

2022 Pierce County Library System – Benefits Cost Share for Non-Union Positions



**Pierce County
Library System**

Information & Imagination

This document provides a summary of benefit costs to help employees understand their contributions to each benefit. Each medical plan option below is shared in cost by employees and PCLS. You can find the cost share amounts below **per pay period (based on 24 pays per year)**. Rates are not prorated by the FTE of your position (regular scheduled hours).

MEDICAL: PCLS contributes toward the plan costs for employee coverage up to \$777.82 and \$792.59 for added dependent coverage, as outlined below.

WAIVER OF MEDICAL COVERAGE: Each employee who waives medical coverage through the Library is eligible for a pre-tax payment of \$300 per month (\$150 per pay period) in lieu of coverage. You must sign a waiver form acknowledging you have other medical coverage and show proof of that coverage. You can still enroll in other benefits, like dental and vision.

Carrier	Plan Type	Coverage Levels (6 coverage options)	Total Plan Cost	PCLS Contribution toward Medical Plan Costs*	Employee Contribution Per Month	Employee Cost per Paycheck (24 pays annually)
Regence	Accountable 250	Employee Only	\$780.84	\$750.84	\$30.00	\$15.00
Regence	Accountable 250	Employee + Spouse	\$1,568.24	\$792.59	\$775.65	\$387.82
Regence	Accountable 250	Employee + 1 Child	\$1,168.74	\$792.59	\$376.15	\$188.07
Regence	Accountable 250	Employee + Children (2+)	\$1,489.42	\$792.59	\$696.83	\$348.41
Regence	Accountable 250	Employee + Spouse + 1 Child	\$1,956.14	\$792.59	\$1,163.55	\$581.77
Regence	Accountable 250	Employee + Spouse + Children (2+)	\$2,276.82	\$792.59	\$1,484.23	\$742.11
Regence	Health First 250	Employee Only	\$817.82	\$777.82	\$40.00	\$20.00
Regence	Health First 250	Employee + Spouse	\$1,642.46	\$792.59	\$849.87	\$424.93
Regence	Health First 250	Employee + 1 Child	\$1,224.04	\$792.59	\$431.45	\$215.72
Regence	Health First 250	Employee + Children (2+)	\$1,559.90	\$792.59	\$767.31	\$383.65

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Regence	Health First 250	Employee + Spouse + 1 Child	\$2,048.68	\$792.59	\$1,256.09	\$628.04
Regence	Health First 250	Employee + Spouse + Children (2+)	\$2,384.54	\$792.59	\$1,591.95	\$795.97
Regence	High Deductible	Employee Only	\$568.70	\$548.70	\$20.00	\$10.00
Regence	High Deductible	Employee + Spouse	\$1,144.38	\$792.59	\$351.79	\$175.89
Regence	High Deductible	Employee + 1 Child	\$857.36	\$792.59	\$64.77	\$32.38
Regence	High Deductible	Employee + Children (2+)	\$1,093.70	\$792.59	\$301.11	\$150.55
Regence	High Deductible	Employee + Spouse + 1 Child	\$1,433.02	\$792.59	\$640.43	\$320.21
Regence	High Deductible	Employee + Spouse + Children (2+)	\$1,669.38	\$792.59	\$876.79	\$438.39
Kaiser	\$200 Deductible	Employee Only	\$697.96	\$667.96	\$30.00	\$15.00
Kaiser	\$200 Deductible	Employee + Spouse	\$1,384.30	\$792.59	\$591.71	\$295.85
Kaiser	\$200 Deductible	Employee + 1 Child	\$1,048.18	\$792.59	\$255.59	\$127.79
Kaiser	\$200 Deductible	Employee + Children (2+)	\$1,398.38	\$792.59	\$605.79	\$302.89

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Carrier	Plan Type	Coverage Levels (6 coverage options)	2022 Total Plan Cost	PCLS Contribution toward Medical Plan Costs*	Employee Contribution Per Month	Employee Contribution per Paycheck
Kaiser	\$200 Deductible	Employee + Spouse + 1 Child	\$1,734.50	\$792.59	\$941.91	\$470.95
Kaiser	\$200 Deductible	Employee + Spouse + Children (2+)	\$2,084.72	\$792.59	\$1,292.13	\$646.06
Kaiser	High Deductible	Employee Only	\$580.74	\$560.74	\$20.00	\$10.00
Kaiser	High Deductible	Employee + Spouse	\$1,149.80	\$792.59	\$357.21	\$178.60
Kaiser	High Deductible	Employee + 1 Child	\$871.56	\$792.59	\$78.97	\$39.48
Kaiser	High Deductible	Employee + Children (2+)	\$1,162.38	\$792.59	\$369.79	\$184.89
Kaiser	High Deductible	Employee + Spouse + 1 Child	\$1,440.62	\$792.59	\$648.03	\$324.01
Kaiser	High Deductible	Employee + Spouse + Children (2+)	\$1,731.44	\$792.59	\$938.85	\$469.42

Medical Plan Dependent Eligibility Note: Eligibility as dependent for medical plan purposes is defined as employee’s legal spouse, registered domestic partner for adult eligibility, and for child eligibility the employee’s (or employee’s spouse’s or registered domestic partner’s) natural or adopted child or step child under age 26, or prior to age 26 was incapable of self-support due to developmental disability or physical handicap (proof of physical capacity required). Once the dependent approaches age 26 there is a carrier review process for potential extension.

All benefit plans allow enrollment of either same or opposite-sex domestic partners. Contact Staff Experience for additional information.

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HEALTH SAVINGS ACCOUNT (HSA – paired with High Deductible Health Plans)

Health Savings Account Contributions & Maximums 2022			
Coverage level	PCLS Contribution	IRS Annual Max - under age 55	IRS Annual Max - over age 55 (+\$1,000)
Employee Only	\$1,500	\$ 3,650	\$ 4,650
Employee + Family	\$1,500	\$ 7,300	\$ 8,300

FLEXIBLE SPENDING & DEPENDENT CARE ACCOUNTs (FSA and DCA)

Spending Account Maximums 2022		
Coverage level	Flexible Spending Account	Dependent Care Account
IRS Employee Pre-Tax Contribution Limit	\$2,750	\$5,000

DENTAL

PCLS pays for 100% of the employee only dental plans cost, and the full cost of covering dependents are covered by employee contributions. Costs below are displayed by month.

Dental Plans 2022 – Employee Contribution Per Month		
Coverage Level	Willamette	Delta Dental
Employee Only	\$0.00	\$0.00
Employee + 1 dependent	\$56.18	\$52.10
Employee + 2 or more dependents	\$127.60	\$153.70

Dental Plan Dependent Eligibility Note: same as above medical plan dependent definitions

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VISION

PCLS pays for 100% of the employee only vision plans cost, and the full cost of covering dependents are covered by employee contributions. Costs below are displayed by month.

Vision Plan 2022 – Employee Contribution Per Month	
Coverage Level	VSP
Employee Only	\$0.00
Employee + 1 dependent	\$7.72
Employee + 2 or more dependents	\$15.44

Vision Plan Dependent Eligibility Note: same as above medical plan dependent definitions

BASIC LIFE & ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

Basic Life and Accidental Death & Dismemberment Insurance for full family coverage is provided at no cost to the employee.

Basic Life & Accidental Death/Dismemberment Insurance Premiums (per month)		
Coverage level	Employee Cost	PCLS Contribution
Employee Coverage - \$25,000	\$0.00	\$3.75
Dependent Life - \$1,000 per Dependent	\$0.00	\$0.34

VOLUNTARY SUPPLEMENTAL LIFE INSURANCE

Additional voluntary life coverage, including options for spousal coverage, are available at employee cost and vary based on age and amount of coverage elected. Those rates can be provided at your request.

Voluntary Supplemental Life Insurance (employee pays)		
Plan Coverage	Guaranteed Issue Amounts	Maximum Amount through Medical Underwriting
Employee	\$80,000	\$500,000
Spouse	\$20,000	\$500,000

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LONG TERM DISABILITY INSURANCE

Long Term Disability Insurance is provided by PCLS at no cost to the employee. Long Term Disability policy provides up to 60% of pre-disability earnings after a 90 day elimination period. Maximum monthly benefit is \$12,000.

Retirement Savings Accounts

WA State Personnel Employee Retirement Plans (PERS) Retirement Contribution Rates – via DRS

Retirement Plan Type	Employee Contribution	Library Contribution
PERS 2	6.36%	10.25%
PERS 3	Employee Elected	10.25%

IRS Retirement Plan Contribution Limits

IRS Retirement Plan Contribution Limits	Employee Contribution	Annual Maximum Contribution Limit
DRS – Defined Contribution Plan	\$30 minimum	\$20,500
VOYA Supplemental Retirement Account	\$25 minimum	\$20,500
Additional “catch up” contribution Option for individuals aged 50+ years	No minimum	Up to an additional \$6,500

Supplemental Insurance Plans – Via AFLSC (employee pays)

Plans Include:

Short Term Disability	Critical Illness: plus Rider
Accident	Dental
Cancer	Critical Care Protection
Hospital Advantage	Juvenile Life Policy

*Rates vary dependent on employee/dependent age, number of family members covered or volume of coverage elected. For more information about policy/plan benefits employees must meet with an AFLAC representative within 30 days of employment.