

	Lawrence	Lenexa	Olathe	Overland Park	Shawnee	Topeka	WYCKOKCK
	2009	2009	2009	2009	2009 - No response rec'd	2009	2009 - No response rec'd
Compensation System Type		Performance Based				N/A	
Firefighter - # of Steps to Range Max <i>(if applicable)</i>	15		9	9		N/A	
Firefighter - # of Years to Range Max	6.5 - 14		9	8		N/A	
Engineer - # of Steps to Range Max	15		9			N/A	
Engineer - # of Years to Range Max	6.5 - 14		9			N/A	
Lieutenant - # of Steps to Range Max	15		N/A	2		N/A	
Lieutenant - # of Years to Range Max	6.5 - 14		N/A	1		N/A	
Captain - # of Steps to Range Max	Performance based		4	2		N/A	
Captain - # of Years to Range Max			4	1		N/A	
Division Chief - # of Steps to Range Max	Performance based		Exempt - Merit based	Not in step plan		N/A	
Division Chief - # of Years to Range Max			Exempt - Merit based	Varies		N/A	
Additional Pay	2%, 2.5%, 5% or 7.5% - depending on incentive position	n/a	\$110/mo. for EMT certification (calculated as a % and paid on OT and holidays too)	Bilingual		AA degree - \$20.00/mo; BA degree - \$25.00/mo; \$30.00 mo - Masters degree	
Overtime Calculation	1.5x hourly rate minimum 2 hours for call back at overtime rate	1.5x hourly rate	1.5x hours worked over 56 in a week	after 40 hr workweek		14 day pay period	
Longevity Pay	Discretionary - \$4/month after 5 years	n/a	4% lump sum upon top out of range	No		After 5 yrs - .10 hr for consecutive yrs. of uninterrupted service; .04 per hr. for each add. Yr. of continous service	

	Lawrence	Lenexa	Olathe	Overland Park	Shawnee	Topeka	WYCKOK
	2009	2009	2009	2009	2009	2009	2009
Retirement							
KPF	Yes		Y			KP&F	
Other		Defined Benefit plan funded	N	100% City Paid		No	
Deferred Compensation	457 Plan	457 plan	Y-IRS maximums apply	Yes		ING	
Employer Matching	No	Up to 4% of base salary contributed by the employee to the 457 plan for the first year of employment.	up to \$30/pay period	No		No	
Section 125 Flexible Spending Accounts		Yes		Yes		Yes	
Health Care (Provide Maximum Election)	5,200	5,000	Y-IRS maximums apply	2500		7,000.00	
Dependent Care (Provide Maximum Election)	5,000	5,000	Y-IRS maximums apply	5000		5,000.00	
Do you offer Supplemental Health/Long Term Care Insurance?	Yes, voluntary	Voluntary	Y	Long Term Care		No	
Do you offer Tuition Reimbursement?	Yes, paid as incurred - for certifications attained: EMT-I, Paramedic, EMS	Yes-\$2500/yr	Y - 100% up to \$1500/year	2500/yr		Yes	
Do you have employer paid life insurance? Amount?	\$20,000	Equal to 1 times annual salary but minimum of \$30,000	Y	5x		Yes - 1 1/2 x base salary	
Do you offer voluntary life insurance?	yes	Yes	Y	yes		Yes	
Do you offer a wellness program?	yes	Yes	N	yes		Yes	

	Lawrence	Lenexa	Olathe	Overland Park	Shawnee	Topeka	WYCKCK
	2009	2009	2009	2009	2009	2009	2009
Vacation Accrual Rate	24 hr sft 40 hr wk					8 hr Employee - 3.696 hrs/ppp	
1 year (at completion of first year of service)	144 hrs 96 hrs	11	6 shift days	10 days		96 hrs	
5 years	192 hrs 128 hrs	15	7 shift days	15		120 hrs	
10 years	216 hrs 152 hrs	20	8.5 shift days	15		144 hrs	
15 years	240 hrs 176 hrs	20	10 shift days	20		168 hrs	
20 years	264 hrs 192 hrs	20	10 shift days	25		192 hrs	
25 years	288 hrs 200 hrs	20	10 shift days	25		216 hrs	
26+ years	288 hrs 200 hrs	20	10 shift days	25		216 hrs	
Max Accumulation		240	2x amount accrued per year -- 480 hours	2x annual rate		480 hrs	
Separation Payout		All after 1 yr of service	1	100%		100%	
Sick Days							
Accrual Rate - hrs per pay	5.6 3.7	3.69/pay period	3.7 hours/pay period	3.7 hrs biweekly		3.696 hrs/ppp	
Max Accumulation	1464 hrs 1040 hrs	unlimited	None	Unlimited		No Maximum	
Separation Payout	366 hrs 260 hrs	none	25% up to 960 hours	10-20%		55 days (death or retirement)	
Family Sick Days	72 hrs 24 hrs	sick leave	use Sick Leave	10		Same as Sick	
Paid Holidays Per Year	9	9	10.5	8		10 days	
Pay Rate when working	24 hour employees scheduled to work and employees not scheduled to work on the holiday shall paid at the rate of 12 hours straight time.	1.5x hourly rate	if scheduled-regular pay and 24 hours holiday pay at straight hourly rate; if not scheduled but working OT- 1.5x hours worked plus 12 hours holiday pay at straight time	paid for the hours worked on the holiday, plus eight (8) hours holiday pay		Double time	
Emergency Days (bereavement)	3	5	5/year	3		3 days	
Personal Days	2	2	1/year	3		2 days	
Wellness Days	No sick leave used for 6 pay periods - 24 hr employees get 6 hours (max 48), 40 hr/wk employees get 4.3 hrs (34 hrs max).	n/a	N	0		Up to 3 days per yr. for perfect attendance	
Kelly Days		n/a		0		N/A	
Year 1-5	2						
6-10	4						
11-15	5						
16+	6						
	Lawrence	Lenexa	Olathe	Overland Park	Shawnee	Topeka	WYCKCK
	2009	2009	2009	2009	2009	2009	2009
Total Number of Sworn Personnel		85	114	137		239	
Firefighter		50	31	57		14	
Fire Engineer			27			N/A	
Fire Lieutenant		9	N/A	15		54	
Fire Captain		18	31	15		54	
Division Chief		3	N/A	11		2	
Exempt Ranks		Battalion Chief, Division Chief, Fire Chief	12	Captain, Division Chief, Deputy and Fire Chief		Lt's and above	
Academy		Fire Science prior to employment	N/A			Self-Administered	

	Lawrence		Overland Park				Lenexa				Kansas City		Shawnee				Olathe						Topeka							
Health Insurance:	BCBS KS		United Healthcare				Coventry Healthcare				United Healthcare		Aetna				Aetna						BCBS KS							
	2009		2009				2009				2008		2008				2009						2008							
	PPO	%	HMO	%	PPO/POS	%	HMO	%	PPO/POS	%	PPO/POS	%	HMO	%	PPO/POS	%	CIP	%	PPO/POS	%	HMO	%	Base	%	Buy-Up	%				
Employee	\$0	0.00%	\$30	7.67%	\$35	7.78%	\$62	14.83%	\$123	28.28%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$10	1.74%	\$40	6.63%	\$60	9.62%	\$0	0.00%	\$35	7.92%				
Employer Contribution	\$350	100.00%	\$361	92.33%	\$415	92.22%	\$356	85.17%	\$312	71.72%	\$421	100.00%	\$300	100.00%	\$320	100.00%	\$564	98.26%	\$564	93.37%	\$564	90.38%	\$407	100.00%	\$407	92.08%				
Employee + Spouse	\$134	19.79%	\$140	17.05%	\$264	27.94%	\$135	17.26%	\$280	34.44%	N/A		N/A		N/A		N/A		N/A		N/A		\$247	37.77%	\$332	44.93%				
Employer Contribution	\$545	80.21%	\$681	82.95%	\$681	72.06%	\$647	82.74%	\$533	65.56%	N/A		N/A		N/A		N/A		N/A		N/A		\$407	62.23%	\$407	55.07%				
Employee + Child	\$150	19.85%	\$126	16.96%	\$238	27.84%	N/A		N/A		N/A		N/A		N/A		N/A		N/A		N/A		\$180	30.66%	\$247	37.77%				
Employer Contribution	\$604	80.15%	\$617	83.04%	\$617	72.16%	N/A		N/A		N/A		N/A		N/A		N/A		N/A		N/A		\$407	69.34%	\$407	62.23%				
Family	\$212	19.63%	\$193	17.02%	\$364	27.89%	\$185	14.65%	\$388	29.55%	\$187	16.00%	\$110	13.27%	\$166	18.76%	\$205	15.78%	\$260	19.20%	\$350	24.24%	\$405	49.88%	\$535	56.79%				
Employer Contribution	\$869	80.37%	\$941	82.98%	\$941	72.11%	\$1,078	85.35%	\$925	70.45%	\$982	84.00%	\$719	86.73%	\$719	81.24%	\$1,094	84.22%	\$1,094	80.80%	\$1,094	75.76%	\$407	50.12%	\$407	43.21%				
Retiree	\$280	79.94%	\$166	42.46%	\$225	50.00%	\$426	100.00%	\$444	100.00%	\$421	100.00%	\$167	50.00%	The HMO plan is the only plan offered to City of Shawnee Retirees.				\$10	1.83%	\$40	6.63%	\$60	9.62%	\$336	100.00%	\$368	100.00%		
Employer Contribution	\$70	20.06%	\$225	57.54%	\$225	50.00%		0.00%		0.00%	\$0	0.00%	\$167	50.00%					\$537	98.17%	\$564	93.37%	\$564	90.38%	\$0	0.00%	\$0	0.00%		
Retiree + Spouse	\$679	100.00%	\$596	72.59%	\$720	76.19%	\$797	100.00%	\$829	100.00%	\$746	100.00%	N/A						N/A		N/A		N/A		N/A		\$646	100.00%	\$770	100.00%
Employer Contribution	\$0	0.00%	\$225	27.41%	\$225	23.81%		0.00%		0.00%	\$0	0.00%	N/A						N/A		N/A		N/A		N/A		\$0	0.00%	\$0	0.00%
Retiree + Children	\$753	100.00%	\$518	69.72%	\$630	73.68%	N/A		N/A		N/A		N/A						N/A		N/A		N/A		N/A		\$572	100.00%	\$681	100.00%
Employer Contribution	\$0	0.00%	\$225	30.28%	\$225	26.32%	N/A		N/A		N/A		N/A						N/A		N/A		N/A		N/A		\$0	0.00%	\$0	0.00%
Retiree Family	\$865	79.96%	\$909	80.16%	\$1,080	82.76%	\$1,288	100.00%	\$1,339	100.00%	\$1,073	100.00%	\$755	81.89%					\$205	15.78%	\$260	19.20%	\$350	24.24%	\$809	100.00%	\$978	100.00%		
Employer Contribution	\$217	20.04%	\$225	19.84%	\$225	17.24%		0.00%		0.00%	\$0	0.00%	\$167	18.11%					\$1,094	84.22%	\$1,094	80.80%	\$1,094	75.76%	\$0	0.00%	\$0	0.00%		
Dental Coverage:	Lawrence		Overland Park				Lenexa				Kansas City		Shawnee				Olathe						Topeka							
	BCBS KS		Delta Dental				Coventry Healthcare				Delta Dental		Delta Dental				Delta Dental						Delta Dental							
	\$	%	\$	%	\$	%	\$	%	\$	%	\$	%	\$	%	\$	%	\$	%	\$	%	\$	%	\$	%	\$	%				
Employee	Included in health plan.		\$0	0.00%	Only one dental plan is offered.		\$8	17.02%	Only one dental plan is offered.		\$0	0.00%	\$0	0.00%	Included in health plan.		\$0	0.00%	\$0	0.00%	Included in health plan.		\$0	0.00%	\$0	0.00%	Included in health plan.			
Employer Contribution			\$28	100.00%			\$39	82.98%			\$30	100.00%	\$27	100.00%			\$22	100.00%		\$22		100.00%								
Employee + 1 Depend.			\$32	53.22%			\$15	16.85%			N/A		N/A			N/A		N/A		N/A										
Employer Contribution			\$28	46.78%			\$74	83.15%			N/A		N/A			N/A		N/A		N/A										
Employee + 2 or more			\$63	68.90%			\$22	16.79%			\$14	16.09%	\$56	67.39%			\$14	16.58%		\$14		16.58%								
Employer Contribution			\$28	31.10%			\$109	83.21%			\$71	83.91%	\$27	32.61%			\$73	83.42%		\$73		83.42%								
Retiree			\$28	100.00%			\$54	100.00%			\$30	100.00%	\$30	100.00%			\$0	0.00%		\$0		0.00%								
Employer Contribution			\$0	0.00%				0.00%			\$0	0.00%	\$0	0.00%			\$22	100.00%		\$22		100.00%								
Retiree + 1 Dependent			\$61	100.00%			\$102	100.00%			N/A		N/A			N/A		N/A		N/A										
Employer Contribution			\$0	0.00%				0.00%			N/A		N/A			N/A		N/A		N/A										
Retiree + 2 or more			\$91	100.00%			\$150	100.00%			\$85	100.00%	\$92	100.00%			\$14	16.58%		\$14		16.58%								
Employer Contribution			\$0	0.00%				0.00%			\$0	0.00%	\$0	0.00%			\$73	83.42%		\$73		83.42%								

Health Insurance Details	BCBSKS	United Healthcare		Coventry Healthcare		United Healthcare	Aetna		Aetna			BCBSKS - Blue Choice	
	2009	2009		2009		2008	2008		2009			2008	
	PPO	HMO	POS	HMO	PPO	PPO	HMO	POS	CIP	PPO	HMO	Base Plan	Buy Up Plan
Annual/Lifetime Max. Benefit:	Unlimited	Unlimited	Unlimited	\$2,000,000	\$2,000,000	Unlimited	Unlimited	Unlimited	\$1,000,000	\$1,000,000	\$1,000,000		
Out of Pocket Maximum:													
Per Member	\$800	\$1,500	\$1,500	\$750	\$1,000	None	\$1,500	\$1,500	1900/3300	800/1300	950/1900		
Per Family	\$1,600	\$3,000	\$3,000	\$1,500	\$2,000	None	\$3,000	\$3,000	3300/10000	5000/10000	No Benefit		
Co-Insurance:	20% Employee											20% Employee	20% Employee
Employee	\$500	None	None	10%	20%		N/A	N/A	20%	90%	90%	\$1,500	\$1,000
Dependents	\$1,000	None	None	10%	20%		N/A	N/A	60%	70%	No Benefit	\$3,000 + 1 dependent	\$2,000 + 1 dependent
												\$4,500 + 2 or more dependents	\$3,000 + 2 or more dependents
Deductibles:													
Employee	\$300	N/A	N/A	None	\$250	None	None	None	1200/2400	300/600	450/900	\$1,000	\$500
Dependents	\$600	N/A	N/A	None	\$500	None	None	None	2400/4800	700/1400	No benefit	\$2,000 + 1 dependent	\$1,000 + 1 dependent
												\$3,000 + 2 or more dependents	\$1,500 + 2 or more dependents
Co-Payments:													
Physician Office Services	None	\$20	\$20	\$15	\$20	\$20	\$15	\$20	\$0	\$20	\$25	\$25	\$20
Inpatient Services	None	\$200	\$200	90%	80% after deductible	\$200 per confinement	\$250 per admission	10% per admission	\$0	\$250	\$250		
Outpatient Services	None	\$200	\$200	\$90	80% after deductible	\$100 per confinement	\$0	10% per visit	\$0	\$150	\$150		
Emergency Room	None	\$100	\$100	\$50 co-pay; waived if admitted	80% after deductible \$50 co-pay; waived if admitted	\$100 per visit	\$100	\$100	\$0	\$150	\$150	\$100	\$100
Urgent Care Center		\$25	\$25	100% after \$15 copay	60%	\$20 per visit	\$35	\$35	\$0	\$75	\$75		
Prescriptions:	MedTrak	United Healthcare*		MedTrak		United Healthcare			CIP	MedTrak	MedTrak	Medtrak Services	
Deductibles:													
Employee	None	None	None	None	None	None	None	None	Included in deductible listed above	Included in deductible listed above	Included in deductible listed above	None	None
Dependents	None	None	None	None	None	None	None	None	Included in deductible listed above	Included in deductible listed above	Included in deductible listed above	None	None
Co-Payments:													
Employee	Generic - 20% Acute brand name \$20 + 20% Maintenance \$40 + 20%	Retail Pharmacy - \$10 Tier 1, \$25 Tier 2, \$50 Tier 3		For 30-day supply; \$20 +20% (Brand); \$10 Generic. 90 day supplies available through mail order and select retail stores. \$40 +15% (Brand); \$20 Generic		\$7 - generic \$30 - Brand name	Generic - \$10 Formulary - \$30 Non-Formerly - \$50		Generic - FREE Formulary - \$25 Non-Formulary - \$50 Specialty - 20%	Generic - \$10 Formulary - \$25 Non-Formerly - \$50 Specialty - 20%	Generic - \$10 Formulary - \$25 Non-Formerly - \$50 Specialty - 20%	Generic - \$5 Formulary - \$25 Non-Formerly - \$50 Specialty - 20%*	
Dependents	Same as Employee	Same as Employee	Same as Employee	Same as Employee	Same as Employee	Same as Employee	Same as Employee	Same as Employee	Same as Employee	Same as Employee	Same as Employee	Same as Employee	Same as Employee
Out of Pocket Maximum:													
Employee	\$800	None	None	\$1,500	\$1,500	None	None	None	\$1,500	\$1,500	\$1,500	N/A	N/A
Dependents	\$1,600	None	None	\$1,500	\$1,500	None	None	None	\$1,500	\$1,500	\$1,500	N/A	N/A
Data indicates In-Network benefits only.													
Data provided for each plan is a generalized statement about that plan and its benefits. All plans have exceptions.													
												*\$2,000 max benefit per person per plan yr	