

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: Hours/paycheck	Hours Per Year	Days Per Year	Maximum Hours Allowed to Accrue	Hours of Leave Without Pay
Up to 1 Year	3.70	96	12	96	24
1 through 5 (Up to 5 th 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
- President's Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Day after Thanksgiving
- Christmas Day (2 Days)
- Birthday* * Date of Birthday Holiday must be preapproved by supervisor and can be used as a floating holiday within your birthday month.

Principal

Short Term Disability

- Employee receives 60% of wages while under a physician's care for up to 25 weeks.
- 7 day waiting period for illness and injury. Benefits begin on the 8th 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: \$2,500
 Family Deductible: \$5,000

Single	\$142.25 per check
Employee/Child(ren)	\$287.78 per check
Employee/Spouse	\$306.56 per check
Family	\$423.63 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: 82.80 %
 Employee share of premium: 17.20 %
 Single Deductible: \$5,000
 Family Deductible: \$10,000

Single	\$70.15 per check
Employee/Child(ren)	\$141.91 per check
Employee/Spouse	\$151.17 per check
Family	\$208.91 per check

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

Dental: Principal

Single	\$9.85 per check
Employee/Child(ren)	\$23.19 per check
Employee/Spouse	\$18.06 per check
Family	\$32.99 per check

Vision: VSP

Single	\$3.28 per check
Employee/Child(ren)	\$6.61 per check
Employee/Spouse	\$5.71 per check
Family	\$9.71 per check

Additional Voluntary Benefits: Principal

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.

Accident

This coverage helps with covering out of pocket expenses related to an accidental injury. The coverage pay tax-free cash benefits directly to the employee regardless of other insurance coverages or actual expenses.

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*)