

Benefits At A Glance

The City of Allen provides a wide range of benefits and perks to our employees. These are some of the highlights of our benefit package.

Additional benefit information can be found in the Benefits Guide and on PRIDEwire.

Health, Dental, Vision & Wellness

The City of Allen offers two **medical plans**:

- \$1,250 Deductible
- \$2,700 Deductible



Telemedicine Virtual Visits

Dental includes dependent orthodontia benefits

Vision includes exams and hardware benefits

Wellness initiatives provide a premium reduction

Compass Professional Health Services helps find providers at the best possible expense to you

Cariloop Caregiver Services offer support while caring for family members

Retirement & Tax Advantage Plans

Texas Municipal Retirement System mandatory participation of 7% contribution, 5 year vesting, City match 2-1, prior service credit, retirement at 20 years of service or age 60 as long as you are vested

457 retirement account through ICMARC provides pre-tax contributions, participation is voluntary

Health Savings Account (HSA) available on medical Plan C, the City of Allen contributes \$1,000-2,000, pro-rated for enrollments midyear

Flexible Spending Accounts (FSA) for medical or dependent care



Vacation, Sick, Personal Days & Holidays

Vacation

Year 0-5: 80 hours
Year 5-9: 120 hours
Year 10+: 160 hours

Holidays: 8

Personal Day:
Year 0-5: 1 day
Year 5+: 2 days

Sick:

Year 1-5: 72 hours per year
Year 5+: 80 hours per year



FD Shift & PD 12hr: Vacation

Year 0-1: 120 hours
Year 1-9: 180 hours
Year 10+: 240 hours

Fire Shift: Sick

Year 1+: 108 hours per year

Life & Disability Insurance



City provides **basic life, accidental death & dismemberment (AD&D) and long-term disability coverage**

Supplemental life and AD&D coverage is available for you and family members, no underwriting for up to \$150,000 for employee and \$50,000 for spouse as a new hire

Short-term disability 60% salary continuation for up to 180 days, no underwriting for new hires

AFLAC and Legalshield policies available to be deducted from your paycheck on a post-tax basis, enroll through the company directly

Additional Perks

Tuition reimbursement up to \$2,500, eligible after completing probationary period

Employee Assistance Program assists with financial, legal and family matters

Gym membership to the Joe Farmer Recreation Center

Discount on membership to the Don Rodenbaugh Natatorium

Access to the City Suite for certain Allen Events Center games, events or activities.

Longevity Pay of \$4.00 per month of employment after completing 1 year of employment

Allen U online learning system with access to training and learning opportunities



Medical, Dental & Prescription Insurance

The City of Allen provides robust medical, dental, vision and prescription insurance policies through UnitedHealthcare. Below is an overview of the plan design and premiums. Electing a medical plan includes prescription and vision coverage. You may elect a dental plan separately from medical. All premiums listed are per pay period and the City deducts insurance from 24 pay periods per year.

Medical Plan B

Deductible: \$1,250 Single, \$2,500 Family
Preventive Care: Free
Doctor Visits:
 \$25.00- Primary care physician, virtual visit
 \$50.00- Specialist, Urgent Care
 \$150.00 - Emergency Room
Coinsurance: 20%
Out-of-Pocket Max: \$4,250 Single, \$8,500 Family
Premiums:

Employee Only	\$17.44
Employee & Spouse	\$159.34
Employee & Child(ren)	\$141.36
Employee & Family	\$176.49

Medical Plan C w/ HSA

Deductible: \$2,700 Individual, \$5,400 Family
Preventive Care: Free
Doctor Visits:
 20% after deductible
Coinsurance: 20%
Out-of-Pocket Max: \$4,000 Single, \$8,000 Family
HSA City Contribution: \$1,000 Single, \$2,000 Family
Premiums:

Employee Only	\$0.00
Employee & Spouse	\$121.40
Employee & Child(ren)	\$107.71
Employee & Family	\$134.47

Vision

Exam Copay: \$15
Frames: \$130 allowance
Lens Options: Standard scratch-resistant coating covered at 100%, optional lens upgrades offered at a discount.
Contact Lenses: Up to \$105 allowance
Laser Vision: 5-15% off charges
Cost & Enrollment: Included in medical enrollment
Frequency:

Exams, Lenses & Contacts	Every plan year
Frames	Every 2 plan years

Dental

Deductible: \$50 Individual, \$150 Family
Preventive Care: 2 cleaning & exam per year free
Additional Services:
 20% for fillings, extractions, root canals
 50% for crowns, dentures, bridge work
Plan Year Maximum: \$1,500
Orthodontia: covered for dependents under age 19, up to lifetime maximum of \$1,500
Premiums:

Employee Only	\$0.59
Employee & Family	\$25.73

Prescriptions

Plan B Copays:
 Tier 1: \$10.00
 Tier 2: \$30.00
 Tier 3: \$60.00
 Specialty: \$150.00

Plan C Copays:
 Preventive: \$0.00
 Tier 1: \$10.00 after deductible
 Tier 2: \$30.00 after deductible
 Tier 3: \$60.00 after deductible
 Specialty: \$150.00 after deductible

90 day supply available from retail or mail order, discount for 90 day supply available.