

MAYOR	
Annual Stipend	\$ 50,000
Annual Insurance Cost to City	\$ 18,317
Annual Wellness Stipend	<u>\$ 3,000</u>
Total Annual Cost to City	<u>\$ 71,317</u>
Mayor Monthly Take Home	
Monthly Stipend Check Amount	\$ 4,166.67
Deduction: Monthly Premium Contribution	\$ 170
Stipend amount after insurance premium deduction (incl. wellness stipend)	<u>\$ 4,247</u>

City-paid FICA / Medicare / Paid Leave OR / etc as % of wages	12.40%
Deschutes County Commissioner Annual Salary	\$ 125,000

Annual total cost medical & dental family	\$ 20,352.00
Annual total cost medical & dental individual	\$ 9,055.00

Medical & Dental	90/10 Individual	90/10 Family	75/25 Individual	75/25 Family	50/50 Individual	50/50 Family
Annual Cost to City	\$ 8,150	\$ 18,317	\$ 6,791	\$ 15,264	\$ 4,528	\$ 10,176
Annual Cost to Council Member	\$ 906	\$ 2,035	\$ 2,264	\$ 5,088	\$ 4,528	\$ 10,176
Monthly Cost to City	\$ 679	\$ 1,526	\$ 566	\$ 1,272	\$ 377	\$ 848
Monthly Cost to Council Member	\$ 75	\$ 170	\$ 189	\$ 424	\$ 377	\$ 848

COUNCILOR	
Annual Stipend	\$ 30,000
Annual Insurance Cost to City	\$ 18,317
Annual Wellness Stipend	\$ 3,000
Total Annual Cost to City	<u>\$ 51,317</u>
Councilor Monthly Take Home	
Monthly Stipend Check Amount	\$ 2,500.00
Deduction: Monthly Premium Contribution	\$ 170
Stipend amount after insurance premium deduction (incl. wellness stipend)	<u>\$ 2,580</u>

Total Annual Costs to City - Mayor + Councilors	
Annual Stipend 1 Mayor	\$ 50,000
Annual Stipends 6 Councilors	\$ 180,000
Annual City-paid FICA/etc.	\$ 28,520
Annual City Insurance Premium Contribution Costs	\$ 128,218
Annual Wellness Stipend	\$ 21,000
<b>TOTAL</b>	<b><u>\$ 407,738</u></b>

Est. Number of Council Members Electing Family Coverage	7
Est. Number of Council Members Electing Individual Coverage	0
Annual City Costs for Family Coverage	\$ 128,218
Annual City Costs for Individual Coverage	\$ -
<b>City Annual Insurance Premium Contribution Costs</b>	<b>\$ 128,218</b>



CITY OF BEND