

**REVISIONS TO THE  
2006-2007 SALARY/BENEFIT ADJUSTMENTS REPORT  
FOR NON-REPRESENTED CITY EMPLOYEES**

By  
Administration & Finance Committee

The points listed below outline the revisions to the original 2006-2007 Salary/Benefit Adjustments Report for Non-Represented City Employees.

A. EXECUTIVE SERVICE, MANAGERIAL SERVICE, DEPUTY/ASSISTANT SERVICE,  
CONFIDENTIAL/PROFESSIONAL/SUPERVISORY SERVICE

2. 2006-2007 Salary Range Adjustments

- a. 2006 salary ranges for non-represented employees shall be adjusted 3%, effective 5/1/06.
- c. 2006 salary range for City Administrative Officer, Clerk/Treasurer shall be adjusted 1%, effective 5/1/06.

3. 2006-2007 Individual Pay Adjustments

- a. Individual pay adjustments are allocated, as described in the guidelines below, within the following percentage adjustments: 2006 – 3% (5/1/06); 2006 for City Administrative Officer, Clerk/Treasurer - 1% (5/1/06).

B. ELECTED OFFICIALS

1. City Attorney

- a. Individual salary adjustments of 3% for 2006 (5/1/06).

2. Municipal Judge

- a. Individual salary adjustments of 3% for 2006 (5/1/06).

D. OTHER CHANGES

1. Medical Insurance (Year 2007) – Effective March 1, 2007

- a. Executive Service, Managerial Service, Deputy Service, Confidential/Professional/Supervisory Service, City Attorney, Municipal Judge

- **PPO Plan changes:**

- Prescriptions (not subject to maximum out of pocket limits):

Retail Order (34 day supply)	copay of \$10/20/30
Mail Order (90 day supply)	copay of \$20/40/60

Out-of-Network Services:

Coinsurance to 70/30 (deductible, maximum out of pocket and lifetime maximum remains as is)

In-Network Services:

- \$20 Office Visit copay with maximum plan year out of pocket of \$200/single, \$400/couple, \$600/family
  - \$75 emergency room copay (same waiver conditions apply except for doctor directed = member must receive a written confirmation from the provider's office that they were directed to go to the ER; this written communication must be submitted directly to the insurance carrier along with the billing for \$75 from the provider)
  - No deductible
  - Lifetime maximum remains unlimited
- **Standard Plan/PPO Plan Premium Share Contributions:** Increase monthly premium share caps from \$50/month single, \$75/month couple, \$100/month family to \$60/\$90/\$120 respectively (remain at 5% premium share up to capped amount)

b. Mayor and Alderpersons

• **PPO Plan:**

Prescriptions (not subject to maximum out of pocket limits):

Retail Order (34 day supply)      copay of \$5/15/25

Mail Order (90 day supply)      copay of \$5/15/25

Out-of-Network Services:

Coinsurance to 80/20 (deductible, maximum out of pocket and lifetime maximum remains as is)

In-Network Services:

- \$10 Office Visit copay capped at 5 per person per plan year
  - \$25 emergency room copay (waived if doctor directed, transported by ER vehicle, or admitted to hospital from ER)
  - No deductible
  - Lifetime maximum remains unlimited
- **Standard Plan/PPO Plan Premium Share Contributions:** Monthly premium share caps stay at \$50/month single, \$75/month couple, \$100/month family

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