000	\$12,000 / \$24,000
Office Visit – PCP / Specialist	\$25 / \$40	30% coinsurance
Preventive Care	No Member Cost	30% coinsurance
Hospital Services: Inpatient / Outpatient	20% coinsurance	50% coinsurance
Emergency Room	\$250 Copay/visit	\$250 Copay/visit
Pharmacy: Level 1 / Level 2 / Level 3 / Level 4	\$10/\$30/\$50/25% coins	In Network Copay + 30%
Mail Order	\$25/\$75/\$125/25% coins	

Humana

Wildcat Plan

Deductible: Single / Family	\$500/\$1,000	\$1,000/\$2,000
Coinsurance (Employee Pays)	20%	30%
Out of Pocket Maximum: Single/Family	\$4,000 / \$8,000	\$12,000 / \$24,000
Office Visit – PCP / Specialist	\$25 / \$40	30% coinsurance
Preventative Care	No Member Cost	30% coinsurance
Hospital Services Inpatient / Outpatient	No Member Cost	30% coinsurance
Emergency Room	\$250 Copay/visit	\$250 Copay/visit
Pharmacy: Level 1 / Level 2 / Level 3 / Level 4	\$10/\$30/\$50/25% coins	In Network Copay + 30%
Mail Order	\$25/\$75/\$125/25% coins	

Humana	Panther Plan	
Deductible: Single / Family	\$1,500 / \$3,000	\$3,000 / \$6,000
Coinsurance (Employee Pays)	30%	30%
Out of Pocket Maximum: Single/Family	\$6,350 / \$12,700	\$19,050 / \$38,100
Office Visit - PCP / Specialist	\$30 / \$80	20% coinsurance
Preventative Care	No Member Cost	20% coinsurance
Hospital Services Inpatient / Outpatient	10% / 40%	40% coinsurance
Emergency Room	\$500 Copay	\$500 Copay
Pharmacy: Level 1 / Level 2 / Level 3 / Level 4 Mail Order	\$10/\$45/\$90/25% coins \$25/\$112.50/\$175/25% coins	In Network Copay + 30%

Flexible Spending Accounts

Health Care Reimbursement Account

- Pre-Tax funds to pay for qualified healthcare expenses up to \$2,500 per year
- Take Care Card

Dependent Care Reimbursement Account

- Pre-Tax funds to pay for qualified dependent care expenses up to \$5,000 per calendar year

Employee Assistance Plan (EAP)

- Short Term Counseling, up to six visits per incident
- 24/7 call center
- Financial Consultation
- Legal Consultation
- Elder and Child Care Referral

Retirement Plan

The City of Peculiar makes a 100% contribution to LAGERS. Your LAGERS benefit provides a monthly benefit for life upon retirement. The benefit is vested after 5 years of service and is dependent on salary and years of service.

Your VSP Vision Benefits Summary

CITY OF PECULIAR and VSP provide you with an affordable eyecare plan.

Visit vsp.com for more details on your vision benefit and for exclusive savings and promotions for VSP members.

VSP Doctor Network: VSP Signature

Benefit	Description	Copay	Frequency
Your Coverage with a VSP Doctor			
WellVision Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness 	\$20 for exam and glasses	Every calendar year
Prescription Glasses			
Frame	<ul style="list-style-type: none"> \$130 allowance for a wide selection of frames 20% off amount over your allowance 	Combined with exam	Every other calendar year
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children 	Combined with exam	Every calendar year
Lens Options	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average 35-40% off other lens options 	\$50 \$80 - \$90 \$120 - \$160	Every calendar year
Contacts (Instead of glasses)	<ul style="list-style-type: none"> \$130 allowance for contacts and contact lens exam (fitting and evaluation) 15% off contact lens exam (fitting and evaluation) 	\$0	Every calendar year
Extra Savings and Discounts			
	<p>Glasses and Sunglasses</p> <ul style="list-style-type: none"> 30% off additional glasses and sunglasses, including lens options, from the same VSP doctor on the same day as your WellVision Exam. Or get 20% off from any VSP doctor within 12 months of your last WellVision Exam. <p>Retinal Screening</p> <ul style="list-style-type: none"> Guaranteed pricing on retinal screening as an enhancement to your WellVision Exam. <p>Laser Vision Correction</p> <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor 		
Your Coverage with Other Providers			
Visit vsp.com for details, if you plan to see a provider other than a VSP doctor.			
Exam.....	up to \$50	Single Vision Lenses.....	up to \$50
Frame.....	up to \$70	Lined Bifocal Lenses.....	up to \$75
		Lined Trifocal Lenses.....	up to \$100
		Progressive Lenses.....	up to \$75
		Contacts.....	up to \$105
<small>VSP guarantees coverage from VSP doctors only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail.</small>			

Enroll in VSP today.
You'll be glad you did.
Contact us. vsp.com
800.877.7195

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Renewal Options

Group Name: City of Peculiar
Group Number: 1951-1179
Proposed Effective Date: 10/01/15

Benefit Coverage

Preventative (A)
 Basic & Restorative (B)
 Major (C)
 Orthodontics (D)

Current Plan Delta Dental PPO DentaCare M		
PPO Network	Premier Network	Out of Network
100%	100%	100%
90%	80%	80%
60%	50%	50%
50%	50%	50%

Option 1 Delta Dental PPO DentaFlex*		
PPO Network	Premier Network	Out of Network
100%	100%	100%
90%	80%	80%
60%	50%	50%
50%	50%	50%

Option 2 Delta Dental PPO DentaCare M		
PPO Network	Premier Network	Out of Network
100%	100%	100%
80%	80%	80%
50%	50%	50%
50%	50%	50%

Deductible
 Family Deductible
 Applies to Preventative
 Annual Max per Person
 Lifetime Ortho Max (to dependent age 19)
 Dependent Age

\$50	\$50	\$50
\$150	\$150	\$150
No	No	No
\$1,500	\$1,500	\$1,500
\$1,500	\$1,500	\$1,500
25 / 25		

\$50	\$50	\$50
\$150	\$150	\$150
No	No	No
\$1,500	\$1,500	\$1,500
\$1,500	\$1,500	\$1,500
25 / 25		

\$50	\$50	\$50
\$150	\$150	\$150
No	No	No
\$1,500	\$1,500	\$1,500
\$1,500	\$1,500	\$1,500
25 / 25		

Monthly Rates

Employee Only
 Employee & Spouse
 Employee & Child(tren)
 Employee & Family

\$41.26
\$83.41
\$97.21
\$140.48

\$38.22
\$77.26
\$90.97
\$131.20

\$38.35
\$77.52
\$91.23
\$131.59

* Please see enclosed comparison

Please sign below and return to Delta Dental to confirm the renewal of your current plan or the acceptance of the proposed alternate plan.

Please renew our dental benefits with our existing plan

Please change our plan to the proposed Option _____. This change will take place on our anniversary date.

 Signature of Company Executive

 Date



City of Peculiar Holiday Calendar

The annual dates for the City of Peculiar holiday calendar have been determined by the City Administrator as follows:

<u>Holiday</u>	<u>Official Date</u>
New Year's Day	January 1
Martin Luther King's Birthday	Third Monday in January
Presidents Day	Third Monday in February
Spring Holiday	Varies each year but is routinely the Friday before Easter
Memorial Day	Last Monday in May
Independence Day	July 4
Labor Day	First Monday in September
Columbus Day	Second Monday in October
Veterans Day	November 11
Thanksgiving Day	4th Thursday and the following Friday will be observed
Christmas Day	December 25

The dates will be observed as the normal yearly holiday schedule. The City Administrator can add or delete to the holiday schedule as he sees appropriate.