

2019 City of Goodlettsville Benefit Summary

Vacation *Hour for Hour*

Shift:	8 hr	12 hr	24 hr
6 mo service:	40 hrs	42 hrs	53 hrs
1 yr service:	80 hrs	84 hrs	106 hrs
*5 yrs service:	120 hrs	126 hrs	160 hrs
10 yrs service:	160 hrs	168 hrs	213 hrs

Paid Holidays (11)

New Years Day
 Memorial Day
 Independence Day
 Labor Day
 Thanksgiving Day
 Christmas Eve
 Christmas Day
 Four Floating Day (July-July)

Sick Leave (*Hour for Hour*)

8 hour shift employee earns 8hrs/month
 12 hr shift employee earns 8.42/month
 24 hr shift employee earns 10.67/month

Education Assistance

Tuition reimbursement program after 1yr

Longevity *(as allowed by budget)

1-4 years - \$50 per year of service
 5 or more years - \$100 per year

Flu Vaccinations

Offered onsite, 100% paid by insurance

Employee Assistance Plan (EAP)

City provides employee at no cost

Degree Incentive: 2% AS 4%BA

TN Consolidated Retirement System (TCRS) (after 6 months of employment)

City funds entire contribution 14.99% of salary for those hired before 1/1/13. Vested after 5 years of membership. After 1/1/13, employee pays 5%. Bridge plan for PD/FD.

Deferred Compensation Plan – Sections 457 and 401 (after 6 months)

Employee makes voluntary pre-taxed contributions to 457. No City contribution.

Insurance – Colonial Supplemental Products (all amounts are bi-weekly)

Must meet with Colonial representative upon hire or open enrollment.

Dental-BCBS

Employee only –City pays premium
 Family - \$24.83/check

Life- BCBS

Two times annual salary up to \$180,000
 City pays entire premium.
 (35% reduction at age 65)

Supplemental Life – Guardian

Available for employees/dependents
 Employee pays premium

Long Term Disability- Guardian

City pays entire premium

Voluntary Vision – BCBS

Single – \$2.61/check
 Employee +spouse - \$5.22/check

Employee + children -\$5.49/check
 Employee + family – \$8.62/check

Medical - BCBS : HRA : \$750Deductible/\$1482 Max: \$30 co-pay; spec \$45

Option 1(S network)

No HCA Hospitals; 10/75/150Scripts

Employee only: \$26.08/check
 Employee +1: \$52.05/check
 Family: \$75.60/check

Option 2 (S network) +

No HCA Hospitals; 10/35/50 Scripts

\$92.69/check
 \$185.40/check
 \$269.51/check

Option 3(P network)

HCA Hospitals; 10/75/150Scripts

Employee only: \$58.60/check
 Employee +1: \$117.15/check
 Family: \$170.27/check

Option 4 (P network) +

HCA Hospitals; 10/35/50 Scripts

\$126.03/check
 \$252.14/check
 \$366.54/check

www.employeenavigator.com to log in and check your benefits.