

# 2026 EMPLOYEE BENEFITS AT A GLANCE

## HEALTH BENEFITS



### MEDICAL INSURANCE

**ELIGIBILITY:** All full-time, eligible part-time employees and elected officials.

**EFFECTIVE:** The first day of the second month following the date of employment.

#### MAJOR MEDICAL (IND/FAMILY)

**Option A:** \$500/\$1,000 deductible with \$1,000/\$2,000 coinsurance each benefit period

**Option B:** \$1,500/\$3,000 deductible with \$1,000/\$2,000 coinsurance each benefit period

**Option C:** \$3,500/\$7,000 deductible with \$1,000/\$2,000 coinsurance each benefit period

#### EMERGENCY

\$200 co-pay, per visit, unless admitted to the hospital as an inpatient.

#### PHARMACY

Prescription drugs & mail order – The quantity per prescription shall be greater than a 34-day supply or 100-unit dosage if defined as a maintenance drug.

**BlueRX Card:** \$15/\$50/\$75/\$150/20% up to \$250 pharmacy drug card.

**Generic Mandatory:** If you purchase a brand-name drug with an available generic equivalent, you will be responsible for the difference in the allowable charge for the generic versus the brand.

**COST:** The employee & employer contribute to this program bi-weekly; employee costs:

| Option A (\$500/\$1000) |          |
|-------------------------|----------|
| Employee Only           | \$58.66  |
| Employee/Child(ren)     | \$232.07 |
| Employee/Spouse         | \$245.94 |
| Family                  | \$360.68 |

| Option B (\$1500/\$3000) |          |
|--------------------------|----------|
| Employee Only            | \$27.93  |
| Employee/Child(ren)      | \$165.51 |
| Employee/Spouse          | \$175.40 |
| Family                   | \$257.13 |

| Option C (\$3500/\$7000) |          |
|--------------------------|----------|
| Employee Only            | \$10.43  |
| Employee/Child(ren)      | \$102.87 |
| Employee/Spouse          | \$109.00 |
| Family                   | \$159.72 |

**WELLNESS PREMIUM:** The completion of biometric screening and any follow-up appointments by the employee will allow for a reduction in the health premium (if the spouse completes screening, an additional reduction will be applied)

| Option A (\$500/\$1000) \$15 Wellness Premium |          |
|---|----------|
| Employee Only                                 | \$51.73  |
| Employee/Child(ren)                           | \$225.14 |
| Employee/Spouse                               | \$239.01 |
| Family  | \$353.76 |

| Option B (\$1500/\$3000) \$15 Wellness Premium |          |
|--|----------|
| Employee Only                                  | \$21.00  |
| Employee/Child(ren)                            | \$158.58 |
| Employee/Spouse                                | \$168.48 |
| Family   | \$250.20 |

| Option C (\$3500/\$7000) \$15 Wellness Premium |          |
|--|----------|
| Employee Only                                  | \$3.51   |
| Employee/Child(ren)                            | \$95.95  |
| Employee/Spouse                                | \$102.08 |
| Family   | \$152.79 |

| Option A (\$500/\$1000) \$25 Wellness Premium |          |
|---|----------|
| Employee Only                                 | \$51.73  |
| Employee/Child(ren)                           | \$225.14 |
| Employee/Spouse                               | \$234.40 |
| Family  | \$349.14 |

| Option B (\$1500/\$3000) \$25 Wellness Premium |          |
|--|----------|
| Employee Only                                  | \$21.00  |
| Employee/Child(ren)                            | \$158.58 |
| Employee/Spouse                                | \$163.86 |
| Family   | \$245.59 |

| Option C (\$3500/\$7000) \$25 Wellness Premium |          |
|--|----------|
| Employee Only                                  | \$3.51   |
| Employee/Child(ren)                            | \$95.95  |
| Employee/Spouse                                | \$97.46  |
| Family   | \$148.18 |



### DENTAL INSURANCE

**ELIGIBILITY:** All full-time, eligible part-time employees and elected officials.

**EFFECTIVE:** The first day of the second month following the date of employment.

#### DENTAL

Building block plan paying either 80% or 50% depending on services.

**COST:** The employee & employer contribute to this program bi-weekly; employee costs:

| Dental              |         |
|---------------------|---------|
| Employee Only       | \$8.98  |
| Employee/Child(ren) | \$15.94 |
| Employee/Spouse     | \$17.04 |
| Family              | \$23.98 |



### GROW-WELL CLINIC

**ELIGIBILITY:** All full-time, eligible part-time employees and elected officials enrolled in the County's group health plan are encouraged to utilize the Grow Well employee clinic at no charge to the employee; spouses and dependents on County insurance can also utilize the clinic at no charge.

**BENEFIT:** Grow Well Clinic offers **confidential** primary, preventative, and urgent care as well as nutrition, wellness, & mental wellness.

**COST:** The employer contributes the entire cost of this program.



### TRIA HEALTH (Rx ADVOCATE)

**ELIGIBILITY:** All full-time, eligible part-time employees and elected officials enrolled in the County's health insurance are eligible to sign up for this **free** and **confidential** benefit.

**BENEFIT:** Tria Health's pharmacists act as your medication experts and work with you and your doctor(s) to make sure your conditions are controlled without the risk of medication-related problems.

**COST:** The employer contributes the entire cost of this program.

| <br><b>TRIA<br/>HEALTH</b><br><i>(CHOOSE TO LOSE)</i> | <p><b>ELIGIBILITY:</b> All full-time, eligible part-time employees and elected officials enrolled in the County's health insurance who have a BMI <math>\geq 30</math> or a BMI <math>\geq 27</math> with co-morbidity are eligible to sign up.</p> <p><b>BENEFIT:</b> Tria Health's dieticians assist in behavioral, lifestyle, and dietary modifications for weight management and can provide access to weight loss medications if there is a need.</p> <p>For more information, please contact Human Resources.</p> <p><b>COST:</b> The employer contributes the entire cost of this program.</p>  |                        |  |               |        |                     |        |                 |        |        |         |                          |  |               |        |                     |         |                 |        |        |         |
|---|--|------------------------|--|---------------|--------|---------------------|--------|-----------------|--------|--------|---------|--------------------------|--|---------------|--------|---------------------|---------|-----------------|--------|--------|---------|
| <br><b>AMWELL</b>                                     | <p><b>ELIGIBILITY:</b> All full-time, eligible part-time employees, elected officials, and their dependents, enrolled in the County's health insurance, are eligible to sign up for this <u>free</u> and <u>confidential</u> benefit.</p> <p><b>BENEFIT:</b> Provides 24/7 telehealth; please contact Human Resources for more information.</p> <p><b>COST:</b> The employer contributes the entire cost of this program.</p>  |                        |  |               |        |                     |        |                 |        |        |         |                          |  |               |        |                     |         |                 |        |        |         |
| <br><b>EXPERIAN</b>                                   | <p><b>ELIGIBILITY:</b> All full-time, eligible part-time employees, elected officials, and their dependents, enrolled in the County's health insurance are eligible to sign up for this <u>free</u> and <u>confidential</u> benefit.</p> <p><b>BENEFIT:</b> Provides identity theft monitoring; please contact Human Resources for more information.</p> <p><b>COST:</b> The employer contributes the entire cost of this program.</p>   |                        |  |               |        |                     |        |                 |        |        |         |                          |  |               |        |                     |         |                 |        |        |         |
| <br><b>VISION<br/>INSURANCE</b>                       | <p><b>ELIGIBILITY:</b> All full-time, eligible part-time employees and elected officials.</p> <p><b>BENEFIT:</b> Supplemental vision plan with dual options, both covering exams, frames, lenses, contacts, etc.</p> <p><b>COST:</b> The employee contributes the entire cost of this program; employee costs:</p> <table border="1" data-bbox="470 916 801 1015"> <tr> <th colspan="2"><b>VSP - Base Plan</b></th> </tr> <tr> <td>Employee Only</td> <td>\$4.81</td> </tr> <tr> <td>Employee/Child(ren)</td> <td>\$7.88</td> </tr> <tr> <td>Employee/Spouse</td> <td>\$7.69</td> </tr> <tr> <td>Family</td> <td>\$12.66</td> </tr> </table> <table border="1" data-bbox="817 916 1148 1015"> <tr> <th colspan="2"><b>VSP - Buy-Up Plan</b></th> </tr> <tr> <td>Employee Only</td> <td>\$6.25</td> </tr> <tr> <td>Employee/Child(ren)</td> <td>\$10.21</td> </tr> <tr> <td>Employee/Spouse</td> <td>\$9.99</td> </tr> <tr> <td>Family</td> <td>\$16.45</td> </tr> </table> | <b>VSP - Base Plan</b> |  | Employee Only | \$4.81 | Employee/Child(ren) | \$7.88 | Employee/Spouse | \$7.69 | Family | \$12.66 | <b>VSP - Buy-Up Plan</b> |  | Employee Only | \$6.25 | Employee/Child(ren) | \$10.21 | Employee/Spouse | \$9.99 | Family | \$16.45 |
| <b>VSP - Base Plan</b>  |  |                        |  |               |        |                     |        |                 |        |        |         |                          |  |               |        |                     |         |                 |        |        |         |
| Employee Only   | \$4.81   |                        |  |               |        |                     |        |                 |        |        |         |                          |  |               |        |                     |         |                 |        |        |         |
| Employee/Child(ren)   | \$7.88   |                        |  |               |        |                     |        |                 |        |        |         |                          |  |               |        |                     |         |                 |        |        |         |
| Employee/Spouse   | \$7.69   |                        |  |               |        |                     |        |                 |        |        |         |                          |  |               |        |                     |         |                 |        |        |         |
| Family  | \$12.66  |                        |  |               |        |                     |        |                 |        |        |         |                          |  |               |        |                     |         |                 |        |        |         |
| <b>VSP - Buy-Up Plan</b>  |  |                        |  |               |        |                     |        |                 |        |        |         |                          |  |               |        |                     |         |                 |        |        |         |
| Employee Only   | \$6.25   |                        |  |               |        |                     |        |                 |        |        |         |                          |  |               |        |                     |         |                 |        |        |         |
| Employee/Child(ren)   | \$10.21  |                        |  |               |        |                     |        |                 |        |        |         |                          |  |               |        |                     |         |                 |        |        |         |
| Employee/Spouse   | \$9.99   |                        |  |               |        |                     |        |                 |        |        |         |                          |  |               |        |                     |         |                 |        |        |         |
| Family  | \$16.45  |                        |  |               |        |                     |        |                 |        |        |         |                          |  |               |        |                     |         |                 |        |        |         |

## WEALTH BENEFITS

| <br><b>PENSION<br/>PLAN</b><br><i>(KPERS &amp; KP&amp;F)</i> | <p><b>ELIGIBILITY:</b> All full-time, eligible part-time employees and elected officials.</p> <p><b>EFFECTIVE:</b> New participants with or without a previous membership are effective immediately.</p> <p><b>COST:</b> The employee and employer make contributions at rates established by the Kansas Public Retirement System.</p> <p><b>KPERS</b></p> <table border="1" data-bbox="470 1317 997 1417"> <tr> <th colspan="2"><b>2026 KPERS Rates</b></th> </tr> <tr> <td>Employee</td> <td>6% of Gross Check</td> </tr> <tr> <td>Employer</td> <td>9.59% of Gross Check</td> </tr> </table> <p><b>KP&amp;F</b></p> <table border="1" data-bbox="470 1474 997 1573"> <tr> <th colspan="2"><b>2026 KP&amp;F Rates</b></th> </tr> <tr> <td>Employee</td> <td>7.15% of Gross Check</td> </tr> <tr> <td>Employer</td> <td>24% of Gross Check</td> </tr> </table> | <b>2026 KPERS Rates</b> |  | Employee | 6% of Gross Check | Employer | 9.59% of Gross Check | <b>2026 KP&amp;F Rates</b> |  | Employee | 7.15% of Gross Check | Employer | 24% of Gross Check |
|--|---|-------------------------|--|----------|-------------------|----------|----------------------|----------------------------|--|----------|----------------------|----------|--------------------|
| <b>2026 KPERS Rates</b>  |   |                         |  |          |                   |          |                      |                            |  |          |                      |          |                    |
| Employee   | 6% of Gross Check   |                         |  |          |                   |          |                      |                            |  |          |                      |          |                    |
| Employer   | 9.59% of Gross Check  |                         |  |          |                   |          |                      |                            |  |          |                      |          |                    |
| <b>2026 KP&amp;F Rates</b>   |   |                         |  |          |                   |          |                      |                            |  |          |                      |          |                    |
| Employee   | 7.15% of Gross Check  |                         |  |          |                   |          |                      |                            |  |          |                      |          |                    |
| Employer   | 24% of Gross Check  |                         |  |          |                   |          |                      |                            |  |          |                      |          |                    |
| <br><b>BASIC LIFE<br/>INSURANCE</b>                          | <p><b>KPERS</b></p> <p><b>ELIGIBILITY:</b> All full-time, eligible part-time employees and elected officials who are participating in KPERS</p> <p><b>EFFECTIVE:</b> New participants with or without a previous membership are effective immediately.</p> <p><b>BENEFIT:</b> Provides an insured death benefit of 150% of your annual rate of compensation.</p> <p><b>COST:</b> The employer contributes at rates established by the Kansas Public Retirement System.</p>  |                         |  |          |                   |          |                      |                            |  |          |                      |          |                    |

|  <p><b>LONG-TERM<br/>DISABILITY</b></p>                 | <p><b>KPERS</b></p> <p><b>ELIGIBILITY:</b> All full-time, eligible part-time employees and elected officials who are participating in KPERS</p> <p><b>EFFECTIVE:</b> New participants with or without a previous membership are effective immediately.</p> <p><b>BENEFIT:</b> Provides a monthly benefit based on 60% of your annual rate of compensation. To qualify, you must be totally disabled for 180 continuous days.</p> <p><b>COST:</b> The employer contributes at rates established by the Kansas Public Retirement System.</p> <p><b>KP&amp;F</b></p> <p><b>ELIGIBILITY:</b> All full-time, eligible part-time employees and elected officials who are participating in KPERS</p> <p><b>EFFECTIVE:</b> New participants with or without a previous membership are effective immediately.</p> <p><b>BENEFIT:</b> Provides a monthly benefit dependent on Tier level I or II, if service or non-service related, and eligibility for full retirement or not. No waiting period</p> <p><b>COST:</b> The employer contributes at rates established by the Kansas Public Retirement System.</p>   |                            |  |           |                              |            |                              |             |                              |             |                              |             |                              |              |                              |
|---|--|----------------------------|--|-----------|------------------------------|------------|------------------------------|-------------|------------------------------|-------------|------------------------------|-------------|------------------------------|--------------|------------------------------|
|  <p><b>OPTIONAL<br/>GROUP LIFE<br/>INSURANCE</b></p>    | <p><b>ELIGIBILITY:</b> All full-time, eligible part-time employees and elected officials who are participating in KPERS. Employees have 30 days from their first day actively working in a covered position to apply for optional group life insurance. Annual KPERS OGLI open enrollment takes place in the month of September.</p> <p><b>EFFECTIVE:</b> The first day of the calendar month following the end of the payroll period for which the agency deducts a premium.</p> <p><b>BENEFIT:</b></p> <p><b>Employee:</b> Guaranteed issuance without a health physical is \$50,000 up to \$250,000 maximum. Total maximum coverage is \$400,000 with a health physical.</p> <p><b>Spouse:</b> Guaranteed issuance without a health physical is \$25,000 maximum. Total maximum coverage is \$100,000 with a health physical.</p> <p><b>Child(ren):</b> Guaranteed issuance without a health physical is \$10,000 or \$20,000 maximum. <i>*One premium covers all eligible children in your family, up to the age of 26</i></p> <p><b>COST:</b> The employee contributes at rates established by the Kansas Public Retirement System.</p>   |                            |  |           |                              |            |                              |             |                              |             |                              |             |                              |              |                              |
|  <p><b>ADDITIONAL<br/>RETIREMENT<br/>PROGRAMS</b></p> | <p><b>ELIGIBILITY:</b> All full-time, eligible part-time employees and elected officials.</p> <p><b>EFFECTIVE:</b> The first day of the calendar month following the date of employment.</p> <p><b>BENEFIT:</b> A deferred compensation (457(b)) program with a tenure-based employer match 401(a) program, combined with your pension and other retirement savings, can help ensure your retirement years are financially secure. <i>*457(b) participation is required to be eligible for 401a employer match; employer match does not take effect until completion of 1 year of service</i></p> <table border="1" data-bbox="442 1374 915 1586"> <tr> <th colspan="2"><b>401a Employer Match</b></th> </tr> <tr> <td>1-5 years</td> <td>up to \$30 (bi-weekly) match</td> </tr> <tr> <td>6-10 years</td> <td>up to \$40 (bi-weekly) match</td> </tr> <tr> <td>11-15 years</td> <td>up to \$50 (bi-weekly) match</td> </tr> <tr> <td>16-20 years</td> <td>up to \$60 (bi-weekly) match</td> </tr> <tr> <td>21-25 years</td> <td>up to \$70 (bi-weekly) match</td> </tr> <tr> <td>26-30+ years</td> <td>up to \$80 (bi-weekly) match</td> </tr> </table> <p><b>Nationwide Retirement:</b> Nationwide offers both pre-tax and post-tax (Roth) contribution options (<i>\$10 minimum per paycheck</i>) for the 457(b) program.</p> <p><b>Empower Financial:</b> Empower Financial offers both pre-tax and post-tax (Roth) contribution options (<i>\$12 minimum per paycheck</i>) for the 457(b) program.</p> <p><b>COST:</b> The employee contributes at rates established with the vendor.</p> | <b>401a Employer Match</b> |  | 1-5 years | up to \$30 (bi-weekly) match | 6-10 years | up to \$40 (bi-weekly) match | 11-15 years | up to \$50 (bi-weekly) match | 16-20 years | up to \$60 (bi-weekly) match | 21-25 years | up to \$70 (bi-weekly) match | 26-30+ years | up to \$80 (bi-weekly) match |
| <b>401a Employer Match</b>  |  |                            |  |           |                              |            |                              |             |                              |             |                              |             |                              |              |                              |
| 1-5 years   | up to \$30 (bi-weekly) match   |                            |  |           |                              |            |                              |             |                              |             |                              |             |                              |              |                              |
| 6-10 years  | up to \$40 (bi-weekly) match   |                            |  |           |                              |            |                              |             |                              |             |                              |             |                              |              |                              |
| 11-15 years   | up to \$50 (bi-weekly) match   |                            |  |           |                              |            |                              |             |                              |             |                              |             |                              |              |                              |
| 16-20 years   | up to \$60 (bi-weekly) match   |                            |  |           |                              |            |                              |             |                              |             |                              |             |                              |              |                              |
| 21-25 years   | up to \$70 (bi-weekly) match   |                            |  |           |                              |            |                              |             |                              |             |                              |             |                              |              |                              |
| 26-30+ years  | up to \$80 (bi-weekly) match   |                            |  |           |                              |            |                              |             |                              |             |                              |             |                              |              |                              |
|  <p><b>FLEXIBLE<br/>SPENDING<br/>ACCOUNT</b></p>      | <p><b>ELIGIBILITY:</b> All full-time, eligible part-time employees and elected officials.</p> <p><b>EFFECTIVE:</b> The first day of the second month following the date of employment.</p> <p><b>BENEFIT:</b> The plan administered by Empower Family Health America allows employees to pay for pre-tax dependent care and healthcare expenses through a salary reduction program. The plan offers income tax savings for participating employees; annual maximums for contributions and carryover following IRS guidelines.</p> <p><b>COST:</b> The employee contributes at rates established with the vendor.</p>   |                            |  |           |                              |            |                              |             |                              |             |                              |             |                              |              |                              |

|   |   |
|---|---|
|  <b>ADDITIONAL INSURANCE PROGRAMS</b> | <p><b>ELIGIBILITY:</b> All full-time, eligible part-time employees and elected officials.</p> <p><b>BENEFIT:</b> Other post-tax policies to include life, short-term disability, cancer, ICU, and accidental death are available through AFLAC, Washington National, and/or BCBS 150. Additional information is available upon request to Human Resources.</p> <p><b>COST:</b> The employee contributes at rates established with the vendor.</p> |
|---|---|

## LIFE BENEFITS

|  <b>EMPLOYEE ASSISTANCE PROGRAM</b>   | <p><b>ELIGIBILITY:</b> All full-time, eligible part-time employees, elected officials, and their dependents.</p> <p><b>BENEFIT:</b> Compass Behavioral Health can connect you with a certified therapist either virtually or in person, 5 times per incident/event per year. First Responders and/or Military Personnel may receive up to 10 additional visits per year based on eligibility.</p> <p><b>COST:</b> The employer contributes the entire cost of this program.</p>   |                  |                                    |                                    |           |            |                            |  |  |           |            |            |           |            |            |           |        |     |     |     |     |     |     |           |        |     |     |     |     |     |     |             |        |     |     |     |     |     |     |           |        |     |     |     |     |     |     |
|---|---|------------------|------------------------------------|------------------------------------|-----------|------------|----------------------------|--|--|-----------|------------|------------|-----------|------------|------------|-----------|--------|-----|-----|-----|-----|-----|-----|-----------|--------|-----|-----|-----|-----|-----|-----|-------------|--------|-----|-----|-----|-----|-----|-----|-----------|--------|-----|-----|-----|-----|-----|-----|
|  <b>PTO &amp; EXTENDED SICK LEAVE</b> | <p><b>ELIGIBILITY:</b> All full-time, and eligible part-time employees.</p> <p><b>BENEFIT:</b> Finney County provides paid time off (PTO) benefits to add flexibility for employees taking time away from employment. PTO will begin to accrue from the date of hire or reclassification date and will be available to use after successful completion of the three (3) month probationary period. Any excess PTO over the maximum carryover amount will be deposited into an Extended Sick Leave/Critical bank for future use on November 1<sup>st</sup> of each year.</p> <p>Extended Sick Leave/Critical Bank can accessed for Worker's Compensation appointments/leave and FMLA qualifying events.</p> <table border="1"> <thead> <tr> <th rowspan="2">Years of Service</th> <th rowspan="2">Multiplier<br/>(by scheduled hours)</th> <th colspan="3">Maximum Possible Accruals per Year</th> <th colspan="3">Maximum Hours to Carryover</th> </tr> <tr> <th>8hr shift</th> <th>12hr shift</th> <th>48hr shift</th> <th>8hr shift</th> <th>12hr shift</th> <th>48hr shift</th> </tr> </thead> <tbody> <tr> <td>0-4 years</td> <td>0.0846</td> <td>176</td> <td>185</td> <td>246</td> <td>140</td> <td>148</td> <td>197</td> </tr> <tr> <td>5-9 years</td> <td>0.0974</td> <td>202</td> <td>213</td> <td>284</td> <td>171</td> <td>181</td> <td>241</td> </tr> <tr> <td>10-14 years</td> <td>0.1102</td> <td>229</td> <td>241</td> <td>321</td> <td>206</td> <td>217</td> <td>289</td> </tr> <tr> <td>15+ years</td> <td>0.1231</td> <td>256</td> <td>269</td> <td>358</td> <td>256</td> <td>269</td> <td>358</td> </tr> </tbody> </table> <p><b>MAXIMUM PTO PAYOUT</b> 240</p> <p><b>MAXIMUM ESL BALANCE</b> 1040</p> | Years of Service | Multiplier<br>(by scheduled hours) | Maximum Possible Accruals per Year |           |            | Maximum Hours to Carryover |  |  | 8hr shift | 12hr shift | 48hr shift | 8hr shift | 12hr shift | 48hr shift | 0-4 years | 0.0846 | 176 | 185 | 246 | 140 | 148 | 197 | 5-9 years | 0.0974 | 202 | 213 | 284 | 171 | 181 | 241 | 10-14 years | 0.1102 | 229 | 241 | 321 | 206 | 217 | 289 | 15+ years | 0.1231 | 256 | 269 | 358 | 256 | 269 | 358 |
| Years of Service  | Multiplier<br>(by scheduled hours)  |                  |                                    | Maximum Possible Accruals per Year |           |            | Maximum Hours to Carryover |  |  |           |            |            |           |            |            |           |        |     |     |     |     |     |     |           |        |     |     |     |     |     |     |             |        |     |     |     |     |     |     |           |        |     |     |     |     |     |     |
|   |   | 8hr shift        | 12hr shift                         | 48hr shift                         | 8hr shift | 12hr shift | 48hr shift                 |  |  |           |            |            |           |            |            |           |        |     |     |     |     |     |     |           |        |     |     |     |     |     |     |             |        |     |     |     |     |     |     |           |        |     |     |     |     |     |     |
| 0-4 years   | 0.0846  | 176              | 185                                | 246                                | 140       | 148        | 197                        |  |  |           |            |            |           |            |            |           |        |     |     |     |     |     |     |           |        |     |     |     |     |     |     |             |        |     |     |     |     |     |     |           |        |     |     |     |     |     |     |
| 5-9 years   | 0.0974  | 202              | 213                                | 284                                | 171       | 181        | 241                        |  |  |           |            |            |           |            |            |           |        |     |     |     |     |     |     |           |        |     |     |     |     |     |     |             |        |     |     |     |     |     |     |           |        |     |     |     |     |     |     |
| 10-14 years   | 0.1102  | 229              | 241                                | 321                                | 206       | 217        | 289                        |  |  |           |            |            |           |            |            |           |        |     |     |     |     |     |     |           |        |     |     |     |     |     |     |             |        |     |     |     |     |     |     |           |        |     |     |     |     |     |     |
| 15+ years   | 0.1231  | 256              | 269                                | 358                                | 256       | 269        | 358                        |  |  |           |            |            |           |            |            |           |        |     |     |     |     |     |     |           |        |     |     |     |     |     |     |             |        |     |     |     |     |     |     |           |        |     |     |     |     |     |     |
|  <b>CLINIC LEAVE</b>                | <p><b>ELIGIBILITY:</b> All full-time, and eligible part-time employees.</p> <p><b>BENEFIT:</b> Employees enrolled in the County's health insurance and using Grow Well Clinic will be paid for their or their underage dependent's appointment time not on any other leave. Once the clinic's note is received in Human Resources, the time will be credited back as Clinic Leave at the employee's regular pay rate.</p>   |                  |                                    |                                    |           |            |                            |  |  |           |            |            |           |            |            |           |        |     |     |     |     |     |     |           |        |     |     |     |     |     |     |             |        |     |     |     |     |     |     |           |        |     |     |     |     |     |     |
|  <b>PERSONAL LEAVE</b>              | <p><b>ELIGIBILITY:</b> All full-time, and eligible part-time employees.</p> <p><b>BENEFIT:</b> Employees are granted one (1) personal day per calendar year and it will be available to use after successful completion of the three (3) month probationary period at their discretion following departmental guidelines or pre-approval from the supervisor. Personal Leave cannot be accumulated, carried over, or paid out upon separation of employment.</p>  |                  |                                    |                                    |           |            |                            |  |  |           |            |            |           |            |            |           |        |     |     |     |     |     |     |           |        |     |     |     |     |     |     |             |        |     |     |     |     |     |     |           |        |     |     |     |     |     |     |
|  <b>BEREAVEMENT LEAVE</b>           | <p><b>ELIGIBILITY:</b> All full-time, and eligible part-time employees.</p> <p><b>BENEFIT:</b> Employees are granted three (3) days per calendar year for the loss of immediate family members as defined within the Finney County Employee Handbook. Any leave exceeding the 3 days shall be charged against PTO.</p>  |                  |                                    |                                    |           |            |                            |  |  |           |            |            |           |            |            |           |        |     |     |     |     |     |     |           |        |     |     |     |     |     |     |             |        |     |     |     |     |     |     |           |        |     |     |     |     |     |     |
|  <b>SHARED LEAVE PROGRAM</b>        | <p><b>ELIGIBILITY:</b> All full-time, and eligible part-time employees.</p> <p><b>BENEFIT:</b> Once an employee has exhausted all their accrued leave, they may request a PTO donation from peers. Human Resources and the County Administrator review the request. Any PTO donated will be used on a "first-in-first-out" basis and may not be paid out upon separation of employment. Annual limits for receiving or donating PTO can be found in the Employee Handbook. Shared Leave hours received will be deducted from that pay period's scheduled hours and not used for PTO calculation.</p>  |                  |                                    |                                    |           |            |                            |  |  |           |            |            |           |            |            |           |        |     |     |     |     |     |     |           |        |     |     |     |     |     |     |             |        |     |     |     |     |     |     |           |        |     |     |     |     |     |     |

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|  <p><b>HOLIDAYS</b></p>          | <p><b>ELIGIBILITY:</b> All full-time, eligible part-time employees.</p> <p><b>BENEFIT:</b> All employees will receive 8 hours of holiday pay on the observed day of the holiday. Employees who work on the actual and/or observed day of the holiday will get paid 1.5x their base pay. Finney County has designated ten (10) days as holidays, including:</p> <p>New Year's Day   Martin Luther King Jr. Day   President's Day   Memorial Day   Independence Day   Labor Day   Thanksgiving Day   The Day After Thanksgiving   Christmas Eve   Christmas Day</p> <p>Employees who have provided an active Military ID or DD-214 to Human Resources will receive Veteran's Day (or the observed day) off with 8 hours of holiday pay.</p> <p><i>*Approval and observance by BoCC annually</i></p> |
|  <p><b>LONGEVITY</b></p>         | <p><b>ELIGIBILITY:</b> All full-time, eligible part-time employees and elected officials at the successful completion of every five (5)-year increments of continuous employment with the County.</p> <p><b>BENEFIT:</b> A longevity incentive payment of 5% of the employee's salary for the twelve (12)-month period preceding the incremental anniversary date of employment shall be received the pay period after the employee anniversary date.</p>   |
|  <p><b>FITNESS PLANS</b></p>     | <p><b>ELIGIBILITY:</b> All full-time, eligible part-time employees and elected officials.</p> <p><b>BENEFIT:</b> Discounted corporate rates are available through Core Fitness, Holcomb Recreation Center, and the YMCA. Finney County Fitness Center is a no-cost option for employees and spouses.</p> <p>For more information, please contact Human Resources.</p> <p><b>COST:</b> The employee contributes at rates established with the vendor.</p>  |
|  <p><b>GOLF MEMBERSHIPS</b></p> | <p><b>ELIGIBILITY:</b> All full-time, eligible part-time employees and elected officials.</p> <p><b>BENEFIT:</b> Discounted corporate rates are available through Buffalo Dunes.</p> <p>For more information, please contact Human Resources.</p> <p><b>COST:</b> The employee contributes at rates established with the vendor.</p>  |
|  <p><b>OTHER BENEFITS</b></p>  | <p><b>ELIGIBILITY:</b> All full-time, eligible part-time employees and elected officials.</p> <p><b>BENEFIT:</b></p> <p><b>LegalShield IDShield:</b> Prepaid legal services and identity theft protection services.</p> <p><b>Finney County United Way:</b> Voluntary contributions to local non-profit organizations of your choice.</p> <p><b>COST:</b> The employee contributes at rates established with the vendor.</p>  |