TOWN OF CHAPEL HILL BENEFITS SURVEY NOVEMBER 2004

Full Time Employee Benefits	example	Town of Chapel H	lill Tow	n of Carrboro	Town of Hillsborugh	City of Durham	Orange County	OWASA	UNC Hospital	Town of Cary	City of Burlington
											Fill time employees with less than 10 years
											service ear 3.70 hours
											per pay period.
											(Firefighters who work 2
Vacation/Annual Leave											hr shifts earc 5.54 hours
Vacation/Annual Leave											each pay period.)
										10 - 24 days per year depending	
					12-26 days per year	12 22 days par yr	12 - 28.8 days per	12 27 days per		on years of service - Maximum accrual 240 hrs - Over 240	than 10 years of service earn additional vac.
	10 - 25 days per year	12-26 day per year depe	ending 12-26 days pe	r year depending on	depending on years of				11.75 - 25.75 days per year	transferred hour for hour to sick	Hours depending on the
	depending on years of service		years of service		service	years of service	years of service	years of service	depending on years of service	leave once a year in January	years of service.
		•	ĺ			1 day per month-				, , , , , , , , , , , , , , , , , , ,	
Sick Leave	1 day per month -no cap on	1 day per month-no cap			1 day per month -no ca		1 day per month -	1 day per month -	12 days per year regardless of	1 day per month - no cap on	
	accrual	accrual	1 day per mor	th - no cap on accrual	on accrual	accrual	no cap on accrual	no cap on accrual	years of service-unlimited accrual	accruals	Same as vacation leave
					9 paid individual holidays per year						
					(Thanksgiving:2 days;						
Holidays					Christmas:2-3						
					days)(total of 11-12 pa	id	11 paid holidays			Following State holiday	
	# paid per year	11 paid per year	11 paid per ye	ar	days off)	11 per year	per year	11 paid holidays	12 days per year	schedule	10 per year
						L.,	3 days per				
Funeral Leave	# dove nor cocurrence or # of					5 days for immediate family	occurrence for covered immediate	2 days per	Employees must use either sick leave for immediate family	Use sick leave for immediate	was siek laswa un to F
	# days per occurrence, or # of days per year	3 days per year	5 days per yea	ar		members	family.	occurrence	member; or vacation leave	family up to 5 days - no separate funeral leave	days
	days per year	o days per year	5 days per yea	A1		members	ianny.	occurrence	member, or vacation leave	Turiciai icave	days
Langevity Day						Longevity ended in	n Percentage paid				
	amount paid or percentage					1998/Employees	based on years of				
	paid?					grandfathered	service		Amount is percentage of base pay	NO	
	2 - 4 yrs.				750/ for + 1 vr		10 but less than 15 yrs = 1.50%		0.10.15.40010.1.50/		5 years of service 1%
	2 - 4 yis.				.75% for < 1 yr		15 but less than 20		0 10-15 years- 1.5%		5 years of service 1%
	5 - 9 yrs.	5-9.99 yrs	\$500 5-9 yrs	\$225.00	1% for 1-3 yrs		yrs = 2.25%		0 15-20 years- 2.25%		10 years 2%
	ŕ	•			,		20 but less than 25	5	,		,
	10 - 14 yrs.	10-14.99 yrs	\$650 10-14	\$415.00	1.5% for 3-5 yrs		yrs = 3.25%	1.50%	6 20-25 years- 3.25%		15 years 3%
		45.40.00	000015.40	4000.00	2 = 2 / 2 / 2		25 or more yrs =		.		404
	15 - 19 yrs. 20 - 24 yrs.	15-19.99 yrs 20-24.99 yrs	\$800 15-19 \$1000 20+	\$600.00 \$790.00	2.5% for 5-10 yrs 3.75% for 10-20 yrs		4.50%	3.25%	6 25 + years- 4.5%		20 years 4% 25 years 5%
	20 - 24 yrs. 25 & > yrs.	20-24.99 yrs 25+yrs	\$1200	\$7.90.00	5% for > 20 yrs			5.00%			25 years 5 %
	Designate percentage paid by	201910	ψ1200		070 TOT > 20 YTO			0.007	<u> </u>		
	employer for:								See columns to the right		
	Employee Only		100%	100%	6 100	% 100%	% 100%	100%	6	100%	
											\$500 annual deductible
											in-network, employee
											pays 20% until max OPP of \$2,000 (\$6,000
											for family coverage).
											After which plan pays fo
							52% Based on				remaining expenses at
	Employee/Children		50%	50%	6	% 70%	6 Blue Care Plan	50%	6	50%	100%.
	Email access 10 marries		E00/	500	,	0/	52% Based on	500		500/	(Como)
	Employee/Spouse		50%	50%	0	% 70%	6 Blue Care Plan 52% Based on	50%	0	50%	(Same)
	Family		50%	50%	6	% 70%	6 Blue Care Plan	50%	6	50%	(Same)
				00,			Yes, domestic				
							partners are	Domestic partners			
	Are domestic partners						covered. Yes, they				
	covered?				No domostic portners	Nr.	can be the same	same/diff sex			
	Can be same sex or different sex.	Yes	Yes, same an	d different	No domestic partners of same sex partners.	Yes	sex or different sex.	question not applicable.	No	No	NO
			. 55, 54115 411		zame con partition.	1.00		-pp.ioabio.	1		
Dental Insurance										Optional - employer paid for	Offers a \$550 maximum
					Employee Only 100%	Employee	Employer pays the			employee only - employee pays	
	Optional or employer paid?	Optional	Optional		Employer Paid	Only=100% paid	employee cost.	Employer paid	Paid by employee	100% of dependent premium.	deductible.

TOWN OF CHAPEL HILL BENEFITS SURVEY NOVEMBER 2004

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Full Time Employee Benefits	example	Town of Chapel Hill	Town of Carrboro	Town of Hillsborugh	City of Durham	Orange County	OWASA	UNC Hospital	Town of Cary	City of Burlington
	Is full or partial dependent coverage included ?			No	Dependent Coverage available	No, employee pays the cost of dependent coverage.	Partial coverage (40%) supplement.	yes		Orthodontic coverage is available for employees and covered dependents and may be purchased separately.
	Please explain in detail (coverage amount employer- paid)	\$20,000 employer paid	\$15,000 employer paid	1X employee's annual salary, raised to the nex even thousand up to \$50,000. Employee's over \$50,000 can opt to have additional coverage at their expense.		The employer pays for the employee cost and the employee pays for dependent coverage. The amount of life insurance is 1 x base annual salary rounded to the next higher \$1,000 up to a maximum of \$50,000.	paid. Covers twice the employee's annual salary up to	Employee paid- 1,2,3 or 4 X salary; max-\$500K	1 times annual salary or equivalent rounded up to the next \$1,000; limit \$150,000	City provides life insurance policy equal to one and one-half times employee's annual base salary at no cost. Additional coverage and depends may be purchased.
	Please explain in detail (waiting period/salary percentage	6 month waiting period. 50% of weekly earnings. May take 1/4 days sick leave each day to equal 75% of weekly earnings	30 day waiting period; \$250 monthly benefit paid by employer; supplemental coverage of 60% of monthly earnings	7 day waiting period- benefit begins on day 8. Pays 60% of base salary for up to 26 weeks.	Short Term- employer paid. Long Term available thorough LGERS	This is optional insurance that the employee pays for.	90 day waiting period, pays 60%	60 day waiting period; 50% of salary-1yr up to \$3000 per month; 65% of salary after 1 yr up to	Short Term Disability - self funded; 7- day waiting period after all sick leave has been exhausted. No waiting period if an accident and sick leave has been exhausted. Pays 50% of salary; min 6 weeks to maximum of 26 weeks, depending on service; eligible for 26 weeks at 5 years.	(None, not provided by city)
Death Benefit	Please explain in detail	Benefits under LGERS	Benefits under LGERS			See Life Insurance.		1 yr of creditable service \$25K- \$50K	See life insurance above; also up to \$50,000 from LGERS	Retirement System will pay the beneficiares of an active employee who dies a benefit equal to their annual salary but not less than \$25,000 or more than \$50,000.
Local Government Employees Retirement System	Are your employees required to contribute to the Retirement System? If so, what amount or percentage?	Yes, 6%	Yes, 6%	Yes - 6%	Yes, 4.8%	Yes, they contribute 6% of their annual salary.	Yes, 6.0%	N/A	Yes; 6%	Yes, 6 % of pay
	What percentage does the employer contribute to the Retirement system for non Law Enforcement Officers? For Law Enforcement Officers?	Non LEO-4.9%: LEO 4.78%	Non LEO - 4.88%; LEO - 4.78%	4.94% for Non-Law Enforcement; and 4.78% for Law Enforcement	4.78 to Leo	The employer contributes 4.88% for non law enforcement officers and 4.78% for law enforcement officers.	N/A		Non Law - 4.87% Law - 4.78%	City also contributes an actuarial amount of salary into this same account. City will contribute an
State (401K)Plan	% employer contribution for non-LEO employees	5%	3%	ó 4.85%	5 5%			0	5%	City will contribute an amount equal to 5% of bi weekly salry. Employees have option to make additional tax deferred contributions. Voluntary contribution not to exceed 80% of annual salary or \$14,000 for 2005.
	% employer contribution for LEO employees	5%	5%	5%	5%	5% employer contribution for LEO employees.	N/A	5	5%	

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ull Time Employee Dec Co		Town of Changlill	Town of Combons		OVEMBER 2004	Onemana Court	OWACA	LING Haamital	Town of Com-	City of Danilla of a
III Time Employee Benefits	example	Town of Chapel Hill	Town of Carrboro	Town of Hillsborugh	City of Durham	Orange County	OWASA	UNC Hospital	Town of Cary	City of Burlington
										City will reimburse the
										full amount for the first \$300 of tuition. After
						\$600 per fiscal				that, Employee and The
Tuition Assistance						vear.				City will share equally
						year.		Undergrad- up to \$902.64 per		the tuition up to a
	Amount reimbursed per		\$300 per employee as budgeted for 10	No limit - approved on	400 per employee			course; Graduate- up to \$1391.76		maxiumum of \$900 per
		\$500 per fiscal year	employees	case by case basis.	per year			per course		fiscal year.
	cilipioyee per year.	poco per liscar year	chipioyees	case by case basis.	per year			per course	φοσο	noda year.
							Yes, \$40-\$100 per			
							pay period			
							depending on			
							years with the			
						Yes, we offer the	company.			
457 Plan						457 Plan. The	Company			This is a voluntary
437 Flaii						employer makes	contributions begin	n		agreement made that a
						no contribution.	when employee			specific amount not to
							has 4 years of			exceed 80% or \$14,00
	Do you offer a 457 Plan? If so						service. However,			(2005) will be decuted.
	what is the employer				yes, 5% to		employee may			Can serve as a tax
	contribution amount or				FireFighters in lieu			Offer benefit with no employer	Yes; no employer contribution;	shelter, retirement plan
	percentage?	Yes, No employer contribution	No No	No	of Social Security.		at any time.	contribution	administrator is ING Financial	or investment.
							3 weeks paid		#EAD and the tire to the	
							Paternity Leave, 6		*EAP program that includes unlimited telephonic access to	
							weeks paid Maternity Leave;		financial and legal expertise	
							13 weeks of		including online wills and	
							Worker's Comp.		comprehensive website	
							supplement after		*Military Leave - pay differential	
							initial injury; Vision		(if applicable) for 1 year or more	
							care		during call-up	
							reimbursement		*Flex debit card for Flexible	
ner Benefits paid by employer							program of \$405	Community Service Leave, Vision		
						Personal Leave -	per employee	Care and Optical Shop Discount,	*Employee Computer Purchase -	
						Two days of	(100% employer	Healthcare Spending Account,	interest free loan up to \$2,500	
						personal leave per	paid) or per	Dependent Care Spending	*Employee Homeownership	
						calendar year.	dependent if	Account, Will Preparation,	Assistance Program - loans up	
						Petty Leave - 14	employee		to \$30,000	
						hours per fiscal	purchases	Retirement Plans, Auto and	*Non-residents employees	
						year (based on a	coverage for		eligible for resident fees for all	
	Please add any programs here					40 hr work	dependent. Free	Term Care Insurance, Voluntary	PR&CR programs	
	that are not listed above		None	Vision Insurance, EAP		schedule)	EAP services.	Shared Leave		