

River Valley Child Development Services  
**Regular Employee Benefits Summary**

*Benefits are available to employee after completing 90 day provisional period.*

**Benefits Provided by Agency**

**Paid Time Off (PTO)**

| Years of Service                                   | Accrual Rate:<br>Hours/paycheck | Hours Per Year | Days Per Year | Maximum Hours Allowed<br>to Accrue | Hours of Leave Without<br>Pay |
|----------------------------------------------------|---------------------------------|----------------|---------------|------------------------------------|-------------------------------|
| Up to 1 Year                                       | 3.70                            | 96             | 12            | 96                                 | 24                            |
| 1 through 5 (Up to 5 <sup>th</sup><br>Anniversary) | 4.62                            | 120            | 15            | 120                                | 0                             |
| 5 through 10                                       | 6.16                            | 160            | 20            | 160                                | 0                             |
| 10 through 15                                      | 8.62                            | 224            | 28            | 224                                | 0                             |
| 15 through 20                                      | 9.54                            | 248            | 31            | 248                                | 0                             |
| 20 through 25                                      | 10.47                           | 272            | 34            | 272                                | 0                             |
| 25 and above                                       | 11.39                           | 296            | 37            | 296                                | 0                             |

- 24 hours of PTO will be issued/received on first paycheck following the end of the 90 day provisional period.
- PTO must be earned before it can be taken.
- PTO must be taken in 1 hour increments.

**Holidays (10 Paid Holidays Annually)**

- New Year's Day
- Labor Day
- Birthday\*\* \* Date of Birthday Holiday must be preapproved by supervisor and can be used as a floating holiday within your birthday month.
- President's Day
- Thanksgiving Day
- Memorial Day
- Day after Thanksgiving
- Independence Day
- Christmas Day (2 Days)

**Guardian Life Insurance Benefits**

**Short Term Disability**

- Employee receives 60% of wages while under a physician's care for up to 26 weeks.
- 7 day waiting period for illness and injury. Benefits begin on the 8<sup>th</sup> day.

**Basic Life/Accidental Death & Dismemberment**

- \$15,000 Life Insurance
- \$15,000 Accidental Death & Dismemberment

**Retirement**

TIAA-CREF®: Teacher's Insurance and Annuity Association of America- College Retirement Equities Fund

- Employee minimum contribution is 3% of gross salary. Employee maximum contribution is 10% of gross salary.
- RVCDS matches \$1:\$1 up to 6% of employee's gross salary.
- Vesting in employer contributions is immediate.

**Additional Benefits Provided by Agency**

- Direct Deposit
- Wellness Incentive
- Opportunities for Professional Development



## Voluntary Benefits

All voluntary benefits are effective the first day of the month after completing 90 day provisional period. Benefits are fully or partially funded by the employee.

### Health Insurance: Highmark Blue Cross Blue Shield of WV – PPO Plan

**\*Must be scheduled to work a minimum of 30 hours per week. (Premium, per pay- as shown in tables)**

#### Gold Plan

Company share of premium: 70%  
 Employee share of premium: 30%  
 Single Deductible: \$5,000  
 Family Deductible: \$10,000

|                     |                    |
|---------------------|--------------------|
| Single              | \$118.57 per check |
| Employee/Child(ren) | \$239.88 per check |
| Employee/Spouse     | \$255.53 per check |
| Family              | \$353.12 per check |

When an employee chooses to sign up for the **Gold Plan**, he or she is eligible for the **Health Reimbursement Arrangement** as detailed below.

#### Health Reimbursement Arrangement: The Health Plan

- Automatic contributions for employees that select the Gold Plan health insurance.
- Account consists of company contributions only.

|                                   |                    |
|-----------------------------------|--------------------|
| Single                            | \$66.67 per month  |
| Employee/Spouse or Employee/Child | \$83.33 per month  |
| Employee/Children                 | \$100.00 per month |
| Family                            | \$133.33 per month |

#### Bronze Plan

Company share of premium: 81.6 %  
 Employee share of premium: 18.4 %  
 Single Deductible: \$6,000  
 Family Deductible: \$12,000

|                     |                    |
|---------------------|--------------------|
| Single              | \$67.73 per check  |
| Employee/Child(ren) | \$136.63 per check |
| Employee/Spouse     | \$145.55 per check |
| Family              | \$201.13 per check |

**\*\*This plan is NOT eligible for the Health Reimbursement Arrangement**

#### Dental: The Guardian Life Insurance Company of America

|                     |                   |
|---------------------|-------------------|
| Single              | \$14.80 per check |
| Employee/Child(ren) | \$29.44 per check |
| Employee/Spouse     | \$28.42 per check |
| Family              | \$43.04 per check |

#### Vision: VSP

|                     |                   |
|---------------------|-------------------|
| Single              | \$4.85 per check  |
| Employee/Child(ren) | \$8.34 per check  |
| Employee/Spouse     | \$8.16 per check  |
| Family              | \$13.18 per check |

#### Flexible Spending Account: The Health Plan

- Pre-Tax account that can be used for insurance co-payment, medical reimbursements, and dependent care reimbursements.
- Account consists of employee contributions only.

### Additional Voluntary Benefits: The Guardian Life Insurance Company of America

#### Optional Life Insurance

Employee may purchase additional life insurance for self and family members at time of initial enrollment.

Employee may be required to complete health questionnaires.

#### Long Term Disability

Employee receives 60% of weekly wages.

Benefits start after short term disability ends (on day 181).

**Critical Illness**- Coverage in increments of \$5K, \$10K, \$15K, \$20K, \$25K (based on age) for:

cancer (Types 1 & 2), kidney failure, organ transplant, stroke, heart attack, coronary artery bypass graft (*list not all inclusive*)