

# Clark County 2025 Benefits Summary

**CRESA 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 Collective Bargaining Agreement, 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 \$4,375 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.

**Premium Holiday Pay** Eleven (11) Designated Holiday And one (1) floating holiday at premium pay. See CBA for details.

**Bereavement Leave** Up to 41 hours upon death of covered family member as identified by the collective bargaining agreement.

**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 (PSERS)** 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.

### **Personal Time Off (PTO) Accrual Schedule**

**Sick Time Accrual:** Four (4) hours per month.

Part-time employees accrue pro-rated share.

Refer to the CBA for details.

Completed Years of Service	Monthly Accrual (hours)	Hours per Year	Maximum Accumulation (hours)
Start	14	168	168
1	14	168	336
5	16	192	384
10	19	228	456
15	21.5	258	516
20	24	288	576
25	27	324	648