

Leave/Holidays:

Bereavement Leave

- 3 days of paid leave for immediate family members

Injury Leave

- Up to 90 calendar days of paid leave for work related injury

Jury Duty

- Up to 30 days of pay per calendar year

Military Leave

- Up to 176 paid hours per calendar year

Paid Holidays

- 11 days per year

Sick Leave

- 10 hours per completed month of service

Vacation Leave

- 8 hours per completed month of service
- Supplementary days after 3 years of service

Personal Leave

- 2 days per calendar year (after the first calendar year)

During the first calendar year New Hires will receive personal leave as per the following;

Personal Leave

- Hired Jan 1-May 31 = receive 2 days
- Hired Jun1 – Oct 31 = receive 1 day
- Hired Nov 1 – Dec 31 = will not receive personal leave until the next calendar year.

Sick Leave

- 10 hours per completed month of service

Insurance:

Medical Benefits: UMR / United Medical Resources/United Healthcare)
(See other side for cost breakdown)

Vision: Eye-Med

Employee Monthly Participation Fee:

Employee	\$ 6.01
Employee + 1	\$12.61
Family	\$19.22

Dental: Superior Dental

Employee Monthly Participation Fees:

Core Plan:	\$20.98
Enhanced Plan:	\$35.97

Life: Companion Life Insurance Company

- Employer paid one times salary
- Employee paid additional life insurance

Retirement:

Ohio Public Employees Retirement System (OPERS)

- Employee contribution rate 10%
- Employer contribution rate 14%

Deferred Compensation Program (IRS 457)

Other Optional Benefits:

- Allstate Accident Plan
- Continuing Education Reimbursement \$1,500 per calendar year
- Employee Assistance Program
- Eye Med Vision Discount plan offered through Superior Dental
- Flexible Spending Account
- Health Savings Account
- Disability
- Wellness Incentives
- HRA

Note: *Effective date of Health Insurance: The first day of the month following 30days of employment. Some benefits prorated for regular part-time employees*

2018-2019 Montgomery County Health Care Rates



UNDER \$50,000 Employee Net Costs	EMPLOYEE + SPOUSE/FAMILY		EMPLOYEE + CHILDREN		EMPLOYEE ONLY	
	Basic	Enhanced	Basic	Enhanced	Basic	Enhanced
Monthly Premium	\$78	\$150	\$50	\$106	\$40	\$59
Employee Annual Premium	\$936	\$1,800	\$600	\$1,272	\$480	\$708
Employee Contribution - HSA	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
Employer Wellness Incentive	\$1,980	\$1,980	\$1,380	\$1,380	\$1,380	\$1,380
Employer County Match - HSA	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
Total Net Annual Costs	(\$1,044)	(\$180)	(\$780)	(\$108)	(\$900)	(\$672)

100,000 - \$150,000 Employee Net Costs	EMPLOYEE + SPOUSE/FAMILY		EMPLOYEE + CHILDREN		EMPLOYEE ONLY	
	Basic	Enhanced	Basic	Enhanced	Basic	Enhanced
Monthly Premium	\$272	\$349	\$174	\$223	\$96	\$128
Employee Annual Premium	\$3,264	\$4,188	\$2,088	\$2,676	\$1,152	\$1,536
Employee Contribution - HSA	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
Employer Wellness Incentive	\$1,980	\$1,980	\$1,380	\$1,380	\$1,380	\$1,380
Employer County Match - HSA	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
Total Net Annual Costs	\$1,284	\$2,208	\$708	\$1,296	(\$228)	(\$156)

\$50,000 - \$100,000 Employee Net Costs	EMPLOYEE + SPOUSE/FAMILY		EMPLOYEE + CHILDREN		EMPLOYEE ONLY	
	Basic	Enhanced	Basic	Enhanced	Basic	Enhanced
Monthly Premium	\$160	\$249	\$101	\$159	\$56	\$88
Employee Annual Premium	\$1,920	\$2,988	\$1,212	\$1,908	\$672	\$1,056
Employee Contribution - HSA	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
Employer Wellness Incentive	\$1,980	\$1,980	\$1,380	\$1,380	\$1,380	\$1,380
Employer County Match - HSA	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
Total Net Annual Costs	(\$60)	\$1,008	(\$168)	\$528	(\$708)	(\$324)

OVER \$150,000 Employee Net Costs	EMPLOYEE + SPOUSE/FAMILY		EMPLOYEE + CHILDREN		EMPLOYEE ONLY	
	Basic	Enhanced	Basic	Enhanced	Basic	Enhanced
Monthly Premium	\$363	\$446	\$232	\$284	\$128	\$157
Employee Annual Premium	\$4,356	\$5,352	\$2,784	\$3,408	\$1,536	\$1,884
Employee Contribution - HSA	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
Employer Wellness Incentive	\$1,980	\$1,980	\$1,380	\$1,380	\$1,380	\$1,380
Employer County Match - HSA	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
Total Net Annual Costs	\$2,376	\$3,372	\$1,404	\$2,028	\$156	\$504