

**City of Las Cruces
Benefits
July 2008**

	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			Uniformed	Uniformed
0-1 Year	56 hours	56 hours	56 hours	56 hours
2nd & 3rd Years	80 hours	80 hours	80 hours	112 hours
4th-10th Years	120 hours	120 hours	120 hours	168 hours
11+ Years	160 hours	160 hours	160 hours	224 hours
Sick Leave	12 days	12 days	12 days	16.9 days
Personal Day	8 Hours	8 Hours	8 Hours	12 Hours 56-hour 8 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 .65% City 1.30%	Employee .65% City 1.30%	Employee .65% City 1.30%	Employee .65% City 1.30%
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 %)	7.15 / 15.15 Plan 3	10.65 / 11.65 Plan 3	16.30 / 18.5 represented 10.30 / 18.5 unrep. Plan 5	14.8 / 21.25 represented 12.20 / 21.25 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
ICMA 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. Participating employees pay an administrative fee of \$0.24 per pay period regardless of the number of plans they elect. 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 third full pay period following the date of employment. The employee must work two full pay periods in order for benefits to be effective.

Medical Insurance Options
Presbyterian or Lovelace – HMO

Coverage	Employee per Pay Period	City per Pay Period
Single	\$69.03	\$103.54
Employee + Child	\$96.64	\$144.95
Employee + Spouse	\$155.31	\$232.96
Family	\$203.62	\$305.44
Domestic Partner	\$86.28	\$129.42
Domestic Partner & Dependents	\$134.59	\$201.90

Blue Cross Blue Shield or United Health Care- PPO

Coverage	Employee per Pay Period	City per Pay Period
Single	\$80.28	\$120.42
Employee + Child	\$112.39	\$168.59
Employee + 1	\$180.63	\$270.95
Family	\$236.82	\$355.24
Domestic Partner	\$100.35	\$150.53
Domestic Partner & Dependents	\$156.54	\$234.82

Life, Short-Term & Long Term Disability

Coverage	Employee per Pay Period	City per Pay Period
Employee	\$2.67	\$3.98
Dependent Life Insurance	\$0.45	\$0.68

Administration Fee

Coverage	Employee per Pay Period	City per Pay Period
Administration Fee	.24	.36

Dental Insurance –
Delta Dental

Coverage	Employee per Pay Period	City per Pay Period
Single	\$5.36	\$8.03
Employee + 1	\$10.71	\$16.06
Family	\$16.06	\$24.10
Domestic Partner	\$5.35	\$8.03
Domestic Partner & Dependents	\$10.70	\$16.07

VSP – Vision Service Plan*

Coverage	Employee per Pay Period	* Optional coverage 100% employee funded
Single	\$2.48	
Employee + 1	\$4.68	
Family	\$6.90	
Domestic Partner	\$2.20	
Domestic Partner & Dependents	\$4.42	

Pre-Paid Basic Legal Plan – ARAG*

Coverage	Employee per Pay Period	*Optional coverage 100% employee funded
Single	\$7.90	
Employee + 1	\$10.06	
Family	\$10.35	

Pre-Paid Basic Legal Plus Senior Advocate – ARAG*

Coverage	Employee per Pay Period	*Optional coverage 100% employee funded
Single	\$11.82	
Employee + 1	\$13.98	
Family	\$14.28	

Voluntary Term Life Insurance – 5 additional levels of life insurance for employee only; cost based on age and annual earnings; 100% employee funded.

Whole Life Insurance – Premiums determined on an individual basis; 100% employee funded.

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

***Life, Short-term and Long Term Disability Insurance** – Enrollment required for employee and dependent(s) if enrolling in a medical insurance plan. Coverage is optional for employees and dependent(s) not enrolled in a medical plan.