

The document provides a brief overview of benefits. Click on the links below for more detailed information.

- Benefits Highlight Book
- <u>IAFF Agreement</u>
- FOP Agreement
- FOP Supervisor Agreement
- CWA Agreement
- Employee Wellness Page
- Pension Summary

Benefit Type	Description of Benefit & Eligible Employees	Cost Per Month		
HEALTH INSURANCE	Applies to: Permanent employees working an annual average of 30	Employee and Employer Paid		
Effective 1st of month following month of hire	hours or more per week.	(Optional)		
	Provided by Cigna, Open Access Plus Plan	You Pay:		
		Employee Only \$0.00		
	Care can be obtained by in-network or non-network provider	Employee + 1 Dep \$331.76		
	Selection of primary care physician not necessary	Employee + Family \$696.78 Dual Coverage \$0.00		
	Dual Coverage: When an employee and their spouse or domestic	·		
	partner are both eligible for health insurance, family coverage is offered			
	at no cost.	*See Benefits Highlight Book		
DENTAL INSURANCE	Applies to: Full-time permanent employees	Employee Paid (Optional) - Cost		
Effective 1st of month following month of hire		based on plan selected and number		
	Provided by Cigna or Sun Life	of people covered		
		*See Benefits Highlight Book		
VISION INSURANCE	Applies to: Full-time permanent employees	Employee Paid (Optional) - Cost		
Effective 1st of month following month of hire		based on plan selected and number		
	Provided by Humana Vision Plan	of people covered		
		*See Benefits Highlight book		
AFLAC	Applies to: Full-time permanent employees	Employee Paid (Optional) - Cost		
Effective 1st of month following month of hire		based on coverage elected		
	Income Protection Plans such as cancer, accident, short-term disability,			
	intensive care, supplemental dental, special events, hospital, etc.	*See Benefits Highlight Book		
FLEXIBLE SPENDING ACCOUNTS	Applies to: Full-time permanent employees	Employee Funded (Optional) –		
Effective 1st of month following month of hire		Based on amount elected		
	Medical Reimbursement - yearly maximum \$2,850.00			
	Dependent Care - yearly maximum \$2,500 if filing married and separate			
	tax returns/\$5,000 if single or filing joint tax return	*See Benefits Highlight Book		
EMPLOYEE ASSISTANCE	Applies to: All permanent employees; retirees who participate in the	Employer Paid		
PROGRAM	city's health plan; and dependents of employees who participate in the city's health plan			
	Voluntary, confidential program offering free counseling, legal			
	assistance, financial guidance, and more.	*See Benefits Highlight Book		
WELLNESS	Free access to all permanent employees and any dependents enrolled in			
WELLINESS	the City's health insurance plan to any City recreational facility.	, 5,5,7,5,7,5,7,6,7,6		
	Other seasonal programs offered, including monetary reward incentives.			
		*See Benefits Highlight Book		



Benefit Type	Description of Benefit & Eligible Employees	Cost Per Month	
EMPLOYEE HEALTH CENTER Effective 1st of month following month of hire	Applies to: All employees, retirees, and eligible dependents enrolled in the City's health insurance plan	Employer Paid	
	Provides care for non-emergency illnesses, flu shots, free prescription medications and other services.	*See Benefits Highlight Book	
DISABILITY INCOME Effective 90 days after hire	Applies to: Full-time unclassified SAMP employees (not in City Pension Plan) Long-Term (LTD) - 60% of monthly salary, up to a max of \$5k/month	Employer Paid	
LIFE INSURANCE Effective 1st of month following month of hire BASIC LIFE Full-time CWA- 1.5 times employee's annual base salary up to maximum of \$50,000 benefit Full-time FOP and IAFF- \$2,500 benefit Full-time SAMP Employees- \$2,500 benefit plus 1X employee base salary		Basic: Employer Paid, taxable for coverage over \$50k	
	Full-time SAMP Employees Only, Voluntary Supplemental Employee Life: Employee may elect the lesser of \$500,000 or 5X basic annual salary, up to \$150,000 guaranteed issue at time of initial eligibility.	Voluntary Supplemental: Employee Paid (Optional). Cost based on age and amount of coverage.	
		*See Benefits Highlights Book	
CITY OF CLEARWATER EMPLOYEES' PENSION PLAN	As provided in ordinance in effect at time of retirement. Mandatory participation for those eligible (full-time classified non-hazardous, all hazardous).	Employer and Employee Paid	
	New hazardous duty employees contribute 10% of earnings pre-tax, earn a benefit 2.75% of pensionable earnings per year, 100% vested at 10 years.		
	New non-hazardous duty employees contribute 8% of earnings pre-tax, earn a benefit 2% of pensionable earnings per year, 100% vested at 10 years.	*See Benefits Highlight book *See Pension Summary	
401(A) MONEY PURCHASE PLAN	Provided by MissionSquare	Employer Paid	
	Applies to: Full-time unclassified employees (not in City Pension Plan) City contribution per ordinance is 8% of earnings. Immediate vesting. No employee contribution.		
DEFERRED COMPENSATION 457(K)	Provided by MissionSquare Applies to: All permanent full-time and part-time employees	Employee Paid (Optional) *Available upon hire	
	Employees are able to make contributions no minimum required. Contributions can be a dollar amount or a percentage of earnings. Total annual contribution not to exceed \$20,500. Exceptions if 50 years of age or older. Pre-tax or Roth options available		



Benefit Type	Description	Cost Per Month		
TUITION REIMBURSEMENT	CWA: up to \$1500 per			
Upon completion of six months of satisfactory performance.	IAFF & FOP: up to \$200 Full-time SAMP: up to			
performance.	r an enne er min r ap te	φ 2000 μα. γα α.		
MILEAGE REIMBURSEMENT	Rate per City ordinanc	e for business related travel ir	Employer paid	
CITY/COUNTY EMPLOYEES CREDIT	_	ded including checking, saving		
UNION	club accounts, loans, C deduction.	CDs, etc. Deposits can be made	e through payroll	
	deduction.			
DIDECT DEDOCIT	Not now donosited into	b banking institution(s) of your	shaina	
DIRECT DEPOSIT	Net pay deposited into	banking institution(s) or your	choice	
VACATION		ear accrual is 15 days and inci		Employer Paid
	maximum of 20 days p	er year after 7 years of service	e, accrued hourly.	
	Permanent SAMP:			
	Years of Service	Accrual per hour	Days	
	0 to 2	0.0577	15	
	3	0.0616	16	
	4	0.0654	17	
	5	0.0693	18	
	6	0.0731	19	
	7 and over	0.077	20	
	Full-time Fire SAMP, a	t 112 hours biweekly:		
	Years of Service	Accrual per hour	Days	
	0 to 2	0.0577	7	
	3	0.0659	8	
	4 – 5	0.0742	9	
	6	0.0825	10	
	7 and over	0.0907	11	
		year accrual is 10 days and inc fter 16 years of service. *		
		ear accrual is 80 hours and inc		
	maximum of 168 hour	s per year after 20 years of se	vice. *	
	IAFF employees are granted vacation annually based on years of service and scheduled weekly hours. First-year employees will receive a set prorated amount of hours which will increase based on years of service. *			*See applicable bargaining
				agreement



Benefit Type	Description of Benefit & Eligible Employees	Cost Per Month	
SICK	12 days per year for CWA , FOP and Classified SAMP employees, accrued hourly.	Employer Paid	
	10 days per year for Unclassified SAMP employees, accrued hourly. IAFF accruals based on biweekly schedule, per IAFF contract.	*See applicable bargaining agreement	
	HAFF accidats based on biweekly schedule, per larr contract.	agreement	
HOLIDAYS	CWA, Permanent SAMP Employees: 11 days each year 3 Floating Holidays (available after January 1) Prorated in first year depending on hire date; must be employed 60 days before use.	Employer Paid	
	IAFF and FOP follow their individual contract agreements.	*See applicable bargaining agreement	