

SALARY COMMISSION AND METHODOLOGY

Year	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017		2018	2019		2020	2021
Independent Employee COLA	2.97%	4.00%	0.00%	0.00%	1.00%	2.00%	3.00%	3.00%	3.00%	4.00%		3.00%	2.00%		2.07%	1.00%
Effective	1/1/2008	1/1/2009			7/1/2012	7/1/2013	1/1/2014	1/1/2015	1/1/2016	1/1/2017		1/1/2018	1/1/2019		1/1/2020	1/1/2021

Year	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2017 *	2018	2019	2019 **	2020	2021
City Mayor	\$ 19,968	\$ 19,968	\$ 19,968	\$ 19,968	\$ 19,968	\$ 19,968	\$ 19,968	\$ 19,968	\$ 19,968	\$ 19,968	\$ 19,968	\$ 25,035	\$ 25,035	\$ 26,302	\$ 26,302	\$ 26,302
City Mayor Pro-Tem	\$ 18,304	\$ 18,304	\$ 18,304	\$ 18,304	\$ 18,304	\$ 18,304	\$ 18,304	\$ 18,304	\$ 18,304	\$ 18,304	\$ 18,304	\$ 22,949	\$ 22,949	\$ 24,110	\$ 24,110	\$ 24,110
Council Member	\$ 16,640	\$ 16,640	\$ 16,640	\$ 16,640	\$ 16,640	\$ 16,640	\$ 16,640	\$ 16,640	\$ 16,640	\$ 16,640	\$ 16,640	\$ 20,862	\$ 20,862	\$ 21,918	\$ 21,918	\$ 21,918
Effective											10/21/2017			8/1/2019		

2017 Methodolgy

Salary Increase adjustment based on non-represented City employees
Each of the COLA increases from 2008 through 2017

Stipend

2019 Methodology

Salary Increase adjustment based on non-represented City employees
2018 3%
2019 2%

Stipend Adjust stipend based on increase of employer contribution from 2017 - 2019

2017 Stipend \$275 (\$260 for medical + \$15 for dental)
2019 Adjustment \$42.32

Monthly Stipend \$317.32
Annual Stipend \$3,807.84

Cash Value of Benefits and Comparable Plan

52% FTE INDEPENDENT EMPLOYEES									
2017 MONTHLY PREMIUM RATES									
Effective: January 1, 2017									
Covered Individuals	Regence HealthFirst 250 Plan			Group Health Cooperative			Kaiser Foundation - Flex Gold		
	\$20 Co-Pay/\$200 Deductible			\$20 Co-Pay/\$200 Deductible			\$10 Co-Pay/\$850 Deductible		
	City	Employee	Premium	City	Employee	Premium	City	Employee	Premium
Employee	\$ 260.05	\$ 411.00	\$ 671.05	\$ 260.05	\$ 266.37	\$ 526.42	\$ 260.05	\$ 352.70	\$ 612.75
	AWC Current Plan						Comparable Plan		

Calculation Example:

Lowest Plan Premium \$ 526.42
100% FTE x 95%
100% FTE City Portion \$ 500.10
52% FTE x 52%
52% FTE City Portion \$ 260.05

Employee Pays the Remaining Balance \$ 352.70

If spouse and children are added to the plan, the City 100% FTE is 85% of premium.