



Benefits Summary

Plan year July 1, 2025 – June 30, 2026

Full Time Employees

PENSION PLAN

Missouri LAGERS L-6 Plan
with 0% employee contribution

5 years vesting
requirement which
provides lifetime income

Larger benefit the longer
you work for a LAGERS
employer

All costs listed are Monthly

EE Only = Employee Only
 EE + = Employee & Spouse OR Employee & Children
 Family = Employee, Spouse & Children

VISION – VSP (Midwest Public Risk)

Tier	Total	City Pd	Employee Pd
EE only	\$8.00	\$8.00	\$0.00
EE +	\$16.00	\$12.00	\$4.00
Family	\$22.00	\$17.00	\$5.00

\$30K BASIC LIFE / AD&D

Total	City Pd	Employee Pd
\$2.40	\$2.40	\$0.00

LIBERTY COMMUNITY CENTER (LCC) MEMBERSHIP

Tier	Total	City Pd	Employee Pd
EE only	\$39.58	\$39.58	\$0.00
EE +1	\$68.33	\$47.83	\$20.50
Family	\$79.17	\$55.42	\$23.75
Sr +1	\$56.01	\$39.17	\$16.84

DENTAL – Delta (Midwest Public Risk)

Tier	Total	City Pd	Emp. Pd
EE only	\$36.00	\$36.00	\$0.00
Family	\$90.00	\$52.00	\$38.00

SHORT TERM DISABILITY (STD)

Total	City Pd	Employee Pd
\$5.75	\$3.15	\$2.60

FLEX SPENDING ACCOUNT (SECTION 125)

Deductions are automatically pre-tax. Maximum election is \$3300 for medical flexible spending and \$5000 for dependent care reimbursement. This is a use it or lose it plan. Calculate expenses accordingly
 Note: IRS does not allow for both a Medical FSA and a High Deductible Health Plan with an HSA.

LONG TERM DISABILITY (LTD)

Paid in full by employee. Premiums based on age and amount of coverage, not to exceed 60% of salary.

SUPPLEMENTAL RETIREMENT PLANS OFFERED BY MISSION SQUARE

457 Deferred Comp and Roth IRA Plans
 Voluntary participation. Employee specifies an amount to be payroll deducted & contributed to the plan(s). No employer match.

MEDICAL PLANS – United Medical Resources (Midwest Public Risk)

Pharmacy - CVS/Caremark Network

Plan	Total Premium	City Paid	Employee Paid
QHDHP 1650			
QHDHP 1650 (Employee Only)	\$724.00	\$724.00	\$0.00 (City contributes \$100/month into HSA)
QHDHP 1650 (Employee +)	\$1678.00	\$1678.00	\$0.00 (City contributes \$200/month into HSA)
QHDHP 1650 (Family)	\$1982.00	\$1982.00	\$0.00 (City contributes \$200/month into HSA)
QHDHP 1650 (Multiple EE)	\$1982.00	\$1982.00	\$0.00 (City contributes \$200/month into HSA)
In Network Only - INO 1			
INO 1 (Employee Only)	\$1044.00	\$832.00	\$212.00
INO 1 (Employee +)	\$2464.00	\$1900.00	\$564.00
INO 1 (Family)	\$2754.00	\$2204.00	\$550.00
INO 1 (Multiple EE)	\$2754.00	\$2204.00	\$550.00

If you choose to OPT OUT of City provided Health Insurance, this requires a signed agreement and proof of credible group coverage elsewhere. (Opt-out stipend is \$291.00 per month)

Life / AD&D Insurance – Basic policy for employees pays \$30,000 or double the amount if accidental death. Basic policy for dependents pays \$5000 for spouse and/or children. If employee enrolls in coverage during their new hire benefit period, no underwriting is required.

Supplemental Life/AD&D Insurance is available for employees, spouses, & children in a variety of amounts. Supplemental coverage rates vary and are based on age, amount of coverage and status of health.

Short Term Disability – Provides a benefit for approved non-occupational injuries or illnesses (including maternity leave), at a rate of \$250/week for 24 weeks per disability/illness. Pay begins on the 15th day of disability/illness. Note: \$250 per week benefit is in addition to any sick or vacation accruals employee may be using while off work.

Long Term Disability – Effective after 26 weeks of disability/illness. Employee chooses the amount of monthly benefit from \$500 to \$5000, in \$100 increments, not to exceed 60% of salary. If employee enrolls in coverage during their new hire benefit period, no underwriting is required.

Flex Spending Section 125 – Under this plan, employees may elect to have a specified dollar amount subtracted from their check on a pre-tax basis to use for unreimbursed medical and/or dependent care expenses. Per IRS regulations, if you choose a Choice Fund plan (HDHP) with a Health Savings Account (HSA), you are **NOT** eligible to enroll in the Section 125 Medical portion.

Supplemental Vision Insurance (Vision Care Direct) – Choice of 4 vision plans that cover various services and/or materials. Costs vary by plan and are paid in full by the employee.

Various supplemental plans are offered by AFLAC, Symetra, Prosperity and Legal Shield. These plans provide coverage for accident, cancer, hospitalization, critical care, pre-paid legal and identity theft. Costs vary by plan and are paid in full by employee.

MOST Program (Missouri Saving for Tuition) – Contributions to this voluntary plan (minimum \$15/pay check) can be made through payroll deduction, and allows Missouri taxpayers to subtract a maximum of \$8000 annually (\$16,000 if married filing jointly) from their adjusted gross income for contributions to an account for college savings.

Employee Assistance Program (Guidance Resources) – Employees and family members of the same household may utilize various services at no cost. Participation is completely confidential. Up to 6 free visits, per event/issue, per family member, per year.

The City provides 11 paid Holidays per year - Refer to the holiday schedule outlined in the Personnel Policies Manual or for union employees, refer to your Collective Bargaining Agreement or Memorandum of Understanding.

Vacation Leave Accruals: Accrual rates start on your first day! 0 – 3 years = 96 hours / 3.1 – 7 years = 120 hours / 7.1 – 11 years = 136 hours, etc. Refer to the vacation schedule outlined in the Personnel Policies Manual or for union employees, refer to your Collective Bargaining Agreement or Memorandum of Understanding.

Sick Leave Accruals: Accrual rates start on your first day! Full time, non-union employees will earn and accrue sick leave at a rate of 1 day per month. Union employees refer to your Collective Bargaining Agreement or Memorandum of Understanding.

All employees are covered by Workers' Compensation for work-related injuries or illnesses.

If you should have questions about benefits, contact the

HR & Risk Management Department

Email: humanresources@libertymo.gov Main HR line: 816-439-4440

Note: You must enroll in benefits within 30 days from your hire date, otherwise you will not be eligible until open enrollment. New Benefit year is July 1st – June 30th.