

**City of Las Cruces
Benefits
January 1, 2016**

	Unrepresented	Blue Collar Union	Police	Fire
Stand-by Pay	Non-exempt positions	Certain Positions	Certain Positions	Certain Positions
Callback Pay	Non-exempt positions	Certain Positions	Certain Positions	Certain Positions
Holidays	11 days	11 days	11 days	11 days
Annual Leave	1 – 3rd Year 4th-10th Years 11+ Years	80 hours 120 hours 160 hours	80 hours 120 hours 160 hours	Uniformed 80 hours 112 hours 168 hours 224 hours
Sick Leave	12 days	12 days	12 days	16.9 days
Personal Day	16 Hours	16 Hours	8 Hours	24 Hours 56-hour (non-union) 16 hours 40-hour
Jury Duty Leave	Yes	Yes	Yes	Yes
Military Leave	15 days	15 days	15 days	15 days
Bereavement Leave	3 days	3 days	3 days	48 Hours (56 Hr) 3 days (40 Hr)
New Mexico Retiree Health Care Authority (NMRHCA). Contribution Bi-weekly. All PERA eligible employees must contribute.	Employee 1.000% City 2.000%	Employee 1.000% City 2.000%	Employee 1.250% City 2.500%	Employee 1.250% City 2.500%
Liability Insurance	Yes	Yes	Yes	Yes
Merit Increases	Merit Plan	Per Union Contract	Per Union Contract	Per Union Contract
P.E.R.A. (Employee % / Employer %)	8.65 / 15.55 Plan 3	12.15 / 12.05 Plan 3	15.05 / 21.65 Sworn 11.8 / 24.9 Non-Sworn Plan 5	14.9 / 24.45 represented 13.7 / 25.65 unrep. Plan 5
Social Security	Yes (6.20%)	Yes (6.20%)	No	No
Medicare	Yes (1.45%)	Yes (1.45%)	Yes (1.45%)	Yes (1.45%)
Unemployment Insurance	Yes	Yes	Yes	Yes
Uniforms	No	Yes	Yes	Yes
Deferred Compensation Plan	Optional	Optional	Optional	Optional
Sick Leave Bank	Voluntary Donation - Up to 12 weeks withdrawal	Voluntary Donations - Up to 12 weeks withdrawal	Voluntary Donations Up to 12 weeks withdrawal	Voluntary Donations Up to 12 weeks withdrawal

Employee Benefit Programs – All Employees Budgeted to Work 30 or more hours a week are eligible to elect from the benefits following. Benefit contributions are collected on 26 pay periods per year. The medical, dental, and vision premiums may be elected to be deducted on a pre-tax basis thru the Premium Only Plan (POP). **Annual “Open Enrollment” periods are not to be anticipated. Effective Dates** – Insurance coverage becomes effective on the first day of the month following the employee working two full pay periods.

Medical

Blue Cross Blue Shield

PPO		
Coverage	Employee per Pay Period	City per Pay Period
Employee Only	\$83.07	\$124.60
Employee +Spouse (DP)	\$166.14	\$249.22
Employee + Child(ren)	\$157.84	\$236.75
Family	\$240.90	\$361.36

EPO		
Coverage	Employee per Pay Period	City per Pay Period
Employee Only	\$91.26	\$136.89
Employee +Spouse (DP)	\$182.53	\$273.79
Employee + Child(ren)	\$173.40	\$260.10
Family	\$264.66	\$396.99

HDHP		
Coverage	Employee per Pay Period	City per Pay Period
Employee Only	\$69.38	\$104.08
Employee +Spouse (DP)	\$138.77	\$208.15
Employee + Child(ren)	\$131.82	\$197.74
Family	\$201.20	\$301.81

Dental

Delta Dental

Coverage	Employee per Pay Period	City per Pay Period
Employee Only	\$4.89	\$7.34
Employee +Spouse (DP)	\$9.27	\$13.91
Employee + Child(ren)	\$12.32	\$18.48
Family	\$18.84	\$28.27

Vision

VSP – Vision Service Plan* (100% employee paid)

Coverage	Employee per Pay Period
Employee Only	\$2.01
Employee +Spouse (DP)	\$4.02
Employee + Child(ren)	\$5.15
Family	\$8.22

Life, Short-Term, & Long Term Disability

(Coverage for employee ONLY)

Coverage	Employee per Pay Period	City per Pay Period
Employee Basic Life	\$0.00	\$2.54
Short Term Disability	\$9.83	\$0.00
Long-Term Disability	<i>Rates vary based on age & salary</i> (100% employee paid)	
Optional Term Life insurance-5 additional levels of life insurance.		

Dependent Life Insurance (100% employee paid)

Spouse Life	
Amount of coverage	Per Pay Period
\$10,000	\$ 1.02
0,000	\$ 2.03
\$30,000	\$ 3.05
\$40,000	\$ 4.06
\$50,000	\$ 5.08

Child Life	
Amount of coverage	Per Pay Period
\$5,000	\$ 0.18
\$10,000	\$ 0.37
\$25,000	\$ 0.92

Flexible Spending Account(s) – Pre-tax benefit; available for medical and/or dependent care expenditures as approved by the IRS.