



Employee Benefits

Hourly Employees: Benefits effective 1st day of month after 60 days of employment unless otherwise noted.

Salaried Employees: Benefits effective 1st day of month after hire.

Health Insurance: (Self-insured through Bluegrass Family Health) – Full time employees ONLY

* Depending on choice of deductible and maximum out of pocket cost

<u>Coverage</u>	<u>Employee Cost</u>
Single	\$28.15 or \$46.15 biweekly (pretax)
Employee + Spouse	\$80.31 or \$115.38 biweekly (pretax)
Employee + Child/ren	\$66.00 or \$87.69 biweekly (pretax)
Family	\$106.15 or \$147.69 biweekly (pretax)

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Prescriptions PPO—Full time employees ONLY—Included with medical PPO

\$ 5.00 co-payment for generic brand medications

\$25.00 co-payment for brand name medications

\$50.00 co-payment for non-preferred brand name medications

Life Insurance—Full time employees ONLY

<u>Coverage</u>	<u>Employee Cost</u>
1 X Annual Base Salary	\$0

Optional Life Insurance – Full time employees ONLY

Full time employees are given an opportunity to purchase additional life insurance coverage for themselves, a spouse, and/or dependents at a group rate that is deducted from biweekly paycheck.

Short Term Disability Insurance—Full time employees ONLY

<u>Coverage</u>	<u>Employee Cost</u>
70% of pay up to \$400 per week for up to 11 weeks.	\$0

Long Term Disability Insurance—Full time employees ONLY

<u>Coverage</u>	<u>Employee Cost</u>
60% of pay up to \$6,000 per month -- continues indefinitely prior to age 65.	\$0

Dental/Vision Insurance (Through Delta Dental/DeltaVision)—Full time employees ONLY

<u>Coverage</u>	<u>Employee Cost</u>
Single	\$ 8.27 biweekly (pretax)
Employee + 1	\$14.58 biweekly (pretax)
Family	\$25.06 biweekly (pretax)

403B (through Benefits Consultants Group and Amerprise): Effective immediately

Employees who work 1000 hours per year (average of 20 hours per week) may deduct from biweekly wages on a pretax basis to invest in their 403B retirement account. SJCH matches 50% of the first 4% deducted for employees who have been employed less than 5 years; 75% of 4% if employed more than 5 years and less than 10 years; 100% of 4% if employed over 10 years and deposits a discretionary amount into each employee's account at the end of each calendar year.

Roth IRA: Effective immediately

All employees (full time and part time) may deduct up to a maximum of \$3,000.00 annually through payroll deduction to be deposited into a Roth IRA. These deductions are after-tax.

Employee Assistance Program (EAP): Effective immediately

SJCH pays the entire cost of 5 visits per year for professional counseling for all full time and part time employees and their immediate family members through our EAP.

Paid Vacation:

Five (5) days of paid vacation after 6 months of continuous employment, then 3.08 hours per biweekly pay period will be added after one year of continuous employment. (Note: These figures are for FT employees; PT hours are prorated.)

Paid Sick/Personal Time:

One day for every 3 month period worked granted on January 1st and July 1st of each year. After one year service, 5 days granted each January 1st and July 1st to be used by the end of the calendar year.

Paid Holidays:

Ten (10) paid holidays, including employee's birthday, per year after six (6) months of employment for non-exempt personnel. In addition, direct care non-exempt employees receive holiday pay for Easter Sunday if they work.

Meals:

If a staff member is required to eat meals with children/clients, the cost of the meal is free. If a staff member is not required to eat with children/client, the cost of the meal is \$3.00.

Bereavement Pay:

Employees are given three (3) paid days off in the event of the death of an immediate family member (i.e. parent, spouse, sibling, child) and (1) day for extended family members (i.e. grandparent, aunt, uncle, niece, nephew). Please see Human Resources for details.

Flexible Spending Plan:

Offered every July 1st to employees who have completed 6 months of service. Employee elects to withhold pre-tax earnings for medical and dependent care expenses. (Medical with PPO Medical Plan Only)

Thank you for choosing St. Joe's!