Premiums Shown are per bi-weekly pay period/24 pays

Medical (HRA Included)

Highmark Silver

Single Deductible: \$5,000 Family Deductible: \$10,000

| Employee | \$90.02 |
|-----------------------|----------|
| Employee + Spouse | \$174.65 |
| Employee + Child(ren) | \$154.84 |
| Employee + Family | \$260.17 |

Highmark Gold

Single Deductible: \$2,500 Family Deductible: \$5,000

| Employee | \$160.02 |
|-----------------------|----------|
| Employee + Spouse | \$310.44 |
| Employee + Child(ren) | \$275.23 |
| Employee + Family | \$462.46 |

| Dental | |
|-----------------------|---------|
| Employee | \$9.50 |
| Employee + Spouse | \$18.00 |
| Employee + Child(ren) | \$22.25 |
| Employee + Family | \$32.25 |

| Vision | |
|-----------------------|---------------|
| Employee | No cost to EE |
| Employee + Spouse | \$2.42 |
| Employee + Child(ren) | \$3.30 |
| Employee + Family | \$6.38 |

Disability

Short-Term Disability

Provides 60% of wages to employee while under Physician's care beginning on the 8th day for up to 25 weeks

NO COST TO EMPLOYEE

Long-Term Disability

Provides a percentage of wages to employee if serious illness/injury extends past 26 weeks

Rate based on coverage selection

403(b) Retirement Plan

Match of \$1:\$1 (up to 6% of gross income)

No minimum for employee's contribution

Basic Life Insurance

\$20,000 Coverage NO COST to EE

Accidental Death & Dismemberment

\$20,000 Coverage NO COST to EE

Other Benefits

Rates based on coverage selection

Voluntary Life

Additional coverage for employee, employee's spouse and dependents

Voluntary AD&D

Additional coverage for employee, employee's spouse and dependents

Accident

Tax-free cash benefit to help with out-of-pocket expenses related to accidental injury

Critical Illness

Receive a lump-sum cash payment for covered illness(es)

Hospital Indemnity

Provides set benefit amount to assist with covering out-of-pocket expenses related to hospital care

Flexible Spending Account (FSA)

Covers out-of-pocket expenses for qualifying medical expenses

Dependent Care FSA (DFSA)

Covers out-of-pocket expenses for elderly or dependent care expenses





QUESTIONS?

benefits.payroll@rvcds.org

SENEFITS SUMMARY

Child Development Services

QUESTIONS?

benefits.payroll@rvcds.org

Paid Time Off (PTO)

Accrual begins on first day of employment

| Years of Service | Weekly Accrual Rate | Total Annual Hours | Total Annual Days | Max Accrued Hours | Max Accrued Days |
|-----------------------------|---------------------------|--------------------------|-------------------------|-------------------------|------------------------|
| Day 1 - End of Year 4 | 3.85 | 200 | 25 | 200 | 25 |
| Year 5 - End of Year 9 | 4.31 | 224 | 28 | 224 | 28 |
| Year 10 - End of Year 14 | 4.77 | 248 | 31 | 248 | 31 |
| Year 15 - End of Year 19 | 5.23 | 272 | 34 | 272 | 34 |
| Year 20+ | 5.69 | 296 | 37 | 296 | 37 |

Paid Holidays

New Year's Day
Martin Luther King Day
President's Day
Memorial Day
Juneteenth
Independence Day
Labor Day
Veteran's Day
Thanksgiving Day
Day after Thanksgiving
Christmas Eve
Christmas Day
Birthday (during birthday month)

Additional Benefits

Employee Assistance Program (EAP)
Paid Bereavement Leave
Paid Jury Duty
Expense Reimbursement

Additional Incentives

Hybrid Work Schedule (based on position)
Public Student Loan Forgiveness
(PSLF) Program Participation
Wellness Incentive (Annual)
Years of Service Incentive (Annual)
Professional Development Opportunities
Working Advantage Discount Program
Offers savings on electronics, appliances,
apparel, cars, flowers, fitness memberships,
gift cards, groceries, hotels, movie tickets
rental cars, events, theme parks, and more!