ORDINANCE NO. 2014-19

AN ORDINANCE AMENDING SECTION 2.20.120 OF THE SOUTH JORDAN MUNICIPAL CODE.

WHEREAS, the City's ordinance created Compensation Committee has reviewed the salaries and health insurance benefits practices of relevant job market municipalities, both in Salt Lake County and in similar population and budget size cities in Utah; and

WHEREAS, that review shows that the salaries of the Mayor and City Council was at the very low end of the survey; and

WHEREAS, the Compensation Committee recommends that the Mayor and City Council's salary be set at or near the market mid-point and be subject to the same cost of living adjustments as full-time City employees may receive; and

WHEREAS, that review shows that the majority of those municipalities provide that elected officials with health insurance benefits at the same premium share as full-time employees; and

WHEREAS, that review shows that many municipalities also provide for a cash-out option for full-time employees and elected officials who do not use the offered insurance but provide proof of other coverage; and

WHEREAS, the Compensation Committee recommends that the Mayor and City Council have access to health insurance benefits and cash-out the same as full-time City employees; and

WHEREAS, the City Council desires to provide a stipend to the Mayor and City Council who use personal communications devices to conduct City and constituent business.

NOW, THEREFORE, BE IT ORDAINED BY THE CITY COUNCIL OF SOUTH JORDAN CITY, UTAH AS FOLLOWS:

SECTION 1. Amending. Section 2.20.120 of the South Jordan Municipal Code, is amended as follows:

2.20.120: MAYOR AND COUNCIL MEMBERS; SALARIES, BENEFITS AND EXPENSES:

A. Mayor And Council Member Salaries: The compensation of the mayor shall be ~~seventeen thousand five hundred fourteen~~ twenty one thousand five hundred dollars ($~~17,514~~21,500.00) per year. The compensation for city council members shall be ~~eleven thousand six hundred seventy six~~ fourteen thousand nine hundred dollars ($~~11,676~~14,900.00) per year. The Mayor and City Council shall receive the same annual cost of living adjustment, if any, which is approved for full-time employees in the budget process. Said compensation shall be paid biweekly.

B. Retirement Eligibility: Tier 2 elected officials are part time employees and are not eligible to participate in the Utah retirement system.

C. Other Compensation: The mayor and city council members shall be eligible to participate in the city's full time civilian employee 401(k) or 457 match programs, full time employee health insurance plans ~~with a fifty percent (50%)~~ with the same premium share or cash-out options as full time employees, and the full time employee life insurance programs.

D. Communication Device Stipend: The mayor and city council members are eligible for a communication device stipend of $40.00 per month.

E~~D~~. Expenses Incurred For City Business: The mayor and council members shall receive mileage reimbursements and per diem payments for training, travel and other city business as approved by them as the governing body. (Ord. 2014-01, 1-7-2014)

SECTION 2. Severability. If any section, part or provision of this Ordinance is held invalid or unenforceable, such invalidity or unenforceability shall not affect any other portion of this Ordinance and all sections, parts, provisions and words of this Ordinance shall be severable.

SECTION 3. Effective Date. This Ordinance shall become effective immediately following publication or posting as required by law.

PASSED AND ADOPTED BY THE CITY COUNCIL OF SOUTH JORDAN CITY, STATE OF UTAH, ON THIS 6 DAY OF January, 2015 BY THE FOLLOWING VOTE:

	YES	NO	ABSTAIN	ABSENT
Mark Seethaler	X			
Chuck Newton	X			
Donald Shelton	X			
Steve Barnes		X		
Christopher Rogers	X			

Mayor: _____
David L. Alvord

Attest: _____
City Recorder

City of South Jordan CORPORATE SEAL State of Utah

Approved as to form:

_____
Office of the City Attorney

City of South Jordan Benefit Bi-Weekly Rates Post-2005 | 2014-15 FY

Single Cost Comparison	Single Cost			Annual Deductible & Premium Share			Plan Maximums & Cost Share		
	Single Cost	City Pays	EE cost per PP	City Pays	Total Ded.	Deductible & Premium Share	Out-of-Pocket Max.	In-Network Provider Split	Out of Pocket Counts toward Deductible
Advantage/Summit	224.50	224.50	-	-	250.00	5,837.04	2,000.00	90/10	No
STAR Option #1	177.69	177.69	-	625.00	1,250.00	5,245.00	2,500.00	80/20	Yes
Preferred	275.33	224.50	50.83	-	1,250.00	5,837.04	2,000.00	90/10	No
Dental	20.89	20.89	-	-	-	549.72	1,500.00	80/20	No

Double Cost Comparison	Double Cost			Annual Deductible & Premium Share			Plan Maximums & Cost Share		
	Double Cost	City Pays	EE cost per PP	City Pays	Total Ded.	Deductible & Premium Share	Out-of-Pocket Max.	In-Network Provider Split	Out of Pocket Counts toward Deductible
Advantage/Summit	464.70	418.23	46.47	-	500.00	10,874.09	4,000.00	90/10	No
STAR Option #1	367.81	331.03	36.78	1,250.00	2,500.00	9,856.84	5,000.00	80/20	Yes
Preferred	569.93	418.23	151.70	-	500.00	10,874.09	4,000.00	90/10	No
Dental	28.57	25.72	2.85	-	-	751.92	1,500.00	80/20	No

Family Cost Comparison	Family Cost			Annual Deductible & Premium Share			Plan Maximums & Cost Share		
	Family Cost	City Pays	EE cost per PP	City Pays	Total Ded.	Deductible & Premium Share	Out-of-Pocket Max.	In-Network Provider Split	Out of Pocket Counts toward Deductible
Advantage/Summit	628.59	565.73	62.86	-	500.00	14,709.06	4,000.00	90/10	No
STAR Option #1	497.53	447.78	49.75	1,250.00	2,500.00	12,894.29	5,000.00	80/20	Yes
Preferred	770.91	565.73	205.18	-	500.00	14,709.06	4,000.00	90/10	No
Dental	43.26	38.93	4.33	-	-	1,138.20	1,500.00	80/20	No

Vision (Paid Employee-Only/Voluntary)									
	Single			Double			Family		
	Single Cost	City Pays	EE cost per PP	Double Cost	City Pays	EE cost per PP	Family Cost	City Pays	EE cost per PP
Opticare	2.95	0.00	2.95	4.48	0.00	4.48	6.30	0.00	6.30
EyeMed	3.00	0.00	3.00	4.78	0.00	4.78	6.56	0.00	6.56

Cash-Out Option - Monthly Payment (Proof of Insurance Required)		
Medical	Dental:	Medical & Dental
$292.00	$30.00	$322.00

City Paid Benefits/No Cost to Employee

	City Cost Bi-Weekly
PEHP Life Insurance	
Employee [100,000 Basic]	$ 5.63
Employee [100,000 Accidental Death & Dismemberment]	$ 1.70
Spouse [10,000 Basic]	$ 0.42
Child(ren) [10,000 Basic]	$ 0.48
Blomquist Hale Employee Assistance Program	
Employee & Dependents	$ 1.62
Total:	$9.85