

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

approximately 10 hours per completed month of service

Full-time employees accrue sick leave at the rate of .0579 hours for each hour of service. A maximum of 120 hours per year (10 hours per month) can be earned based on an 80 hour work week.

- Vacation Leave (can only be used after probationary period)

approximately 8 hours per completed month of service

Full-time employees accrue vacation leave at the rate of .0462 hours for each hour of service. A maximum of 96 hours per year (8 hours per month) can be earned based on an 80 hour work week
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 Jun 1 – 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	\$ 5.39
Employee + 1	\$11.32
Family	\$17.26

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)

- Required employee contribution rate 10%
- Guaranteed 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*

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2019-2020 Montgomery County Health Care Rates



UNDER \$60,000 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)

120,000 - \$180,000 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)

\$60,000 - \$120,000 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 \$180,000 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