## FIVE COUNTY ASSOCIATION OF GOVERNMENTS FRINGE BENEFITS FY 2024

		<u>Present</u>	FY 2024
A.	Social Security Match on Gross Salaries	7.65%	7.65%
В.	Utah State Retirement on Gross Salaries		
	Contributory System	19.96%	19.96%
	Tier 1 Non-Contributory System	17.97%	17.97%
	Tier 2 Non-Contributory System Hybrid (16.01% Employer and 0.18% 401K) DC Plan (6.19% Employer and 10.0% 401K)	16.19%	16.19%
	Tier 1 Post Retired	6.11%	6.11%
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C. Worker's Compensation/Industry Rate & Effective Rate (for budgeting purposes)

County Employee	.0185	.0155/.00805
Clerical Employee	.0014	.0011/.000479

D. Unemployment Insurance

Utah Dept. of Workforce Services on first \$44,800.00 gross salaries x .006 = \$269.40 .007 .006

E. 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)

F. Holidays

13 Paid Holidays

- G. Vacation and Sick Leave (4 hours per pay period for full-time benefitted employees)
- H. Pay for Performance
- I. COLA (Cost of Living Adjustment)

July 1, 2023	7% Proposed
July 1, 2022	7% COLA
July 1, 2021	2.5% COLA

J. Indirect Cost Rate CURRENT FY2023: 13.12% NEW FY2024: 12.30%

## **INSURANCE BREAKDOWN**

(prior to employee share \*\*)

		<u>Present</u>	FY 2024
Select Health/ Select Health/	ct Health/(FY2024) United Healthcare EMPLOYEE/ 'United Healthcare EMPLOYEE/SPOUSE 'United Healthcare EMPLOYEE/CHILD/CHILDREN 'United Healthcare FAMILY	686.20 1,784.10 1,303.90 2,401.70	704.85 1,585.91 1,515.83 2,185.04
Dental Dental Dental	EMPLOYEE EMPLOYEE + 1 FAMILY	52.90 72.37 109.55	52.90 72.37 109.55
ULGT Vision ULGT Vision ULGT Vision	SINGLE DOUBLE FAMILY	5.00 10.00 20.00	5.00 10.00 20.00
ULGT Life (base rate adjusted with age) SINGLE		8.65	8.65
EAP	GROUP		3,600.00

## Monthly Cost Breakdown (Medical, Vision, Life, and Dental combined):

## **Employee Coverage Only:**

AOG Cost: \$687.50 Employee Cost: \$83.90 **Total Cost**: \$771.40

**Employee + Spouse Coverage:** 

AOG Cost: \$1493.42 Employee Cost: \$183.51 **Total Cost:** \$1676.93

**Employee + Child Coverage:** 

AOG Cost: \$1431.05 Employee Cost: \$175.80 **Total Cost:** \$1606.85

**Employee + Children Coverage:** 

AOG Cost: \$1431.05 Employee Cost: \$175.80 **Total Cost:** \$1606.85

**Family Coverage:** 

AOG Cost: \$2068.64 Employee Cost: \$254.60 **Total Cost:** \$2323.24

<sup>\*\*</sup> Individual employee contribution is 11% of the total insurance premium.