

# Non-Union Benefits Summary - 2026

<b>Sick Leave</b>	96 hrs. per year
<b>Holidays</b>	10 + 4 floating
<b>Funeral Leave</b>	up to 5 days per year
<b>Employee Assistance Program (EAP)</b>	First five (5) visits FREE per area of concern

Vacation Schedule	
Length of Service	Days per year
First year	10
2-9 years	15
10+ years	20

Health Care Coverage													
<b>Medical**</b>	<p><b>HMO / EPO</b></p> <ul style="list-style-type: none"> <li>• \$500 single / \$1,000 family deductible</li> <li>• \$20 office visit co-pay (primary care) / \$40 specialist co-pay</li> <li>• \$40 urgent care co-pay, \$100 emergency room co-pay</li> <li>• Co-insurance: 80% / 20% to \$1,000 for single, \$2,000 for family</li> </ul> <p><b>PPO</b></p> <ul style="list-style-type: none"> <li>• \$750 single / \$1,500 family deductible</li> <li>• \$25 office visit (primary care) / \$50 specialist co-pay</li> <li>• \$50 urgent care / \$100 emergency room co-pay</li> <li>• In-network co-insurance: 80% / 20% to \$1,000 single, \$2,000 family</li> <li>• Out-of-network co-insurance: 50% / 50% to \$5,000 single, \$10,000 family</li> </ul>												
<b>Medical Cost Share (7.5% Monthly)</b>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">EPO</th> <th style="text-align: center;">PPO</th> </tr> </thead> <tbody> <tr> <td>Single</td> <td style="text-align: center;">\$ 52.25</td> <td style="text-align: center;">\$ 51.30</td> </tr> <tr> <td>Couple</td> <td style="text-align: center;">\$120.86</td> <td style="text-align: center;">\$118.68</td> </tr> <tr> <td>Family</td> <td style="text-align: center;">\$138.59</td> <td style="text-align: center;">\$136.12</td> </tr> </tbody> </table>		EPO	PPO	Single	\$ 52.25	\$ 51.30	Couple	\$120.86	\$118.68	Family	\$138.59	\$136.12
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<b>Dental***</b>	<ul style="list-style-type: none"> <li>• 20% co-pay on all preventative / basic care (exams, x-rays, fillings).</li> <li>• Annual benefit of \$1,200 per family member.</li> </ul>												
<b>Optical**</b>	\$10 yearly exam; \$140 frame allowance												
<b>Prescription Coverage**</b>	\$10 generic, \$30 brand name and \$80 non-preferred Specialty drugs shall have 50% employee co-pay.												
<b>Insurance Opt Out</b>	The City shall offer a medical insurance buyout at the rate of \$105.23 Single or \$130.00 Couple/Family per pay period based on twenty-six pay periods per year should the employee elect to opt out of the City's health care insurance. Waiver does not apply to dental or optical.												
<b>Retirement Health Savings Plan</b>	With a 3% Employee contribution, the City will make a 3% contribution of your base salary into a RHS savings account to assist with health-related expenses after you retire. Vested 20% per year with full vesting after 5 years of service.												
Additional Benefits													
<b>Defined Contribution Plan - 401(k)</b>	City will contribute 9% of base salary into a 401(k) plan. City will also match up to 3% of any additional contribution (maximum City contribution is 12%). Vested 20% per year with full vesting after 5 years of service.												
<b>Voluntary 457 Plan for DC Participants Only</b>	City will match dollar for dollar with the Employee, on a pre-tax basis, contributions of \$20, \$30, or \$40. Can only change amount once a year.												
<b>Tuition Reimbursement</b>	· Up to \$5,000 per year												
<b>Life Insurance</b>	· 3 times annual base salary.												
<b>Disability</b>	<p>Short -Term**</p> <ul style="list-style-type: none"> <li>· 66 2/3 of weekly salary</li> </ul> <p>Long - Term***</p> <ul style="list-style-type: none"> <li>· 66 2/3 of monthly salary</li> </ul>												

\*\*Benefits start after 30 days of employment \*\*\*Benefits start the first day of the month after 120 days of employment

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