

# **LOWER COLORADO RIVER AUTHORITY**

## **2005 Benefit Comparison Study**

### **SUMMARY OF RESULTS FOR RESPONDING EMPLOYERS**

**Report Prepared: February 2005**

**Benefit Partners, Inc.**

**Consulting Headquarters:**

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## Summary

Lower Colorado River Authority (“LCRA”) authorized Benefit Partners, Inc. (“BP”) to conduct a survey of the employee benefit plans of 18 employers (including LCRA). A list of the participating employers is shown below. Employers were asked to complete the survey using 2005 information and to answer the questions as they apply to new employees.

**Please note that this report is intended only for internal use by the responding employers. The employers listed in this Section have agreed to allow for their benefit plan provisions to be used for studies such as this only if the information is maintained in a confidential manner and is not reproduced for further distribution. Note that the information in this report has been carefully reviewed for accuracy. However, the accuracy of the information ultimately depends on accurate descriptions of the benefit plans provided by the participating employers.**

A list of the participating employers is as follows:

- AEP Corporation
- CenterPoint Energy
- City of Austin
- City Public Service of San Antonio
- Dell Computer Corporation
- Employees Retirement System of Texas
- Entergy
- ERCOT
- Lower Colorado River Authority (LCRA)
- Minnesota Mining & Manufacturing (3M)
- National Instruments
- Salt River Project
- San Antonio Water System
- Santee Cooper
- SBC Communications, Inc.
- The University of Texas
- Travis County
- TXU

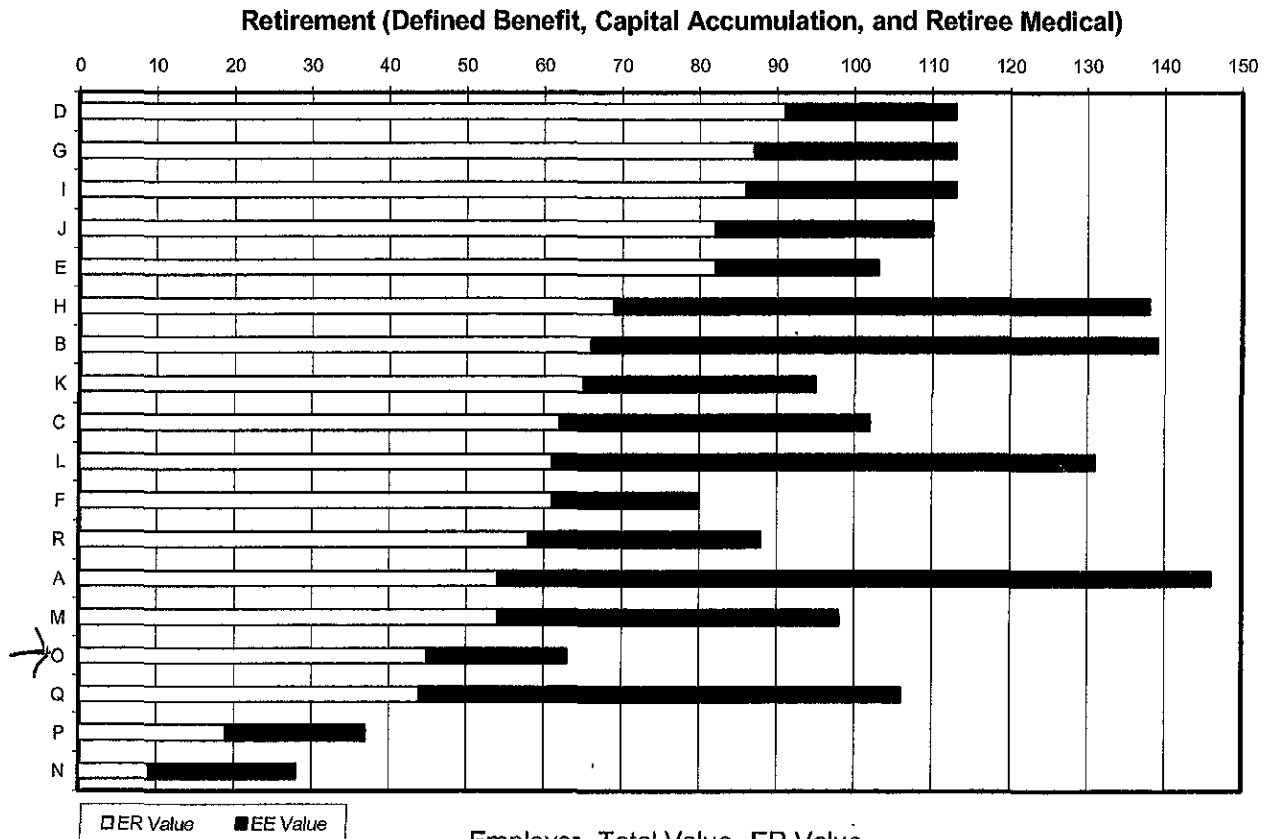
**For confidentiality purposes, we have randomly assigned a letter A through R to each of these employers. LCRA can be identified as Employer C throughout this report.**

Values shown in this report represent “relative values” as compared to the average (arithmetic mean). In this report, we have shown graphical comparison values of major benefits for these 18 employers. Please note that two different values are shown graphically – “Employer Value” (ER Value) which represents the relative value attributable to employer-funded benefits and “Employee Value” (EE Value) which represents the relative value attributable to employee-funded benefits. The “Total Value” represents the sum of “ER Value” and “EE Value”. Please see pages 2-4 (Retirement Benefits), page 10 (Medical Benefits), page 11 (Dental Benefits), and page 22 (Paid Time Off Benefits).

Other benefits can be compared non-numerically by reviewing the benefit comparison charts that comprise the rest of the report. If any further information is desired in connection with this benefit comparison report, or if any questions arise concerning this report, please contact Kyle Bailey, a BP Principal, via telephone at (214) 526-2377 or via email at [KBailey@benefit1.com](mailto:KBailey@benefit1.com).

## Retirement Benefits

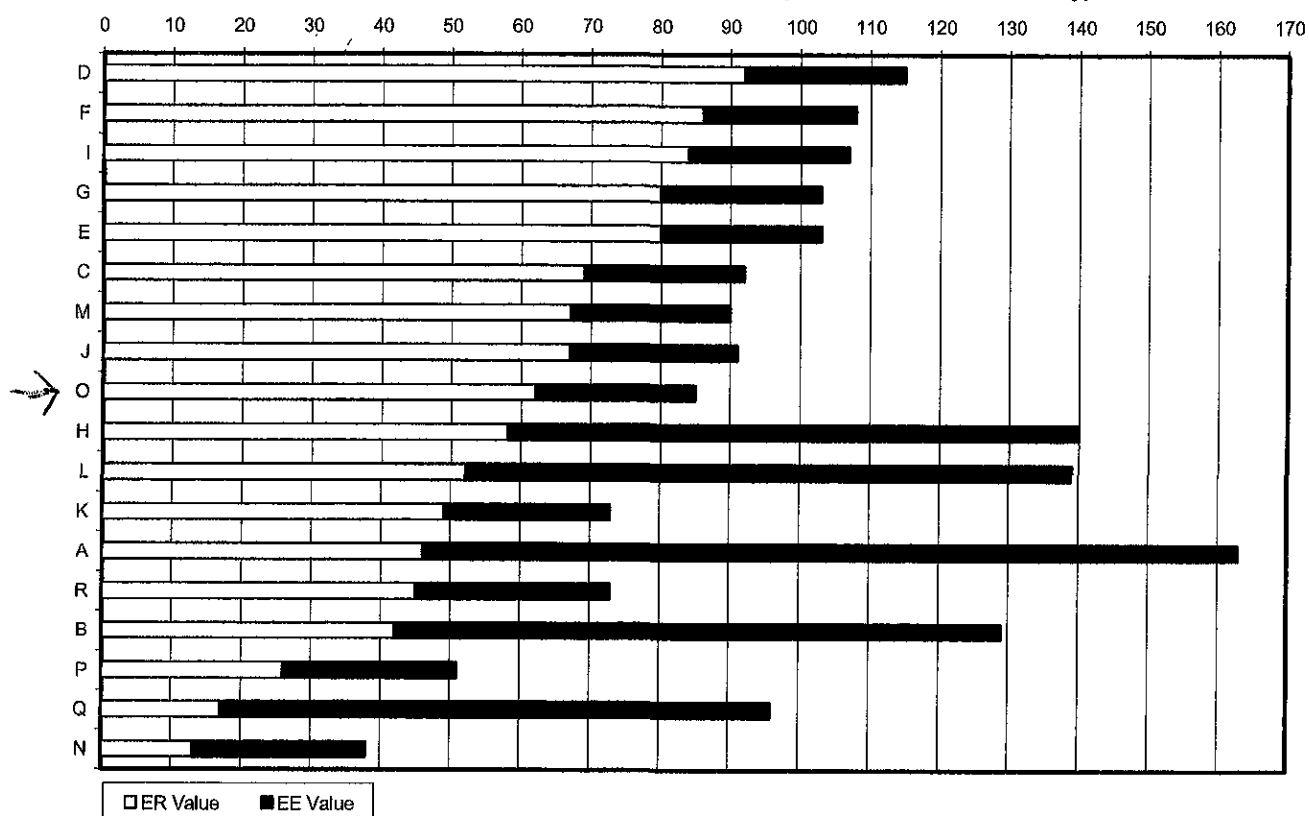
The retirement benefit results (combined results for the defined benefit, capital accumulation, and retiree medical plans) are shown below. Then, on the following two pages, combined results for the defined benefit and capital accumulation plans are shown separately from the results for the retiree medical plans only. A summary of the plans then follows.



Employer	Total Value	ER Value
D	113	91
G	113	87
I	113	86
J	110	82
E	103	82
H	138	69
B	139	66
K	95	65
C	102	62
L	131	61
F	80	61
R	88	58
A	146	54
M	98	54
O	63	45
Q	106	44
P	37	19
N	28	9
Average	100	61

## Retirement Benefits (Continued)

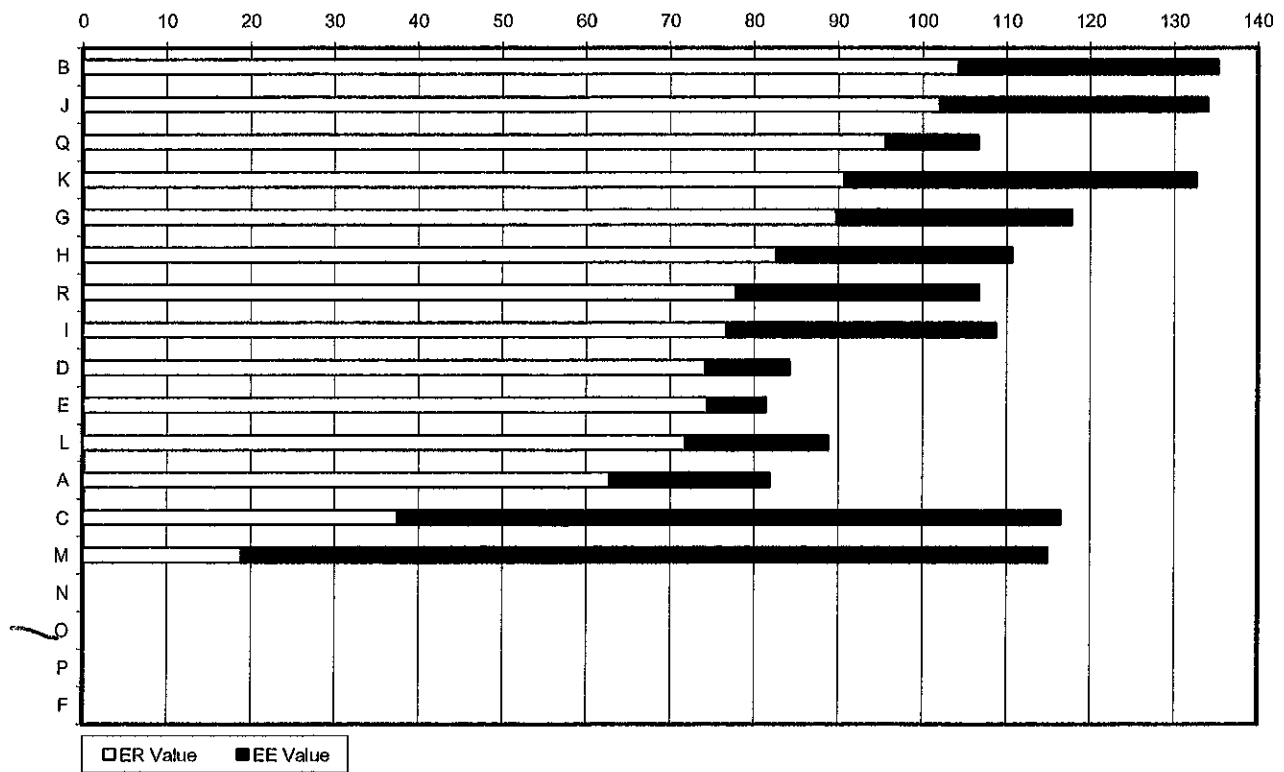
### Retirement (Defined Benefit and Capital Accumulation Only)



Employer	Total Value	ER Value
D	115	92
F	108	86
I	107	84
G	103	80
E	103	80
C	92	69
M	90	67
J	91	67
O	85	62
H	140	58
L	139	52
K	73	49
A	163	46
R	73	45
B	129	42
P	51	26
Q	96	17
N	38	13
Average	100	58

## Retirement Benefits (Continued)

### Retirement (Retiree Medical Only)



Employer	Total Value	ER Value
B	163	104
J	161	102
Q	132	96
K	156	91
G	142	90
H	132	83
R	128	78
I	129	77
D	104	74
E	101	74
L	108	72
A	98	63
C	127	38
M	120	19
N	0	0
O	0	0
P	0	0
F	0	0
Average	100	59

# DEFINED BENEFIT PLANS – Page 1

Employer	Type of Plan	Benefit Formula	Employee Contribution	Normal Form
A	Traditional	If retirement occurs after retirement eligibility, 3% of final average pay times years of service. Otherwise, only a refund of employee contributions is paid from the plan.	8% of base pay	Life only
B	Traditional	2.3% of final average pay times years of service.	6% of pay	Life Only/50% J&S
C	Cash Balance	4% of pay with annual interest credit of 7%.	None	Lump Sum
D	Traditional	1.71% of final average pay times years of service.	None	Life only/50% J&S
E	Cash Balance	5% of pay with an annual interest credit. New employees are not eligible for grandfathered final average pay formula.	None	Life only/50% J&S
F	Cash Balance	Annual credit from 3.5% to 6.5% based on age & service combination. Credit is 3.5% for age plus service < 35; 4.5% for age plus service > 35 & < 50; 5.5% for age plus service > 50 & < 65; 6.5% for age plus service > 65. New employees are not eligible for grandfathered final average pay formula.	None	Life only/100% J&S
G	Cash Balance	Annual credit from 3% to 8.5% based on age & service combination. Credit is 3% for age plus service < 30; 3.5% for age plus service > 30 & < 40; 4.5% for age plus service > 40 & < 50; 5.5% for age plus service > 50 & < 60; 7% for age plus service > 60 & < 70; and 8.5% for age plus service > 70.	None	Lump Sum
H	Traditional	2.25% of final average pay times years of service, minus 1.25% of Primary Social Security benefit times years of service up to 40 years.	5% of W2 wages	Life with 10 years of payments guaranteed
I	Traditional	1.5% of final average pay times years of service up to 40 years.	None	Life only/50% J&S
J	Traditional	1.15% of final average pay times years of service, plus 0.35% of final average pay in excess of the Social Security Covered Compensation table times years of service up to 35 years.	None	Life only
K	Traditional	1.2% times final average pay times years of service up to 25 years, plus 0.75% of final average pay times years of service over 25 years but less than 35 years, plus 0.375% of final average pay times years of service over 35 years.	None	Life with 5 years guaranteed
L	Traditional	2.3% of final average pay times years of service.	6.4% of pay	No Answer
M	Cash Balance	4% of pay with an annual interest credit.	None	Life only/50% J&S
N	No Plan	N/A	N/A	N/A
O	No Plan	N/A	N/A	N/A
P	No Plan	N/A	N/A	N/A
Q	Traditional	1.82% of final average pay times years of service.	6% of pay	Life Only
R	No Plan	N/A	N/A	N/A

## DEFINED BENEFIT PLANS – Page 2

Employer	Vesting Schedule	Unreduced Benefit Eligibility	Reduced Benefit Eligibility	Reduction Factors	COLA's
A	5 year cliff	Age 55 with > 20 years of service, or age 62, or > 23 years of service	None	None	Ad Hoc
B	5 year cliff	Age 60 with > 5 years of service, or rule of 80.	None	None	Ad Hoc
C	3-year cliff	N/A	N/A	N/A	None
D	5-year cliff	Age 65 with at least 5 years of service	Age 55 with at least 10 years of service	2.75% per year before age 65	None
E	5-year cliff	Age 55 with at least 20 years of service	Age 50 with at least 25 years of service	30 or more years of service = ¼% per month before age 55; less than 30 years of service = ½% per month before age 55	None
F	5 year cliff	Age 62 with at least 15 years of service	Age 55 with at least 15 years of service	4% per year from age 55 to age 62	Ad Hoc
G	5 year cliff	N/A	N/A	N/A	None
H	7 year graded vesting or 100% at age 40 and above	Age 55 with at least 26 years of service or age 62 with at least 11 years of service	Less than 55 or between 55 and 62 with less than 26 years of service	Less than age 55 and > 26 years of service is 6% per year; less than age 62 and < 26 years of service is 6.6% per year.	Retirees receive ½ of CPI for the 12 months ending 9/30, max of 5%.
I	5-year cliff	Age 65	Age 55 with at least 10 years of service	2% per year before age 65	None - ad hoc
J	5 year cliff	Age 62	Age 55 with at least 5 years of service	5% per year	None
K	5 year cliff	Age 65	20 years service	4% per year for the first 5 years, 2% per year for the next 5 years (over 10 years not available)	None
L	5 year cliff	Age 65 with at least 5 years of service	Age 55 with at least 5 years of service	No answer	Ad Hoc
M	5-year cliff	N/A	N/A	N/A	None
N	N/A	N/A	N/A	N/A	N/A
O	N/A	N/A	N/A	N/A	N/A
P	N/A	N/A	N/A	N/A	N/A
Q	5 year cliff	Age 65 or at least 28 years of service	Age 60 and at least 5 years of service, or age 55 with at least 25 years of service	5% per year before age 65, or 4% per year before 28 years of service	Ad Hoc
R	N/A	N/A	N/A	N/A	N/A

## CAPITAL ACCUMULATION PLANS

Employer	Type of Plan	Vesting Schedule	Employer Contribution	Profit Sharing Contribution
A	457	Immediate	None	N/A
B	401(k)	Immediate	N/A	N/A
	457	Immediate	N/A	N/A
C	401(k)	Immediate	100% of 1st 4% employee contribution and 50% on next 2% employee contribution	None
	457	Immediate	None	N/A
D	401(k)	Immediate	75% on 1st 6% employee contribution	None
E	401(k)	3-year cliff	80% on 1st 6% employee contribution	N/A
F	401(k)	Immediate	100% on 1st 6% employee contribution. A lower employer match is provided for some grandfathered long-service employees.	N/A
G	401(k)	Immediate	75% on 1st 6% employee contribution	None
H	457	Immediate	None	N/A
I	401(k)	Immediate	70% on 1st 6% employee contribution	None
J	401(k)	20% per year	35% on 1st 6% employee contribution	1% of pay
K	457	Immediate	None	N/A
L	403(b)	1 year and 1 day cliff	6% of pay match (6.65% required employee contribution)	N/A
M	401(k)	Immediate	75% on 1st 6% employee contribution	None
N	401(k)	20% per year	100% on 1st 3% employee contribution	N/A
O	401(k)	20% per year	75% on 1st 6% employee contribution	N/A
	Money purchase	3-year cliff	10% of pay	N/A
P	401(k)	1-year cliff	50% on 1st 6% employee contribution	3% of pay
Q	None	None	None	None
R	403(b)	8-year cliff	15.75% of pay match (7% required employee contribution)	N/A



# **RETIREE MEDICAL PLANS – Page 1**

Employer	Pre-Age 65/ Post-Age 65	Pre-Age 65 Plan Service Requirements	Post-Age 65 Plan Service Requirements	Pre-Age 65 Medical Plan	Post-Age 65 Medical Plan
A	Yes/Yes	Age 55 with > 20 years of service; age 62; > 23 years of service	Age 55 with > 20 years of service; age 62; > 23 years of service	Same as active plan	Same as active plan
B	Yes/Yes	10 years and combination of age and service > 80	No Answer	Same as active plan	Same as active plan
C	Yes/ Yes	30 years of service or age 55 and > 5 years of service	30 years of service or age 55 and > 5 years of service	Same as active plan	Same as active plan
D	Yes/Yes	Age 55 with > 20 years of service; age 65 with > 10 years of service	Age 55 with > 20 years of service; age 65 with > 10 years of service	Same as active plan	Same as active plan
E	Yes/Yes	No Answer	No Answer	80/20	80/20
F	No/No	Non Medicare eligible 55 years of age with at least 15 years of service	Medicare eligible 55 years of age with at least 15 years of service	Same as active plan	Same as active plan
G	Yes/Yes	Age 55 with at least 10 years of service	Age 55 with at least 10 years of service	Same as active plan	Same as active plan, but Medicare primary
H	Yes/Yes	Age 46 with > 26 years of service; age 55 with > 11 years of service	Age 65 with any benefit service	Same as active plan	Medicare Part B is primary for health only; same as active plan
I	Yes/Yes	55 years of age and at least 10 years service	55 years of age and at least 10 years service	Same as active plan	Same as active plan
J	Yes/Yes	Age 62 or age 55 with > 5 years of service	Age 62 or age 55 with > 5 years of service	Deductible = 200/400 Co-Insurance = 80/20	Deductible = 150/300 Co-Insurance = 80/20
K	Yes/Yes	10 years service	10 years service	Same as active plan	Same as active plan
L	Yes/Yes	Rule of 80 (10 year minimum)	Age 65 with > 10 years of service or Rule of 80	Same as active plan	Same as active plan
M	Yes/Yes	Age 55 with at least 5 years of service	Age 55 with at least 5 years of service	Same as active plan	Same as active plan
N	No/No	50 years of age and at least 5 consecutive years	NA	Same as active plan	NA
O	No/No	No Answer	NA	Same as active plan	NA
P	No/No	NA	NA	NA	NA
Q	Yes/Yes	Eligible for retirement with > 10 years of service	Eligible for retirement with > 10 years of service	Same as active plan	Same as active plan; Medicare primary
R	Yes/Yes	No Answer	No Answer	Same as active plan	Same as active plan

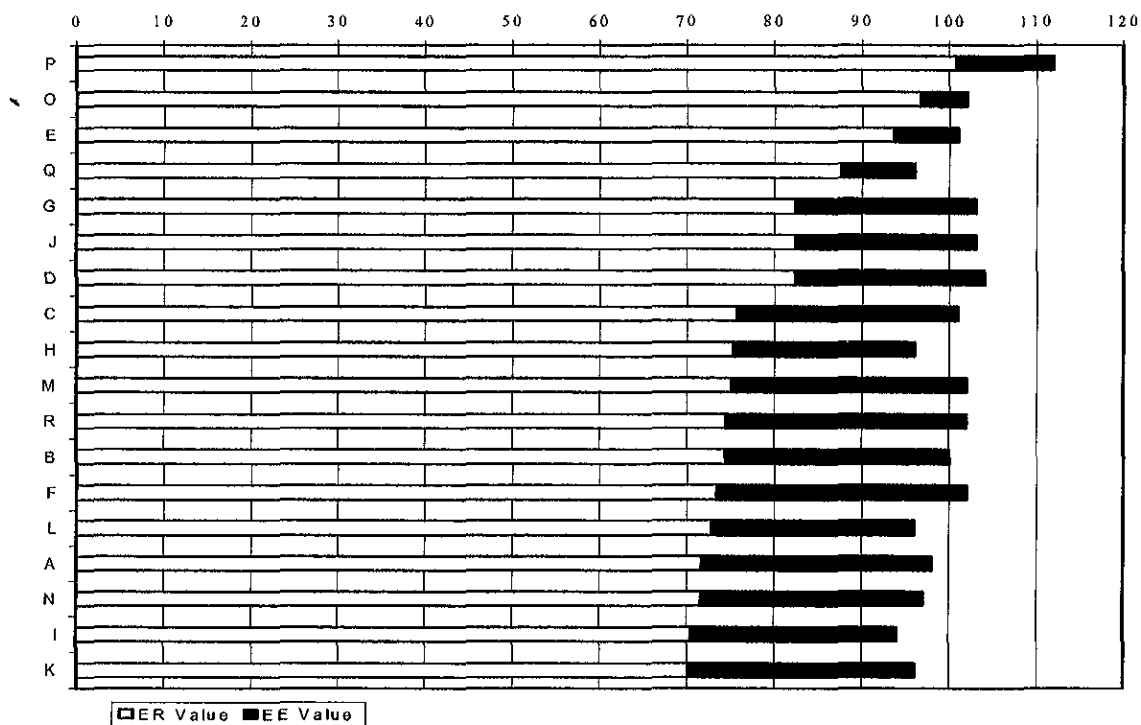
# **RETIREE MEDICAL PLANS – Page 2**

Employer	Prescription Plan	Pre-Age 65 Plan Strategies	Post-Age 65 Plan Strategies	Employee Benefit Costs
A	10/25/40	Pre-funding is under consideration - no specific details available.	Pre-funding is under consideration - no specific details available.	19.81%; 27.89%; 29.41%; 31.48%
B	Same as active plan	None	None	0%; 26.74%; 21.75%; 32.88%
C	Same as active plan	?	?	Based on age & service
D	Same as active plan	No premium cost for employees on payroll on 12/31/99. Employees on payroll after 12/31/99 pay portion of premium (currently 25%) for retiree medical coverage.	No premium cost for employees on payroll 12/31/99, otherwise employees pay portion of premium (currently 25%) for retiree medical coverage.	0%
E	10/20/40	Co-payments escalate under formula tracking with Rx trend	Medicare Part D subsidy of 28% Co-payments escalate under formula tracking with Rx trend	0%
F	Same as active plan	No Answer	No Answer	6.77%
G	Same as active plan	No Answer	No Answer	20%
H	Same as active plan	More steerage to in-network providers, higher premiums, less benefits.	More steerage to in-network providers, higher premiums, higher deductibles, less benefits.	17.38%; 21.07%; 22.68%
I	No Answer	None	None	50%
J	80/20; Out of Pocket = 500/1000	No Answer	No Answer	NA
K	Same as active plan	Under review	Under review	16.5%; 19.1%; 19.1%; 20.3%
L	10/25/40; \$50 deductible	None	Medicare Part B enrollment required	NA
M	Same as active plan	Established Defined Contribution strategy 1/1/99. Eliminated 90/10 PPO, offered new level of indemnity plan that can be modified for HAS requirements in 2006. Eliminated \$300 deductible plan.	Increased indemnity from \$300 deductible to \$500 deductible.	Based on medical account
N	Same as active plan	None	NA	NA
O	Same as active plan	No Answer	NA	NA
P	NA	NA	NA	NA
Q	Same as active plan	No answer	No answer	29.67%; 35.50%; 31.31%; 36.81%
R	10/15/35	Committee working on this issue	Medicare is primary	6.9%; 39.1%; 40.6%; 54.2%

## Health Plan Benefits

The results for the medical and dental plans are shown below. A summary of the plans follows.

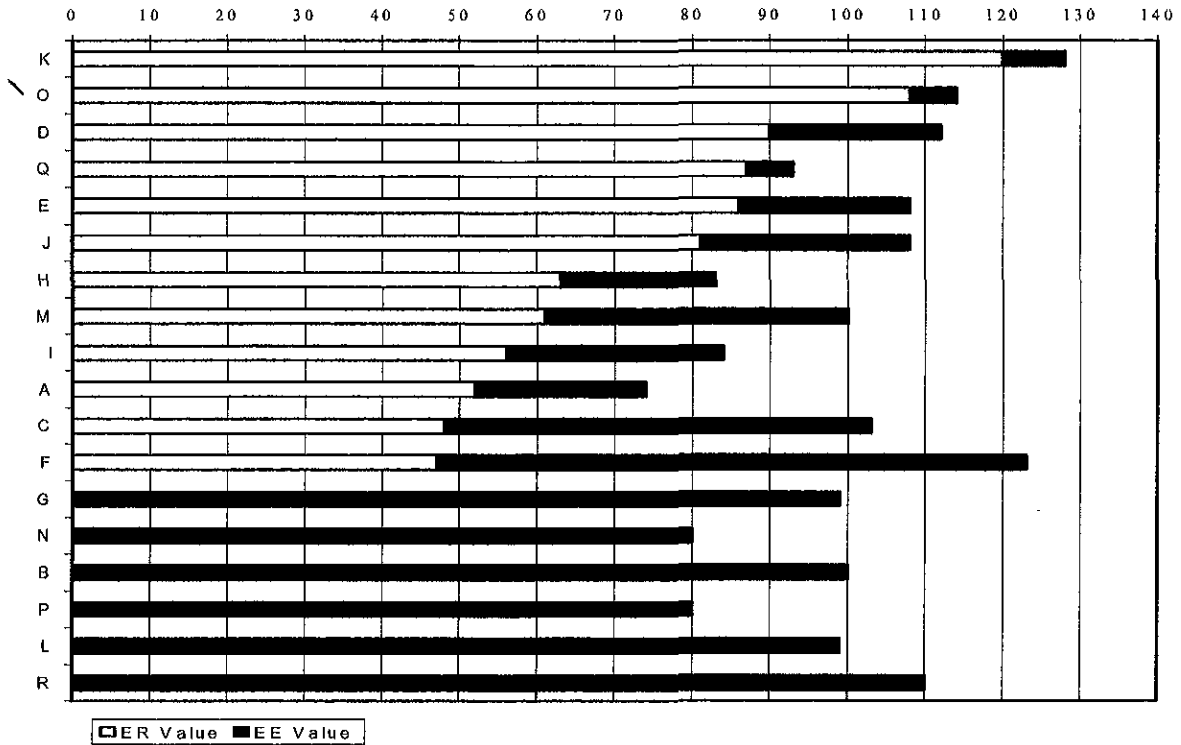
### Medical Benefits



Employer	Total Value	ER Value
P	112	101
O	102	97
E	101	94
Q	96	88
G	103	82
J	103	82
D	104	82
C	101	76
H	96	75
M	102	75
R	102	74
B	100	74
F	102	73
L	96	73
A	98	72
N	97	72
I	94	71
K	96	70
Average	100	80

## Health Plan Benefits (Continued)

### Dental Benefits



Employer	Total Value	ER Value
K	128	120
O	114	108
D	112	90
Q	93	87
E	108	86
J	108	81
H	83	63
M	100	61
I	84	56
A	74	52
C	103	48
F	123	47
G	99	0
N	80	0
B	100	0
P	80	0
L	99	0
R	110	0
Average	100	50

# TRADITIONAL INDEMNITY/PPO PLANS – Page 1

Employer	EI/PPO Plan	Rx	Plans Covered	Cost Sharing	Opt out Credit	Domestic Partner Benefits
A	<b>Office Co-pay:</b> Primary - \$20 Specialist - \$25 <b>Annual deductible:</b> Individual - \$300 Family - \$900 <b>Co-insurance:</b> 85%/15% <b>Out-of-pocket maximum:</b> Individual - \$2,500 Family - \$7,500 <b>Lifetime maximum:</b> \$1,000,000	<b>Co-pay:</b> Generic \$10 Preferred brand \$25 Non-preferred brand \$40	Medical, prescription & vision	73.2% paid by employer in aggregate	N/A	No
B	<b>Office Co-pay:</b> Primary - \$20 Specialist - \$30 <b>Annual deductible:</b> Individual - N/A Family - N/A <b>Co-insurance:</b> 80%/20% <b>Out-of-pocket maximum:</b> Individual - \$1,000 Family - \$3,000 <b>Lifetime maximum:</b> None	<b>Co-pay:</b> Generic \$10/\$15/\$30 mail Preferred brand \$25/\$40/\$75 mail Non-preferred brand \$40/\$55/\$120 mail \$50 Rx deductible	Medical, prescription and one routine eye exam per year	74.4% paid by employer in aggregate	N/A	No
C	<b>Office Co-pay:</b> Primary - \$20 Specialist - \$30 <b>Annual deductible:</b> Individual - \$250 Family - \$750 <b>Co-insurance:</b> 90% <b>Out-of-pocket maximum:</b> Individual - \$1,750 Family - \$3,500 <b>Lifetime maximum:</b> \$5,000,000	<b>Co-pay:</b> Generic \$10 Preferred brand \$30 Non-preferred brand \$30 Mail Order \$25/\$75	Medical	Employer pays 80% for employees and 67% for dependents (75% paid by employer in aggregate)	No	No

## TRADITIONAL INDEMNITY/PPO PLANS – Page 2

Employer	El/PPO Plan	Rx	Plans Covered	Cost Sharing	Opt out Credit	Domestic Partner Benefits
D	<b>Office Co-pay:</b> Primary - \$20 Specialist - \$20 <b>Annual deductible:</b> Individual - \$250 Family - \$750 <b>Co-insurance:</b> 90%/10% <b>Out-of-pocket maximum:</b> Individual - \$2,250 Family - \$6,750 <b>Lifetime maximum:</b> None	<b>Co-pay:</b> Generic \$10 Preferred brand \$20 Non-preferred brand \$40 Mail Order \$20/40/80 \$50 Rx deductible	Medical, prescription and Mental Health/Chemical Dependency	92.7% paid by employer in aggregate	N/A	Yes Domestic partners of the same sex and opposite sex are treated like Spouses for benefit eligibility
E	<b>Office Co-pay:</b> Primary - \$10 Specialist - \$10 <b>Annual deductible:</b> Individual - \$350 Family - \$700 <b>Co-insurance:</b> 80% <b>Out-of-pocket maximum:</b> Individual - \$2,000 Family - \$4,000 <b>Lifetime maximum:</b> \$1 million	<b>Co-pay:</b> Generic \$10 Preferred brand \$25 Non-preferred brand \$40 Mail Order \$23/56/90	Medical & Rx	91.3% paid by employer in aggregate	N/A	NO
F	<b>Office Co-pay:</b> Primary - \$15 Specialist - \$25 <b>Annual deductible:</b> Individual - N/A Family - N/A <b>Co-insurance:</b> 80%/20% <b>Out-of-pocket maximum:</b> Individual - \$1,000 Family - \$2,000 <b>Lifetime maximum:</b> \$1,500,000	<b>Co-pay:</b> Generic 20% Preferred brand 20% Non-preferred brand 40% Mail Order \$7.50/25/50	Medical & prescription	72% paid by employer in aggregate	\$131.42 per month for all levels	No

# TRADITIONAL INDEMNITY/PPO PLANS – Page 3

Employer	El/PPO Plan	Rx	Plans Covered	Cost Sharing	Opt out Credit	Domestic Partner Benefits
G	<b>Office Co-pay:</b> Primary - \$20 Specialist - \$25 <b>Annual deductible:</b> Individual - N/A Family - N/A <b>Co-insurance:</b> 85%/15% <b>Out-of-pocket maximum:</b> Individual - \$1,500 Family - \$3,000 <b>Lifetime maximum:</b> \$1,000,000	<b>Co-pay:</b> Generic N/A Preferred brand N/A Non-preferred brand N/A Annual Deductible \$50 Co-Insurance 80%/20%	Medical & Rx	80% paid by employer in aggregate	None	No
H	<b>Office Co-pay:</b> Primary - N/A Specialist - N/A <b>Annual deductible:</b> Individual - \$250 Family - \$750 <b>Co-insurance:</b> 80%/20% <b>Out-of-pocket maximum:</b> Individual - \$1,800 Family - \$5,400 <b>Lifetime maximum:</b> \$850,000	<b>Cost is the greater of</b> <b>Co-pay:</b> Generic \$10 Preferred brand \$20 Non-preferred brand \$30 Mail Order \$15/\$20-\$45 <b>Co-Insurance Plan:</b> Generic: 20%/0% mail Preferred brand 20%/20% mail Non-preferred brand 40%/40% mail -- \$25 annual deductible per person	Dental, Vision, Prescription	78.5% paid by employer in aggregate	Insurance is Mandatory for employee. No credit opt out clause	No
I	<b>Office Co-pay:</b> Primary - \$20 Specialist - \$20 <b>Annual deductible:</b> Individual - \$500 Family - \$1,000 <b>Co-insurance:</b> 80% <b>Out-of-pocket maximum:</b> Individual - \$2,250 Family - \$4,520 <b>Lifetime maximum:</b> N/A	<b>Co-pay:</b> Generic \$10 Preferred brand \$20 Non-preferred brand \$20	Medical & prescription	75% paid by employer in aggregate	\$600 per year for all levels	No

# TRADITIONAL INDEMNITY/PPO PLANS – Page 4

Employer	El/PPO Plan	Rx	Plans Covered	Cost Sharing	Opt out Credit	Domestic Partner Benefits
J	<b>Office Co-pay:</b> Primary - \$0 Specialist - \$0 <b>Annual deductible:</b> Individual - \$250 Family - \$500 <b>Co-insurance:</b> 90%/10% <b>Out-of-pocket maximum:</b> Individual - \$1,250 Family - \$2,500 <b>Lifetime maximum:</b> No Answer	<b>Co-pay:</b> Generic N/A Preferred brand N/A Non-preferred brand N/A Annual Deductible - In Medical Co-Insurance 85%/15%	Medical & Rx	80% paid by employer in aggregate	None	No
K	<b>Office Co-pay:</b> Primary - N/A Specialist - N/A <b>Annual deductible:</b> Individual - \$100 Family - \$200 <b>Co-insurance:</b> 90%/10% <b>Out-of-pocket maximum:</b> Individual - \$1,100 Family - \$2,200 <b>Lifetime maximum:</b> \$1,250,000	<b>Co-pay:</b> Generic \$10 Preferred brand \$20 Non-preferred brand \$40	Medical & prescription	79.2% paid by employer in aggregate	N/A	No
L	<b>Office Co-pay:</b> Primary - \$25 Specialist - \$30 <b>Annual deductible:</b> Individual - \$250 Family - \$750 <b>Co-insurance:</b> 80%/20% <b>Out-of-pocket maximum:</b> Individual - \$1,750 Family - \$5,250 <b>Lifetime maximum:</b> N/A	<b>Co-pay:</b> Generic \$10 Preferred brand \$25 Non-preferred brand \$40 Annual Deductible \$50 Co-Insurance N/A	Medical & Rx	75.9% paid by employer in aggregate	50% of premium	No



# TRADITIONAL INDEMNITY/PPO PLANS – Page 5

Employer	EI/PPO Plan	Rx	Plans Covered	Cost Sharing	Opt out Credit	Domestic Partner Benefits
M	<b>Office Co-pay:</b> Primary - \$20 Specialist - \$30 <b>Annual deductible:</b> Individual - 200 Family - N/A <b>Co-insurance: 90%</b> <b>Out-of-pocket maximum:</b> Individual - \$1,500 Family - \$4,500 <b>Lifetime maximum: \$5 Million</b> (per Burgess)	<b>Co-pay:</b> Generic \$10 Preferred brand \$25 Non-preferred brand \$40 Mail Order \$20/50/80	Medical & Rx	73.7% paid by employer in aggregate	N/A	No
N	<b>Office Co-pay:</b> Primary - \$15 or \$20 Specialist - \$25 <b>Annual deductible:</b> Individual - \$200/\$400? \$600 Family - \$500/\$1,000/\$1,500 <b>Co-insurance:</b> 80%/20% <b>Out-of-pocket maximum:</b> Individual - \$1,200/\$2,400/\$3,600 Family - \$2,500/\$5,000/\$7,500 <b>Lifetime maximum:</b> None	<b>Co-pay:</b> Generic \$5 Preferred brand \$30 Non-preferred brand \$30 Mail Order \$13/\$75 <b>Co-insurance Plan:</b> Generic: \$5 Preferred brand 30%, minimum of \$30, maximum of \$80 Non-preferred brand 30%, minimum of \$30, maximum of \$80 Mail Order \$13/30%, minimum of \$75, maximum of \$200 Out of Pocket maximum of \$1,000 per family	Medical, Rx, Managed Health Plan	73.9% paid by employer in aggregate	N/A	Yes
O	<b>Office Co-pay:</b> Primary - \$20 Specialist - \$20 <b>Annual deductible:</b> Individual - \$250 Family - \$750 <b>Co-insurance: 90%/10%</b> <b>Out-of-pocket maximum:</b> Individual - \$1,250 Family - \$3,750 <b>Lifetime maximum:</b> \$1,000,000	<b>Co-pay:</b> Generic \$10 Preferred brand \$20 Non-preferred brand \$40	Medical, prescription & vision	94.8% paid by employer in aggregate	N/A	No

# TRADITIONAL INDEMNITY/PPO PLANS – Page 6

Employer	EI/PPO Plan	Rx	Plans Covered	Cost Sharing	Opt out Credit	Domestic Partner Benefits
P	<b>Office Co-pay:</b> Primary - \$15 Specialist - \$15 <b>Annual deductible:</b> Individual - N/A Family - N/A <b>Co-insurance:</b> 100% <b>Out-of-pocket maximum:</b> Individual - \$1,200 Family - \$3,100 <b>Lifetime maximum:</b> \$1,000,000	<b>Co-pay:</b> Generic \$5 Preferred brand \$20 Non-preferred brand \$35 Mail Order \$5/35/50	Medical, prescription & vision	90% paid by employer in aggregate	NA	Not at this time Considering
Q	<b>Office Co-pay:</b> Primary - N/A Specialist - \$25 <b>Annual deductible:</b> Individual - \$250 Family - \$750 <b>Co-insurance:</b> 80%/20% <b>Out-of-pocket maximum:</b> Individual - \$2,000 Family - \$4,000 <b>Lifetime maximum:</b> \$5,000,000	<b>Co-pay:</b> Generic \$10/\$25 mail Preferred brand \$20/\$50 mail Non-preferred brand \$35/\$75 mail	Medical & Prescription	73.1% paid by employer in aggregate	N/A	N/A
R	<b>Office Co-pay:</b> Primary - \$20 Specialist - \$35 <b>Annual deductible:</b> Individual - \$200 Family - \$600 <b>Co-insurance:</b> 90%/10% <b>Out-of-pocket maximum:</b> Individual - \$1,500 Family - \$3,000 <b>Lifetime maximum:</b> \$2,000,000	<b>Co-pay:</b> Generic \$10 Preferred brand \$25 Non-preferred brand \$45	Medical & prescription	73% paid by employer in aggregate	\$184 per month - employee only	Yes

# **CONSUMER DRIVEN MEDICAL/HEALTH PLANS – Page 1**

Employer	Cost Sharing	CDH Option/Possible Implementation?	Contribution	Deductible	Coinsurance % Inpatient	Out-of-pocket Max	Flexible Spend Accts
A	N/A	No/No	N/A	N/A	N/A	N/A	Health Care: Yes Maximum \$4992 Dependent Care: Yes Maximum \$4992
B	N/A	No/Possibly under review	N/A	N/A	N/A	N/A	Health Care: Yes Maximum \$4992 Dependent Care: Yes Maximum \$4992
C	N/A	No/No	N/A	N/A	N/A	N/A	Health Care: Yes Maximum \$4,000 Dependent Care: Yes Maximum \$5,000
D	N/A	No/No	N/A	N/A	N/A	N/A	Health Care: Yes Maximum \$2400 Dependent Care: Yes Maximum \$4992
E	N/A	No/Yes	N/A	N/A	N/A	N/A	Health Care: Yes Maximum \$5000 Dependent Care: Yes Maximum \$5000
F	72% paid by employer in aggregate	Yes/NA	HRA \$500 Individual \$1000 Family HSA \$900 Individual \$1800 Family	HRA \$1000 Individual \$2000 Family HSA \$1800 Individual \$3600 Family	20%	\$3000 Individual \$6000 Family	Health Care: Yes Maximum \$5000 Dependent Care: Yes Maximum \$5000
G	N/A	No/No	N/A	N/A	N/A	N/A	No Answer
H	N/A	No/No	N/A	N/A	N/A	N/A	Health Care: Yes Maximum \$2600 Dependent Care: Yes Maximum \$5000
I	N/A	No answer	No answer	No answer	No answer	No answer	No answer
J	80% paid by employer in aggregate	Yes/NA	HRA \$600 Individual \$1,200 Family	\$1,200 Individual \$4,800 Family	80/20	\$2,400 Individual \$4,800 Family	FSA information not available

## CONSUMER DRIVEN MEDICAL/HEALTH PLANS – Page 2

Employer	Cost Sharing	CDH Option/Possible Implementation?	Contribution	Deductible	Coinurance % Inpatient	Out-of-pocket Max	Flexible Spend Accts
K	N/A	No/No	N/A	N/A	N/A	N/A	<u>Health Care: Yes</u> Maximum \$1500 <u>Dependent Care: Yes</u> Maximum \$5000
L	N/A	No/No	N/A	N/A	N/A	N/A	No Answer
M	N/A	No/Yes	N/A	N/A	N/A	N/A	<u>Health Care: Yes</u> Maximum \$3,000 <u>Dependent Care: Yes</u> Maximum \$5,000
N	73.9% paid by employer in aggregate	Yes/NA	<u>HRA</u> \$500 Individual \$1000 Family	\$1000 Individual \$3000 Family	90/10	\$3000 Individual \$7000 Family	<u>Health Care: Yes</u> Maximum \$5000 <u>Dependent Care: Yes</u> Maximum \$5000
O	N/A	No/No	N/A	N/A	N/A	N/A	<u>Health Care: Yes</u> Maximum \$1500 <u>Dependent Care: Yes</u> Maximum \$5000
P	N/A	No/No	N/A	N/A	N/A	N/A	No answer
Q	N/A	No/No Answer	N/A	N/A	N/A	N/A	<u>Health Care: Yes</u> Maximum \$5,000 <u>Dependent Care: Yes</u> Maximum \$5,000
R	N/A	No/Yes	N/A	N/A	N/A	N/A	<u>Health Care: Yes</u> Maximum \$5000 <u>Dependent Care: Yes</u> Maximum \$5000

# DENTAL – Page 1

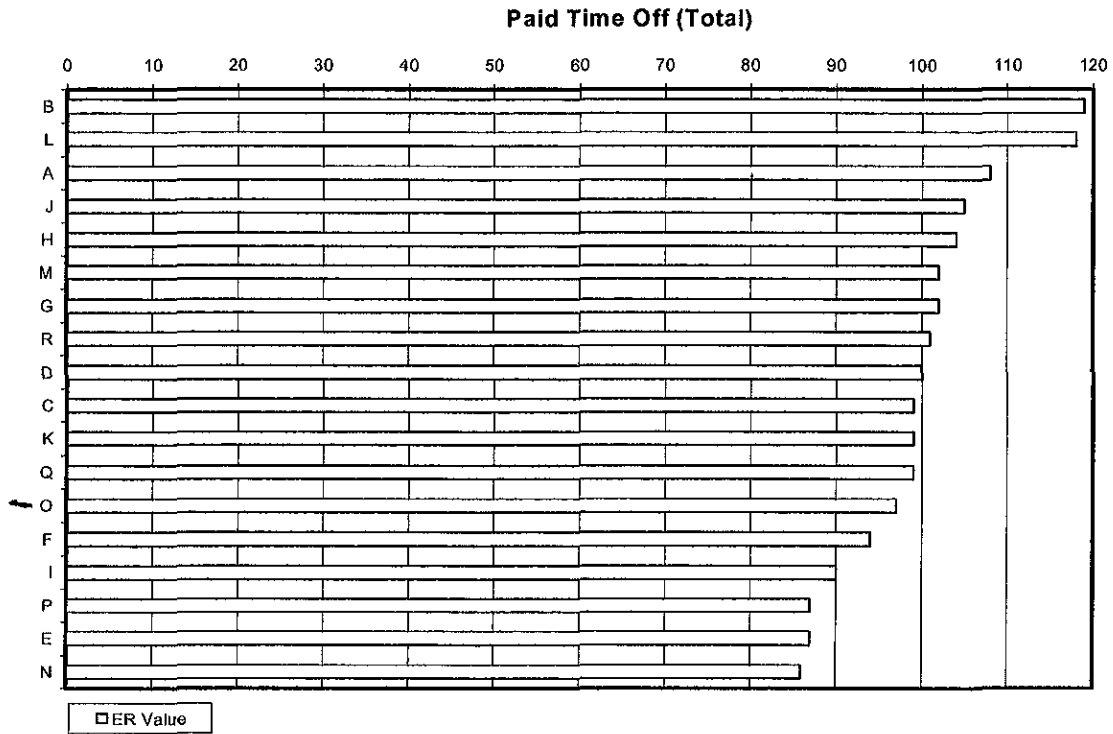
Employer	Plan	Deductible	Cost Sharing
A	All dental services are reimbursed according to a Table of Allowances. Lifetime maximum \$1,500; Orthodontic -Child 50%; Lifetime maximum \$2,000; Orthodontic - Adult 50%; Lifetime maximum \$2,000	\$50 per person	75% paid by employer in aggregate
B	Preventative/Diag 80%; Basic Restorative/Surg 80%; Major/Prostodontics 50%; Annual maximum \$1,000; Lifetime maximum N/A; Orthodontic -Child 50%; Lifetime maximum \$1,000; Orthodontic - Adult 50%; Lifetime maximum \$1,000	No answer	0% paid by employer
C	Preventative/Diag 100%; Basic Restorative/Surg 80%; Major/Prostodontics 50%; Annual maximum \$1,500; Lifetime maximum N/A; Orthodontic -Child 50%; Lifetime maximum \$2,000; Orthodontic - Adult 50%; Lifetime maximum \$2,000	\$50 individual; \$150 family	50% paid by employer in aggregate
D	Preventative/Diag 100%; Basic Restorative/Surg 70%; Major/Prostodontics 70%; Annual maximum \$2,000; Lifetime maximum N/A; Orthodontic -Child 50%; Lifetime maximum \$2,000; Orthodontic - Adult 50%; Lifetime maximum \$2,000	\$50/yr Individual \$100/yr Family	85% paid by employer in aggregate
E	Preventative/Diag 100%; Basic Restorative/Surg 50% to 80%; Major/Prostodontics 50%; Annual maximum \$1,300; Lifetime maximum N/A; Orthodontic -Child 50%; Lifetime maximum \$1,600; Orthodontic - Adult 50%; Lifetime maximum \$1,600	No answer	84% paid by employer in aggregate
F	Preventative/Diag 100%; Basic Restorative/Surg 80%; Major/Prostodontics 50%; Annual maximum \$2,000; Lifetime maximum N/A; Orthodontic -Child 50%; Lifetime maximum \$2,000; Orthodontic - Adult 50%; Lifetime maximum \$2,000	\$25 per person	41% paid by employer in aggregate
G	Preventative/Diag 100%; Basic Restorative/Surg 50%; Major/Prostodontics 50%; Annual maximum \$1,500; Lifetime maximum N/A; Orthodontic -Child 50%; Lifetime maximum \$1,500; Orthodontic - Adult 50%; Lifetime maximum \$1,500	No answer	0% paid by employer
H	Preventative/Diag 100%; Basic Restorative/Surg 80%; Major/Prostodontics 50%; Annual maximum \$1,500; Lifetime maximum N/A; Orthodontic -Child 50%; Lifetime maximum \$2,000; Orthodontic - Adult 50%; Lifetime maximum \$2,000; Integrated plan	\$50 per participant	80% paid by employer in aggregate
I	Preventative/Diag 100%; Basic Restorative/Surg 80%; Major/Prostodontics 50%; Annual maximum \$1,000; Lifetime maximum N/A; Orthodontic -Child 50%; Lifetime maximum \$1,500; Orthodontic - Adult 50%; Lifetime maximum \$1,500	\$50/each individual family member	70% paid by employer in aggregate
J	Preventative/Diag 100%; Basic Restorative/Surg 90%; Major/Prostodontics 50%; Annual maximum \$1,000; Lifetime maximum N/A; Orthodontic -Child 50%; Lifetime maximum (ann max); Orthodontic - Adult 50%; Lifetime maximum (ann max)	No answer	80% paid by employer in aggregate
K	Preventative/Diag 100%; Basic Restorative/Surg 80%; Major/Prostodontics 60%; Annual maximum \$2,000; Lifetime maximum N/A; Orthodontic -Child 50%; Lifetime maximum \$2,000; Orthodontic - Adult 50%; Lifetime maximum \$2,000	No answer	100% paid by employer

## DENTAL – Page 2

Employer	Plan	Deductible	Cost Sharing
L	Preventative/Diag 80%; Basic Restorative/Surg 80%; Major/Prostodontics 50%; Annual maximum \$1,000; Lifetime maximum N/A; Orthodontic -Child 50%; Lifetime maximum \$1,000; Orthodontic - Adult 50%; Lifetime maximum \$1,000	No answer	0% paid by employer i
M	Preventative/Diag 100%; Basic Restorative/Surg 80%; Major/Prostodontics 60%; Annual maximum \$1,600; Lifetime maximum N/A; Orthodontic -Child 50%; Lifetime maximum \$1,600; Orthodontic for dependent child only	\$50 per person	65% paid by employer in aggregate
N	Preventative/Diag 100%; Basic Restorative/Surg 80%; Major/Prostodontics 50%; Annual maximum \$1,500; Lifetime maximum N/A; Orthodontic -Child 50%; Lifetime maximum \$1,500; Orthodontic - Adult 50%; Lifetime maximum \$1,500	Individual \$50; Family \$150	0% paid by employer
O	Preventative/Diag 100%; Basic Restorative/Surg 80%; Major/Prostodontics 50%; Annual maximum \$1,500; Lifetime maximum N/A; Orthodontic -Child 50%; Lifetime maximum \$1,500; Orthodontic - Adult 50%; Lifetime maximum \$1,500	No answer	100% paid by employer
P	Preventative/Diag 100%; Basic Restorative/Surg 80%; Major/Prostodontics 50%; Annual maximum \$1,500; Lifetime maximum N/A; Orthodontic -Child 50%; Lifetime maximum \$1,500; Orthodontic - Adult 50%; Lifetime maximum \$1,500	\$50 individual \$150 family	0% paid by employer
Q	Preventative/Diag 100%; Basic Restorative/Surg 80%; Major/Prostodontics 50%; Annual maximum \$1,000; Lifetime maximum N/A; Orthodontic -Child 50%; Lifetime maximum \$1,200; Orthodontic - Adult 50%; Lifetime maximum \$1,200	Individual \$50 Family \$150	100% paid by employer
R	Preventative/Diag 100%; Basic Restorative/Surg 50%; Major/Prostodontics 50%; Annual maximum \$1,800; Orthodontic - Adult 50%; Lifetime maximum \$1,800		0% paid by employer

## Paid Time Off Benefits

The results for paid time off benefit plans are shown below. Paid time off (“PTO”) consists of vacation days, sick days, personal days, paid holidays, and other days off (bereavement leave, jury duty time off, etc.). A summary of the plans follows.



Employer	Value
B	119
L	118
A	108
J	105
H	104
M	102
G	102
R	101
D	100
C	99
K	99
Q	99
O	97
F	94
I	90
P	87
E	87
N	86
Average	100

		HOLIDAYS		VACATION			SICK		OTHER	
Employer	PTO	Regular	Floating	Accrual	Other Service	Carryover/ Cashout	Accrual	Carryover/ Cashout	Plan	
A	No	11 days	2 days	<u>Yrs. of Serv</u> <5 yrs 12 5<10 yrs 15 10<15 yrs 16.5 15<20 yrs 18 20 yrs + 20	N/A	Can accrue and carryover up to 400 hours. Will be paid up to 240 hours of unused leave upon termination.	12 days per year	Accrual is unlimited. No payout if employee started with City after October 1, 1986; else maximum of 720 hours of unused sick leave is paid.	Jury Duty- length of duty Emergency- 3 days	
B	No	13-15 days	NA	<u>Yrs. of Serv</u> <2 yrs 8 2<5 yrs 9 5<10 yrs 10 10<15 yrs 11 15<20 yrs 13 20<25 yrs 15 25<30 yrs 17 30<35 yrs 19 35+yrs 21	Yes, at another State Agency	<u>Yrs. of Service</u> <u>HrsCarryover Max</u> <2 yrs 180 2<5 yrs 244 5<10 yrs 268 10<15 yrs 292 15<20 yrs 340 20<25 yrs 388 25<30 yrs 436 30<35 yrs 484 35+yrs 532 Can be paid for vacation hours when terminate state employment	Same for all 8 hours per month	No cash out. Carryover all earned hours	Bereavement- No. of days not reported Jury Duty- No. of days not reported Emergency- No. of days not reported Unpaid- No. of days not reported Other - Parent/Teacher Conference, Organ Donor, Seeing Eye Dog, Foster Parent Leave, Parental Leave, Military Leave, Volunteer Firefighter Leave	
C	No	9 days	2 days	<u>Yrs. of Serv</u> 0-5 7 6-15 10 16-25 12 26+ 14		Yes. Cashed out on retirement or death. Maximum of 160 hours paid upon termination	8 hours per month	Yes, but not cashed out upon termination	Bereavement-3 days Jury duty-unlimited Emergency-5 days Unpaid leave-180 days Military-15 days	



HOLIDAYS			VACATION			SICK		OTHER	
Employer	PTO	Regular	Floating	Accrual	Other Service	Carryover/ Cashout	Accrual	Carryover/ Cashout	Plan
D	No	8 days	3 days	Yrs of Service Days/Yr 6 mo-5 yrs 10 6-13 yrs 15 14-22 yrs 20 23-27 yrs 25 28+ yrs 30	No	Can bank up to prior 2 yrs unused vacation time Salaried employees can convert unused vacation to cash, 1 day for each 2 days taken in same year Earned vacation payable at 100% at employee termination or retirement	12 days per year	Can accumulate up to a max of 90 days. Excess automatically converted to cash on 50% basis and paid at end of year Unused sick forfeited on resignation Unused sick is paid at 100% on retirement	Maternity up to 12 wks; Paternity up to 12 wks; Jury Duty no max; Unpaid Leave up to 12 mths
E	Yes to all. Yrs. of Serv Days/Yr 1-5yrs 17 7-14 yrs 23 14-24 yrs 28 25+ yrs 33	8 days	NA	N/A	N/A	N/A	N/A	N/A	Bereavement-30 days; Maternity-365 days; Paternity-365 days; Jury Duty- 30 days; Emergency- 365 days; Unpaid- 365 days
F	No	9 days	1 day	Yrs. of Service Days/Yr 1yr 10 6 yrs 15 15 yrs 20 24+ yrs 25	N/A	Carryover up to 5 days	No answer	No answer	No answer
G	No	9 days	3 days	Yrs. of Service Days/Yr 0-4 yrs 10 5-14 yrs 15 15-23 yrs 20 24+ yrs 25	Yes, at AEP	No Answer	Included in STD	N/A	Bereavement - 3 days; Jury Duty - No # of days; Unpaid LOA - No # of days

Employer	HOLIDAYS		VACATION				SICK		OTHER
	PTO	Regular	Floating	Accrual	Other Service	Carryover/ Cashout	Accrual	Carryover/ Cashout	
H	No	9-11 days, depending on C'mas & New Years.	1 day	Yrs. of Service Days/Yr 1-5 yrs 10 6-14 yrs 15 15-24 yrs 20 >24 yrs 25 30 yrs +1 day 35 yrs +1 day	No	15 days per year can be carried over. All unused hours can be cashed out at termination or retirement.	10 days per year	Employees can accumulate 2,080 hours with no cash out provision.	Bereavement-3 days; Jury Duty- No Limit; Unpaid- Negotiable/Not guaranteed
I	No	8 days	2 days	Yrs. of Service Days/Yr 6mo-5yrs 10 6-14 yrs 15 15-23yrs 20 24+ yrs 25	No	40 hours per year, no cashout	5 days per year	No carryover	Bereavement-3 days Jury Duty- NR Unpaid-NR
J	No	7 days	3 or 4 days	Yrs. of Service Days/Yr 0-3 yrs 10 4-9 yrs 15 10-18 yrs 20 19+ yrs 25	NA	Can carryover 2 times the current annual accrual rate	Included in STD	None	Jury Duty - No # of days Other - Up to 5 days as approved by supervisor
K	No	10 days	1 day	Yrs. of Service Days/Yr <5 yrs 10 5<10 yrs 12 10<15 yrs 15 15<18 yrs 16 18<20 yrs 18 20<25 yrs 20 25+ yrs 25	No	Unused vacation time may be carried over from year-to-year. However, the maximum amount of time that may be carried, as of January 1 each year, is 480 hours.	8 hours per month	Sick leave accumulates from year to year and up to a maximum of 880 hours. SAWS will pay one (1) hour's pay for each two (2) hours accumulated leave in excess of 880 hours at the end of the year.	Bereavement-3 days; Jury Duty- Other personal Leave-5 days from sick leave each year
L	No	13-15 days	NA	Yrs. of Serv Hours/Mth <2 yrs 8 2<5 yrs 9 5<10 yrs 10 10<15 yrs 11 15<20 yrs 13 20<25 yrs 15 25<30 yrs 17 30<35 yrs 19 35+ yrs 21	Yes, at another State Agency	Yrs. of Service HrsCarryover Max <2 yrs 180 2<5 yrs 244 5<10 yrs 268 10<15 yrs 292 15<20 yrs 340 20<25 yrs 388 25<30 yrs 436 30<35 yrs 484 35+ yrs 532 Can be paid for vacation hours when terminate state employment	8 hours per month	No limit on carryover No cash out	Bereavement - 3 days; Maternity - 12 weeks; Paternity - 12 weeks; Jury Duty - no # of days; Military Duty - 15 days

HOLIDAYS		VACATION			SICK		OTHER																								
Employer	PTO	Regular	Floating	Accrual	Other Service	Carryover/ Cashout	Plan																								
M	No	9 days	1 day	<table><tr><th>Yrs. of Serv</th><th>Hours/Mth</th></tr><tr><td>0-1</td><td>6.67</td></tr><tr><td>2-4</td><td>80</td></tr><tr><td>5-13</td><td>120</td></tr><tr><td>14-23</td><td>160</td></tr><tr><td>24-30</td><td>200</td></tr><tr><td>31</td><td>208</td></tr><tr><td>32</td><td>216</td></tr><tr><td>33</td><td>224</td></tr><tr><td>34</td><td>232</td></tr><tr><td>35+</td><td>240</td></tr></table>	Yrs. of Serv	Hours/Mth	0-1	6.67	2-4	80	5-13	120	14-23	160	24-30	200	31	208	32	216	33	224	34	232	35+	240	No	Buy/Sell opportunity each enrollment period	Ser Full 60% 0-1 40 1000 1-2 120 920 2-3 240 800 3-4 480 560 4-14 720 320 15-19 960 80 20+ 1040 0	No answer	Bereavement Maternity Paternity Jury Duty Unpaid Leave
Yrs. of Serv	Hours/Mth																														
0-1	6.67																														
2-4	80																														
5-13	120																														
14-23	160																														
24-30	200																														
31	208																														
32	216																														
33	224																														
34	232																														
35+	240																														
N	Yes to all. Schedule varies by hire date/years of service 5 years = 80 hours 5-9 years = 120 hours 10+ years = 160 hours	11-12 days	NA	NA	No	Use it or lose it	NA																								
O	No answer	8 days	2 days	<table><tr><th>Yrs. of Service</th><th>Hrs./Mth</th></tr><tr><td>0-5</td><td>6.66</td></tr><tr><td>6-10</td><td>10</td></tr><tr><td>11+</td><td>13.34</td></tr></table>	Yrs. of Service	Hrs./Mth	0-5	6.66	6-10	10	11+	13.34	No	40 hours per year, only cashed out upon termination of employ	6.66 hours per month	40 hours per year No cashout	Bereavement # Days 3 Maternity # Days under STD Jury Duty # Days No Answer														
Yrs. of Service	Hrs./Mth																														
0-5	6.66																														
6-10	10																														
11+	13.34																														
P	No	9 days	1 day	<table><tr><th>Yrs. of Service</th><th>Days/Yr</th></tr><tr><td>1</td><td>10</td></tr><tr><td>2</td><td>11</td></tr><tr><td>3</td><td>12</td></tr><tr><td>4</td><td>13</td></tr><tr><td>5</td><td>14</td></tr></table>	Yrs. of Service	Days/Yr	1	10	2	11	3	12	4	13	5	14	No	Vacation can be carried over with a cap of 200 hours total. No cashout option.	1 day per month	No cap on sick leave due to no STD and no cashout option	Bereavement-3 days Jury Duty- 3 days Unpaid- 60 days										
Yrs. of Service	Days/Yr																														
1	10																														
2	11																														
3	12																														
4	13																														
5	14																														

HOLIDAYS		VACATION			SICK		OTHER		
Employer	PTO	Regular	Floating	Accrual	Other Service	Carryover/ Cashout	Accrual	Carryover/ Cashout	Plan
Q	No	8 days	1 day	Yrs. of Service    Hrs./Yr 0-4                      80 (6.667hr/full mth) 5-10                    120 11-14                  128-152 15-19                  160-192 20+                    200 Employees credited with earned vacation each 1/1. Years of service based on hire date with credit given the following January	No answer	No answer	2 hours every pay day. Employees receive an additional 20 hours of accumulated sick leave 1/1	1440 hours may be accumulated. No cashout	No answer
R	No	11 days	1 day	Yrs of Ser            Hrs/Month 1-5                      8 6-10                    9 11+                    10	No	240 Hours Maximum	Same as vacation	No limit Payout max of 240 hours	Bereavement - 3 days; Jury Duty Emergency - 3 days Unpaid leave - set by department

## **Other Benefit Plans**

Some information regarding other benefit plans reported in the employer survey results are shown on the following pages. These benefit plans include disability (STD and LTD), vision, life (basic and supplemental), and other benefits (such as legal assistance, adoption, long term care, and wellness).

Values of these benefits have not been illustrated in this report.

# DISABILITY PLANS

Employer	STD					LTD				
	Plan	Elem Period	Ben Amount	Ben Duration	ER %	Plan	Elem Period	Ben Amount	ER %	
A	Yes	30 Days	70% of salary \$1,200 per week maximum	60 days	100%	Yes	90 Days	60% of Salary \$5,000 per mo max	0%	
B	Yes	30 Days	60% of salary \$1,800 per month maximum	5 months	0%	Yes	90 Days	60% of Salary \$6,000 per mo max	0%	
C	Yes	80 work hours or expiration of sick leave if later	60% of base pay	180 days	100%	Yes	180 days	60% of base pay. Minimum monthly benefit is greater of \$100 or 10% of benefit before reductions for other income. Maximum benefit -\$12,500 per mo	100%	
D	Yes	21 Days	50% of salary \$4,000 per month maximum	90 days	0%	Yes	90 days	60% of Salary \$6,000 per mo max	100%	
E	Yes	7 Days	100% or 60% based on service	52 weeks	100%	Yes	52 Weeks of STD	60% of salary Maximum???	100%	
F	No	N/A	N/A	N/A	N/A	Yes	180 days	50 or 60% of Salary Maximum???	100% for 50% benefit level	
G	Yes	0 days	SERVICE 100% 60% 1 to 5 years 12 12 6 to 7 years 18 8 8 and over 26 0	26 weeks	100%	Yes	180 days	60% of Salary Maximum - \$36,000 per month	100%	
H	Yes	180 Days	50 to 60% of salary Offset by any other income	730 days	100%	Yes	180 Days	50% - 60% of Salary	100%	
I	Yes	5 Days	SERVICE Weeks 6 mo-1yr = 1 wk at 100%, 25 at 65% 1-4yrs = 2 wks at 100%, 24 at 65% 5-6yrs = 6 wks at 100%, 20 at 65% 7-9 yrs = 14wks at 100%, 12 at 65% 10+ yrs = 26wks at 100%	See previous column	100%	Yes	180 days	Basic: 40% of Salary up to \$3,000 per mo maximum Supplemental - 25% of salary up to \$15,000 per mo maximum	Basic - 100% Supple- mental - 50%	
J	Yes	0 days	SERVICE 100% 60% 2 years or less 1 25 3 years 2 24 4 years 5 21 5 years 10 16 6 - 10 18 8 10 and over 26 0	180 days	100%	Yes	180 days	60% of Salary Maximum - N/A	0%	
K	No	N/A	N/A	N/A	N/A	Yes	110 Days	60% of Salary \$3,000 per mo max	100%	
L	Yes	30 days	60% of pay \$693 per week maximum	22 weeks	0%	Yes	90 Days	60% of Salary Maximum - \$12,025 per month	0%	
M	No	N/A	N/A	N/A	N/A	Yes	180 days	50% or 60% of Salary \$15,000 per mo max	100% of 50% benefit level	
N	Yes	7 days	100% of salary for first 30 days, then 60% of salary for days 31 to 180 days	180 days	100%	Yes	180 days	60% of Salary Maximum - N/A	55%	
O	Yes	14 days	100% first six weeks of leave, then reduces to 60% of pay.	90 days	100%	Yes	90 Days	60% of Salary \$10,000 per mo max	100%	
P	No	N/A	N/A	N/A	N/A	Yes	90 Days	60% of Salary \$10,000 per mo max	100%	
Q	No	N/A	N/A	N/A	N/A	Yes	90 days	62.5% of pay maximum of \$800 per month	100%	
R	Yes	14 days	60% of pay \$6,000 per month maximum	13 weeks	0%	Yes	90 days	60% of Salary Maximum - \$6,000 per month	0%	

# INSURANCE PLANS

Employer	VISION			LIFE			
	Integrated?	Refractive Surgery Ben	Plan	Supplemental	Basic AD&D	Supplemental AD&D	Sup Dependent AD&D
A	Yes	Not covered	\$20,000 Basic Life	Up to four times annual base salary		\$20,000 Equal to employee's supplemental life coverage.	NA
B	No	One routine annual exam per year per person	\$5,000	1 to 4 times annual pay	\$5,000	\$10,000 - \$200,000	Spouse 50% Child 5% with spouse 10% without spouse
C	No	20% discount??	2 times salary	3 times salary	\$250,000	\$20,000 to \$500,000 in \$10,000 increments up to 10 times base salary	40% of employee coverage if no children, or 50% for spouse and 25% for each child
D	No	No	1 times annual salary	1, 2 or 3 x salary	2 times annual salary	Double the elected benefit	None
E	No	Discount	1 times annual salary	1 to 6 times annual pay	1 x pay	None	NA
F	No	15% discount on standard or usual and customary	1 times salary	1 to 6 times annual pay	2 times salary	1 to 4 times annual pay	Spouse 60% without Child(ren) Child 15% without spouse
G	No	N/A	2 times pay -- No maximum	1 to 4 times pay	2 times pay	Up to 10 times pay	NO ANSWER
H	Yes	\$250 Vision benefit every 2 years	Benefit is two times base salary. First \$20,000 paid by employer, remaining portion 85% by employer and 65% by employee	4 times annual base pay. Employee paid.	N/A	N/A	N/A
I	No	None	1 times annual salary	1, 2 or 3 x salary	1 times annual salary	1, 2 or 3 x salary	NA
J	No	N/A	One times pay	NO ANSWER			
K	No	No	1 times annual salary	Group Universal Life offered up to 5x's annual salary	Provides an additional 1x's annual salary	Group Universal Life offered up to 5x's annual salary	NA
L	No	20% Discount	\$10,000	1 to 6 times pay	\$10,000	Up to 10 times pay	Spouse - 50% of employee Child \$10,000
M	No	Vision Plan offers discount	1 times annual salary with \$50,000 maximum	Group Universal Life offered one to 5 times salary	N/A	One to ten times annual salary -- \$1 million maximum	Spouse - \$25,000 to \$300,000 Child: \$10,000 to \$50,000
N	No	None. Some in-network providers offer discounts	1 times annual salary	6 times annual salary	2 times annual salary	N/A	N/A
O	Yes	N/A	1 times annual salary	Up to five times annual base salary -- \$500,000 maximum	1 times annual salary	Up to 5 times annual salary with \$500,000 maximum	Spouse 100% of supplemental AD&D Child \$10,000
P	Yes	NA	Employer paid 2 x salary Capped at \$400K	Employee paid 1, 2 or 3 x salary Capped at \$200K	Employer paid 2 x salary Capped at \$400K	NA	NA
Q	No	20% discount	1 times annual salary -- \$500,000 maximum	1 times annual salary	2 times annual salary	3 times annual salary	N/A
R	Yes	Discount	\$25,000 Basic	\$25,000 increments up to \$125,000	\$25,000 Basic	\$25,000 increments up to \$125,000	None

# OTHER BENEFIT PLANS – Page 1

Employer	Type of Plan	Wellness Program Budget	Wellness Program Initiatives
A	Legal Protection Subsidy 0% Wellness Program Employer Subsidy 100%	\$25 per employee per year	1. Blood screenings/28 panel – at workplace 2. Flu shots – at workplace
B	Legal Protection Subsidy 0% Long-term Care Subsidy 0%	N/A	N/A
C	Legal protection-no subsidy Adoption Benefit-\$2,500 per year Wellness program On-Site Childcare - Long-term Care -		
D	Legal Protection Subsidy 0% Adoption Benefit Employer Subsidy \$4000 Wellness Program Employer Subsidy 100% Long-term Care Subsidy 0%	\$71.40 per employee per year	1. Yearly Comprehensive Health Risk Appraisal Program (CHAMP) 2. Monthly "Lifelines" Newsletter
E	Adoption Benefit Employer-Subsidy no answer Long-term Care Subsidy 0%	N/A	N/A
F	Long-term Care Subsidy 0%	N/A	N/A
G	Legal Assistance Plan - 0% subsidy Adoption Benefit - \$3,000 subsidy Wellness Program - \$150 per employee per year Long Term Care - 0% subsidy	\$150 per employee per year	No Answer
H	None	N/A	N/A
I	None	N/A	N/A
J	Adoption Benefit - Employer Subsidy \$1,500/child Wellness Program - Employer Subsidy not reported Long Term Care - Employer Subsidy not reported	No Answer	No Answer
K	Wellness Program Employer Subsidy NA	No answer	No answer



## OTHER BENEFIT PLANS – Page 2

Employer	Type of Plan	Wellness Program Budget	Wellness Program Initiatives
L	Wellness Program - Employer Subsidy not reported Child Care - Employer Subsidy not reported Long Term Care - Employer Subsidy not reported	No Answer	No Answer
M	Long-term Care Subsidy 0%	N/A	N/A
N	Adoption Benefit Employer Subsidy \$2,000/child Wellness Program Employer Subsidy \$200/employee and spouse to participate in wellness	\$200 per employee and per spouse per year. Money placed in a Health Rewards Account that works like a Medical FSA. Can be used to pay for Wellness Initiatives	1. Active employee participation in personal health goal (walking program, exercise, smoking cessation, etc.) 2. Know Your Numbers - Dell pays for all employees' blood screening and spouses participate too for \$5. Health numbers can then be input to WebMD health survey for health education purposes.
O	Long-term Care Employer Subsidy 100% of basic plan	No Answer	No Answer
P	Legal Protection Subsidy 0% Adoption Benefit Employer Subsidy 80% with \$2000 max Wellness Program Employer Subsidy 0%	No Answer	1. Increase fitness center to 600 2. Increase wellness awareness through brown bag lunches and educational programs & events
Q	No Answer	No Answer	No Answer
R	Wellness program - 100% subsidy	\$400,000 plus	1. On-Site Clinic - Physician/Nurse 2. Education