

# Clark County

## 2025 Benefits Summary

## CRESA, M3 Non-Represented

**MEDICAL/VISION PLAN OPTIONS** - Eligible 1st of the month following hire date, ends the last day of month you work.

### Monthly Contributions for Employees

<b>MEDICAL PROVIDER</b> <small>Click on the Provider link below to view a summary of benefits</small>	Employee Only		Employee & One Dependent		Employee & Family	
	Full Time (30 + hrs. wk.)	Part Time (20-29 hrs. wk.)	Full Time (30 + hrs. wk.)	Part Time (20-29 hrs. wk.)	Full Time (30 + hrs. wk.)	Part Time (20-29 hrs. wk.)
<a href="#">Regence BCBS PPO &amp; Vision Service Plan (VSP)</a>	112.48	380.96	223.14	755.78	314.66	1065.78
<a href="#">Kaiser Permanente Traditional</a>	116.30	393.92	232.60	787.84	348.90	1181.74
<a href="#">Regence BCBS HDHP &amp; Vision Service Plan (VSP)</a>	8.94	274.30	17.72	543.98	25.00	767.34
<a href="#">Kaiser Permanente HDHP</a>	6.74	206.62	13.46	413.24	20.20	619.86
<b>OPT-OUT AND RECEIVE CASH *</b>	\$150.00	\$105.00	\$150.00	\$105.00	\$150.00	\$105.00

*\*To Opt-Out of medical coverage, proof of other group coverage is required. Please attach the Healthcare Opt-out form, [found here](#)*

**Health Savings Account (HSA)** Employees enrolled in the HDHP plans must also be enrolled in the HSA. The county will contribute \$29.17 per pay period for single coverage or \$58.34 per pay period for family coverage. You may also contribute per pay period an amount up to the annual maximum allowed.

**DENTAL PLAN OPTIONS** - Eligible 1<sup>st</sup> of the month following 90 days, ends the last day of the month you work.

### Monthly Contributions for Employees

<b>DENTAL PROVIDER</b> <small>Click on the Provider link below to view a summary of benefits</small>	Employee Only		Employee & One Dependent		Employee & Family	
	Full Time (30 + hrs. wk.)	Part Time (20-29 hrs. wk.)	Full Time (30 + hrs. wk.)	Part Time (20-29 hrs. wk.)	Full Time (30 + hrs. wk.)	Part Time (20-29 hrs. wk.)
<a href="#">Delta Dental of WA (DDWA)</a>	5.58	18.90	10.52	35.64	16.28	55.14
<a href="#">Kaiser Permanente Dental</a>	7.02	23.78	14.04	47.56	21.06	71.34
<b>OPT-OUT AND RECEIVE CASH *</b>	\$50.00	\$35.00	\$50.00	\$35.00	\$50.00	\$35.00

*\*To Opt-Out of dental coverage, proof of other group coverage is required. Please attach the Healthcare Opt-out form, [found here](#)*

**NOTE:** This is a summary of benefits only; details are contained in the Summary Plan Descriptions, or other plan materials. This summary reflects benefits for full-time employees. Part-time, and project employee benefits may differ. Benefit Plans are subject to change.

### **Additional Benefits:**

**Flexible Spending Accounts for Healthcare and Dependent Care\*** Allows employees to pay for qualified expenses with pre-tax dollars.

**Group Term Life Insurance\*** Employer paid, 1x annual salary up to \$50,000. Plan includes Accidental Death & Dismemberment (AD&D).

**Additional Term Life Insurance\* (Optional)** Purchase increments of \$10,000 up to a maximum of \$500,000. Spouse coverage available in \$10,000 increments up to 100% of the employee's total coverage. Dependent child coverage available for \$5,000, \$7,500 or \$10,000. Evidence of insurability may be required.

**Long Term Disability Insurance\*** Employer paid. Pays 60% of covered salary up to a maximum monthly benefit of \$9,000 following a 60-calendar day waiting period or total length of accrued sick leave, whichever is longer.

**Long Term Disability Buy-Up\* (Optional)** Purchase an additional 6 2/3% benefit to increase total long term disability benefit to 66 2/3%.

**Employee Assistance Program** A free and confidential benefit that can assist you and your eligible dependents with services such as counseling, financial and life coaching, legal consultations, employee wellness, a discount program, and much more. Up to 6 individual counseling sessions per person, per issue, per year.

**Holidays** Eleven (11) Designated Holidays. Employees receive three (3) floating holidays per year equivalent to twenty-four hours credited on January 1 of each year and must be used by the end of the calendar year. Floating holidays may not be carried forward to the next calendar year. New employees shall receive a pro-rated share.

**Bereavement Leave** Up to forty (40) hours for covered family members (refer to policy). See policy for more details.

**Jury Duty Leave** Allowing paid time for employees to serve as a member of a jury (refer to policy).

**Military Leave** Providing military leave and reinstatement rights for employees.

**Washington State Public Employees' Retirement System (PERS )** Employee choice between PERS Plan 2 and Plan 3. Participation and employer/employee contributions required. Contribution rates established by DRS.

**457 Deferred Compensation Plan (Optional)** Employee paid tax-deferred retirement savings plan.

**Legally Mandated Benefits** Medicare, Unemployment Insurance, and Workers' Compensation. CRESA does not contribute to social security.

### **Vacation Accrual Schedule**

Vacation time available for vacation after the completion of 6 months of service; Vacation time use for sick leave immediate. Part-time employees accrue pro-rated share. **Sick Accrual** Eight (8) hours per month.

Completed Years of Service	Monthly Accrual (hours)	Hours per Year	Days per Year (based on 8 hr. workday)	Maximum Accumulation (hours)
Start	8	96	12	96
1	10	120	15	240
5	12	144	18	288
10	14	168	21	336
15	16	192	24	384
20	18	216	27	432
25	20	240	30	480
30	22	248	31	496

**\*Not available to project employees**