

FIVE COUNTY ASSOCIATION OF GOVERNMENTS
FRINGE BENEFITS
FY 2026

	<u>Present</u>	<u>FY 2026</u>
A. Social Security Match on Gross Salaries	7.65%	7.65%
B. Utah State Retirement on Gross Salaries		
Contributory System	19.96%	17.96%
Tier 1 Non-Contributory System	17.97%	15.97%
Tier 2 Non-Contributory System	16.19%	14.19%
Hybrid (14.19% Employer and 0.81% Employee)		
DC Plan (4.19% Employer and 10.0% 401K)		
Tier 1 Post Retired	6.11%	5.87%
D. Worker's Compensation/Industry Rate & Effective Rate (for budgeting purposes)		
County Employee	.0155	.0110
Clerical Employee	.0011	.0070
E. Unemployment Insurance		
Utah Dept. of Workforce Services on first		
\$48,900 gross salaries x .005 = \$235.00	.005	.003
F. Salary Deferral Program		
Utah State Retirement – 457, 401K, and IRA Programs voluntary to post-1995 employees		
1.25% 401K contribution to pre-1995 employees (Janeil)		
G. Holidays		
13 Paid Holidays		
H. Vacation and Sick Leave (4 hours per pay period for full-time benefited employees 0-5 yrs, 5 hours per pay period for full-time benefited employees 5-10 yrs, 6 hours per pay period for full-time benefited employees)		
2. Pay for Performance		
J. COLA (Cost of Living Adjustment)		

July 1, 2026	2% Proposed
July 1, 2025	3% COLA
July 1, 2024	7% COLA

k. Indirect Cost Rate	12.72	13.51
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INSURANCE BREAKDOWN
(prior to employee share)

		<u>Present</u>	<u>FY 2026</u>
UHC	EMPLOYEE	791.70	891.20
UHC	EMPLOYEE/SPOUSE	1781.32	2005.19
UHC	EMPLOYEE/CHILD/CHILDREN	1702.16	1916.09
UHC	FAMILY	2454.28	2762.73
UHC HSA	EMPLOYEE	562.26	630.96
UHC HSA	EMPLOYEE/SPOUSE	1265.08	1419.66
UHC HSA	EMPLOYEE/CHILD/CHILDREN	1208.86	1356.57
UHC HSA	FAMILY	1743.01	1955.98
HSA CONTRIBUTION	EMPLOYEE	195.00	195.00
HSA CONTRIBUTION	EMPLOYEE/SPOUSE	450.00	450.00
HSA CONTRIBUTION	EMPLOYEE/CHILD/CHILDREN	430.00	430.00
HSA CONTRIBUTION	FAMILY	630.00	630.00
Dental	EMPLOYEE	55.02	59.97
Dental	EMPLOYEE + 1	75.26	82.03
Dental	FAMILY	113.93	124.18
ULGT Vision/EMI Vision	SINGLE	6.40	6.40
ULGT Vision/EMI Vision	DOUBLE/EE + Spouse	14.00	14.00
ULGT Vision/EMI Vision	EMPLOYEE/CHILD/CHILDREN	14.80	14.80
ULGT Vision/EMI Vision	FAMILY	21.50	21.50
PHEP Life (base rate adjusted with age)	SINGLE	8.41	8.41
EAP	GROUP	3,600.00	3,600.00

Monthly Cost Breakdown (Medical PPO Plan, ULGT Vision, Life, and Dental combined):

MONTHLY TOTALS	Total Cost	ER Cost	EE Cost
Employee Only	\$965.98	\$859.98	\$106.00
Employee + Spouse	\$2,109.63	\$1,877.54	\$232.09
Employee + Child(ren)	\$2,063.48	\$1,836.03	\$227.45
Family	\$2,916.82	\$2,595.44	\$321.38

Monthly Cost Breakdown (Medical HSA Plan, HSA Contribution, EMI Vision, Life, and Dental combined):

MONTHLY TOTALS	Total Cost	ER Cost	EE Cost
Employee Only	\$900.74	\$823.37	\$77.37
Employee + Spouse	\$1,974.10	\$1,806.41	\$167.69
Employee + Child(ren)	\$1,933.96	\$1,768.06	\$165.90
Family	\$2,740.07	\$2,507.43	\$232.64

** Individual contribution is 11% of the total insurance premium.