

# BENEFITS SUMMARY

09/01/2023 - 08/31/2024



## QUESTIONS?

Hope Moore  
Benefits & Payroll  
Coordinator

benefits.payroll@rvcds.org  
(304) 523-3417  
ext. 3425

Employees must work a minimum of 30 hours per week to be eligible.  
Insurance and 403(b) matching become effective on the 1st of the month following date of hire.  
403(b) contributions from employee may begin immediately. All other benefits effective date of hire.

### Premiums Shown are per bi-weekly pay period

#### Medical (HRA Included)

##### Option 1

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

Employee	\$70.15
Employee + Spouse	\$151.19
Employee + Child(ren)	\$141.93
Family	\$208.93

##### Option 2

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

Employee	\$134.82
Employee + Spouse	\$290.52
Employee + Child(ren)	\$272.72
Family	\$401.47

#### Dental

Employee	\$8.77
Employee + Spouse	\$16.62
Employee + Child(ren)	\$20.54
Family	\$29.77

#### Vision

Employee	NO COST
Employee + Spouse	\$5.43
Employee + Child(ren)	\$6.28
Family	\$9.23

#### 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

#### Accidental Death & Dismemberment

\$20,000 Coverage NO COST

#### 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

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## 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  
President's Day  
Memorial Day  
Independence Day  
Labor 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  
  
Planet Fitness Discount  
  
Wellness 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!  
  
Years of Service Incentive (Annual)