

2007 Benefits Survey

Benefits Questionnaire

A. Holidays, Personal Days, Vacation and Sick Days

1. **Holidays** - Indicate your organization's number of fixed holidays.
 ("Fixed" holidays are selected by the employer.)

2. **Personal Days** - Indicate the number of Personal Days provided each year, by Employee Group

General Employees	Fire Employees	Police Employees
16 HOURS	24 HOURS	16 HOURS

3. **Vacation**

Indicate your organization's vacation schedule by years of service and Employee Group

Yrs of Svs	General Employees	Yrs of Svs	Fire Employees	Yrs of Svs	Police Employees
1 - 5	96 hours	1 - 5	120 hours	1 - 5	same as general
5	104	5	144	5	
6	112	6	144	6	
7	120	7	144	7	
8	128	8	168	8	
9	136	9	168	9	
10	144	10	168	10	
11	144	11	168	11	
12	152	12	192	12	
13	152	13	192	13	
14	160	14	192	14	
15	160	15	192	15	
16	168	16	192	16	
17	168	17	192	17	
18	168	18	192	18	
19	168	19	192	19	
20	168	20	192	20	

	General Employees	Fire Employees	Police Employees
Can you "carry over" vacation days from one year to the next?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what maximum number of hours may be carried over?	<input type="text" value="cap of 240 hours"/>	<input type="text" value="cap of 288"/>	<input type="text" value="cap of 240"/>
Is accrued vacation paid upon separation ?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what maximum number of hours are paid?	<input type="text" value="240 hours"/>	<input type="text" value="288 hours"/>	<input type="text" value="240 hours"/>
Is accrued vacation paid upon termination ?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what maximum number of hours are paid?	<input type="text" value="240 hours"/>	<input type="text" value="288 hours"/>	<input type="text" value="240 hours"/>

4. **Sick Days**

	General Employees	Fire Employees	Police Employees
If sick days are placed on account at the commencement of employment, please indicate the number of days provided, by employee group.	.04616/hour/payperiod	.04808/hour/payperiod	.04616/hour/payperiod
If sick time accrues, please indicate the number of hours accrued per year, by employee group	96	120	96
Can sick time be carried over from one year to the next?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what maximum number of hours can be carried over?	cap of 480 hours	cap of 576 hours	cap of 480 hours
Is accrued sick time paid upon separation ?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
must have at least a balance of 96 hours to be eligible, payout calculated at 25% of weighted avg. hourly rate over term of employment, except for those hired prior to 12/1/92 who will be compensated for 25% at their current base	cap of 480 hours	cap of 576 hours	cap of 480 hours
If yes, what maximum number of hours are paid?	cap of 480 hours	cap of 576 hours	cap of 480 hours
Is accrued sick time paid upon termination ?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
must have at least a balance of 96 hours to be eligible, payout calculated at 25% of weighted avg. hourly rate over term of employment, except for those hired prior to 12/1/92 who will be compensation at their current base hourly rate	cap of 480 hours	cap of 576 hours	cap of 480 hours
If yes, what maximum number of hours are paid?	cap of 480 hours	cap of 576 hours	cap of 480 hours

B. Health Benefits - All Employee Groups

1. a. Indicate the waiting period for health insurance to become effective. First of the month following 30 days of employment

b. Do you offer a prescription drug program? Yes No

If a prescription drug program is offered, what amount is paid by the employee for each of the following types of prescriptions?

co-pay generic	PPO 15			co-pay formulary	PP0 3 TIER
	HMO 10				HMO 2 TIER

PPO 30 copay FOR PREFERRED 60 FOR NON PREFERRED for brand HMO 20 copay PREFERRED BRAND

c. Is Mail Order required for maintenance prescription(s)? Yes No

d. Do you offer health insurance to part time employees? Yes No

2. **Medical Insurance** - Indicate the medical insurance plan(s) offered and the percentages the employer/employee pays for coverage. For example, employer/employee coverage is 100% Employer / 0% Employee in Employee Only Coverage and 50%/50% in Family Coverage

Plan Type (check all that apply)	Employee Only Coverage			Family Coverage		
	Monthly Premium	Employer full rate	percent	Monthly Premium	Employer full rate	Percent
<input checked="" type="checkbox"/> Preferred Provider Organization (PPO)	67.01	528	0.126913	201.02	1560	0.128859
<input checked="" type="checkbox"/> Health Maintenance Organization (HMO)	6.7	390	0.017179	67.01	1153	0.058118
<input checked="" type="checkbox"/> Health Reimbursement Arrangement (HRA) (Consumer Driven Healthcare)	5	379	0.013193	30	1019	0.0294406

	PPO	HMO	HSA	
<u>Out-of-Pocket Maximum:</u>				
In Network	750/person	500/person	750 per person	
Out of Network	1500/person	n/a	1500 per person	
<u>Deductible - Individual:</u>				
In Network	300	none	1500	
Out of Network	600	n/a	1500	
<u>Deductible - Family:</u>				
In Network	900	none	4500	
Out of Network	1800	n/a	4500	
Co-Insurance:	80% in networkd; 60% out		80% in networkd; 60% out	
<u>Lifetime Maximum:</u>	unlimited	unlimited	unlimited	

3. **Dental Insurance** - Indicate the dental insurance plan(s) offered and the premium supplement.

Plan Type (check all that apply)	Monthly Premium		Percent Paid by Employee	
<input checked="" type="checkbox"/> Conventional Indemnity Plan	cluded in medical premi			
<input checked="" type="checkbox"/> Dental Maintenance Organization (DMO)	cluded in medical premi			
<input type="checkbox"/>				

4. **Retiree Medical Benefits** - Indicate the health coverage offered to retirees by your organization.

Plan Type (check all that apply)	Retiree Coverage (less than 65)		Retiree Coverage (65 or older)	
	Percent Paid by Organization	Percent Paid by Retiree	Percent Paid by Organization	Percent Paid by Retiree
<input checked="" type="checkbox"/> Medical Coverage	HMO 50%	HMO 50%	0	100%
<input checked="" type="checkbox"/> Dental Coverage	included in medical			

PPO - SUBSIDIZED BY THE SAME DOLLAR AMOUNT OF HMO only IF NO HMO NETWORK is available IN AREA THAT THEY ARE LIVING

ALL PREMIUMS INCLUDE VISION

5. **Long-term and Short-term Disability** - Indicate the disability coverage offered by your organization.

Plan Type (check all that apply)	Employee Coverage	
	Percent Paid by Employer	Percent Paid by Employee
<input checked="" type="checkbox"/> Long-term Disability	100%	0

Short-term Disability

None

None

a. How long does an employee wait from the date of disability for the benefits to begin?

Short Term

Long Term

480 hours

c. Indicate the coverage period (number of days):

Long Term

Short Term

d. Indicate the maximum benefit amount:

Long Term

60%; 6500 per month max

C. Life/Death Benefits

Indicate the type(s) and amount(s) of life insurance provided by your organization at **no cost** to employees.

Group term life insurance (paid by the organization)

Maximum Amount Provided

75000 FLAT

(Multiple of Annual Base Salary or Flat Amount)

Accidental death and dismemberment (AD&D) insurance

Maximum Amount Provided

75000 FLAT

(Multiple of Annual Base Salary or Flat Amount)

If selected, is AD&D insurance included in employer paid group life program? Yes No

D. Retirement and Savings Plans

General Employees

Fire Employees

Police Employees

Do employees in the following Groups participate in the Florida Retirement System?

Yes No

Yes No

Yes No

a. What retirement plan is used by your organization?
(ICMA, State Retirement System, etc.)

ICMA 401 A

FIRE PENSION PLAN

POLICE PENSION PLAN

b. What percentage of employees' salaries are mandated for contribution?

6 OR 8%

8.50%

9%

c. What percentage is contributed by your organization?

7% INCREASES TO 9% AFTER 7 YEARS

c. Do you offer employees a 457 type deferred compensation plan option?

Yes No

Yes No

Yes No

d. Definition of Normal Retirement

Age 55

52

NONE

Years of Service 5 YEARS

25

20 YEARS

e. Definition of Early Retirement:

Age NONE

50

50

Years of Service NONE

10

10 YEARS

f. Does the retirement plan offer a disability provision?

Yes No

Yes No

Yes No

g. Is COLA applied to retiree pension payments:

Yes No

Yes No

Yes No
2.50%

E. Tuition Reimbursement

1. Do you offer a tuition reimbursement program to regular full-time employees?

Yes No

2. Type of reimbursement offered (select one):

- Paid in Full Maximum Amount Paid Annually
- Paid based on Grade received must have C or better
- Paid as percent of fees % Paid
- Paid as fixed dollar amount
175/credit/undergraduate; 300/credit graduate
- Books paid

3. Must the course work be job-related in order to be reimbursed? Yes No

4. Do you require repayment of all or part of tuition reimbursement if an employee servers employment with the City within a certain time period? Yes No

5. If you require reimbursement, what amount do you require? Full Amount Partial Amount
FULL AMOUNT OF LAST SUBMITTED COURSE

6. How long must the employee work after completing the course to be exempt from the reimbursement requirement?

F. Other Programs

From the programs listed below, select all that apply.

- Vision coverage
PREMIUMS INCLUDED IN MEDICAL PREMIUM
Annual Amount Allowed by Employee For Medical Care Annual Amount Allowed by Employee For Dependent Care
- Flexible spending account for medical care

Employee Assistance Program
Do you offer a no-cost Employee Assistance Program? Yes No

Longevity Pay If hired prior to 6/1/93 year 10-14 \$500; yr 15-19 1000; yr 20+ 1500

If this longevity pay caps at a certain year of service, indicate the year.

Longevity Pay is paid to employees: Monthly Annually, in lump sum If lump sum, paid during the month of :

Year 5 and up 1% of annual base pay on December 1 annually

B. Life Insurance

1. Do you offer additional life insurance?

Term Life

Whole Life

Other

Fire Department

Police Department

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

If you answered "yes" to Other,
please explain:

Optional term life insurance available to purchase at group rate for employee, spouse and child coverage