City of Jonesboro										
Benefit Study - June 2007										
Bellefit Study - Julie 2007	Jonesboro	Springdale	Jackson	Iofforcon Ctv	Pine Bluff	Cana Gir	Fort Smith	Hot Carings	Pagara	Egyottoville
		1	TN	Jefferson Cty		Cape Gir.	Fort Smith	Hot Springs	Rogers	Fayetteville
	AR	AR	TIN	MO	AR	МО	AR	AR	AR	AR
Avg. Pay Increase 2006	2.5%	5.8%	.59 flat rate	2.5%	0%	4.0%	3.0%	3.5%	4.0%	5.86%
Avg. Pay Increase 2007	2.5%	6.4%	3%	2.5%	0%	4.0%	3.0%	3.66%	5.0%	3.0%
Salary Range Inc. 2006	1.5%	3.30%	2% - 5%	4%	0%	2.0%	2.0%	2.5%	N/A	3.5%
Salary Range Inc. 2007	1.5%	4.60%	270 070	0%	0%	2.0%	2.0%	2.93%	N/A	****
Avg. Cost of Benefits - %	36%	33%	36%	33%	0,0	34%	30%	38%		25%
Single Med. Prem. Employee %	30%	30%	30%	0%	15%	0%	0%	0%	12%	2%
Single Med. Prem. Employee %	70%	70%	70%	100%	85%	100%	100%	100%	88%	98%
Family Med. Prem. Employee %	30%			42.5%	41%			100%	12%	12%
	70%	30% 70%	37% 63%	57.5%	59%	100% 0%	33% 67%	0%	88%	88%
Family Med. Prem. Employer %									\$300	
Med. Deductible Employee \$	\$500	\$500	\$1,000	\$250	\$500	\$2,500	\$400	\$750		\$500
Med. Deductiible Family \$	\$500 x 3	\$500 x 3	\$2,000	\$500	\$500 ea	\$7,500	\$1,200	\$750 x 3	\$600	\$1,000
Medical Co-Pay %	20%	10%	% *	0% after copay	10%	10%	20%	20%	20%	20%
Medical Stop Loss - Single	\$5,000	\$2,000	\$1,000	N/A	\$2,000	\$5,000	\$2,500	\$4,000	\$5,000	\$5,000
Medical Stop Loss - Family	\$10,000	\$2,000	\$2,000	N/A	\$2,000	\$10,000	\$7,500	\$8,000	\$10,000	\$10,000
Maximum Life Time Benefit	\$1 MM	\$2 MM	Unlimited	Unlimited	\$1 MM	Unlimited	\$1 MM	\$1 MM	\$2MM	\$2 MM
Single Dent. Prem. Employee %	0%	30%	36%	0%	w/medical	0%	0%	0%	12%	100%
Single Dent. Prem. Employer %	100%	70%	64%	100%	w/medical	100%	100%	100%	88%	0%
Family Dent. Prem. Employee %	100%	30%	33%	56.5%	w/medical	100%	0	100%	12%	100%
Family Dent. Prem. Employer %	0%	70%	67%	43.5%	w/medical	0%	100%	0%	88%	0%
Dental Deductible - Employee \$	\$50	\$50	\$50	\$75/indiv.	\$50	\$50	\$50	\$75	\$25	\$50
Dental Deductible - Family \$	\$50/Person	\$50/person	\$150	\$225 family	\$50 each	\$50 each	\$50 each	\$75 each	\$25	\$50 each
Dental Coverage % Basic Care	80%	80%	80%	80%	90%	80%	80%	80%	80%	80%
Dental Coverage % Major Care	50%	50%	50%	50%	90%	50%	80%	50%	50%	50%
Dental Coverage % Ortho Care	\$1,000	\$1,000	0%	50%	\$750	50%	\$1,500	\$2,000	\$1,000	\$1,000
Annual Coverage Limit \$	\$1,000	\$1,000	\$1,500	\$1,000	\$1,000	\$1,000	\$1,500	\$1,000	\$1,000	\$1,500
Life Insurance - Policy Amount	\$10,000	\$15,000	1 x salary	1 x salary	\$10,000	1 x salary	5 x salary	1 x salary	2 x salary	1.5 x salary
Life Ins. Prem. By Employer	70%	70%	100%	100%	w/medical	100%	100%	100%	100%	100%
Retirement Plan	Non Contrbt.	3% Mandt.	Non Contrbt.	Non Contrbt.	3% Mandt.	Non Contrbt.	Non Contrbt.	5% Mandt.	5% Mandt.***	3% Mandt.
Retirement Health Plan Offered	Yes	Yes	Yes	Same/Active	Yes	Yes	Yes	Yes	Yes	Yes
Section 125	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes
Health Savings Account (HAS)	No	No	No	No	No	No	No	No	No	Yes
Paid Holidays	11	11	11	10	10	9**	11	10	11	12
Sick Days Per Year	12	20	15	15	12	12	12	15	12	12
Vacation Days 1 Year	10	10	15	11	6	12	10	10	10	10
Vacation Days 2 Years	10	15	15	11	12	12	10	10	10	12
Vacation Days 5 Years	15	15	15	11	12	12	10	15	15 (6 yrs)	12
Vacation Day 10 Years	15	15	15	16	15	15	15	15	20 (11 yrs)	15
Vacation Days 15 Years	15	20	20	21	18	15	20	20	20	15
Vacation Days 20 Years	15	20	20	21	24	21	20	20	20	18
Vacation Days 25 Years	15	25	20	22	24	24	20	20	20	24
Long Term Disability Insurance	Voluntary	Yes		Yes	No No	No No	Yes	No	Yes	Yes
LTD Prem. Paid By Employer %	0%	100%	Voluntary 0%	100%	0%	0%	100%	0%	100%	100%
Long Term Care Insurance	No	No	No	No	No	No	No	No	Yes	No
LTC Prem. Paid By Employer %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Vision Care Insurance	w/dental	Yes	Yes	Voluntary	w/medical	w/medical	Yes	No	Yes	Yes
Vision Prem. Employer %	w/dental	70%	0%	0%	w/medical	w/medical	100%	0%	0%	0%
Short Term Disability	Voluntary	No	No	No	No	No	No	No	Voluntary	No
STD Premium Employer %	0%	0%	\$0	0%	0%	0%	0%	0%	0%	0%
Continuing Education Benefit	No	No	Yes	Yes	No	Yes	Yes	job related	No	Yes
Sick Bank	Yes	1				1		Yes	Yes	Yes
		No	No Voc	Yes	No No	No	No	1		
Emp. Assisstance Program	Yes	No	Yes	Yes	No	Yes	Yes	No	Yes	Yes

^{*} Also offer a non-deductible plan which has different copays depending on medical procedure

^{**} Employee also receives 2 personal days per year

^{*** 457} Plan in addition to APERS

^{****} Adopted New Pay Plan