

## 19-20 Employee Benefits

### FULL-TIME BENEFITS:

- \$548.48 per month insurance benefits paid directly to the company(s) providing PPO medical or HSA medical, PPO dental, Employee Assistance Program and life insurance coverage on the COSSA group plan on your behalf.
- Your life insurance benefit is \$20,000.
- 3 personal days per year (see personnel handbook)
- 9 sick days per year (see personnel handbook)

### PART-TIME BENEFITS:

- People working 20 hours per week or more, but less than full-time, will receive half benefits, i.e.:
- \$274.24 per month insurance benefits paid directly to the company(s) providing PPO medical or HSA medical, PPO dental, Employee Assistance Program and life insurance coverage on the COSSA group plan on your behalf. Any premium expenses in excess of the allotted amount will be deducted from the employee's paycheck.
- Your life insurance benefit is \$20,000.
- 3 personal half days per year (see personnel handbook)
- 9 sick half days per year (see personnel handbook)

### INSURANCE PREMIUMS

| <b>PPO PLAN</b>            | <b>Health</b> | <b>Dental</b> | <b>*EAP</b> | <b>*Life</b> | <b>Total</b> |
|----------------------------|---------------|---------------|-------------|--------------|--------------|
| Employee Only              | \$612.90      | \$32.30       | \$1.80      | \$4.40       | \$651.40     |
| Employee & Spouse          | \$1,347.65    | \$70.10       | \$1.80      | \$4.40       | \$1,423.95   |
| Employee & one Child       | \$943.50      | \$62.10       | \$1.80      | \$4.40       | \$1,011.80   |
| Employee & 2+ Children     | \$1,096.60    | \$92.45       | \$1.80      | \$4.40       | \$1,195.25   |
| Employee, Spouse, Children | \$1,562.00    | \$123.95      | \$1.80      | \$4.40       | \$1,692.15   |

(\*Life Insurance Premium is for employee only)

\*Employee contribution towards health & dental premium will be \$102.92 per month.

| <b>ECONOMY PPO PLAN</b>    | <b>Health</b> | <b>Dental</b> | <b>*EAP</b> | <b>*Life</b> | <b>Total</b> |
|----------------------------|---------------|---------------|-------------|--------------|--------------|
| Employee Only              | \$564.45      | \$32.30       | \$1.80      | \$4.40       | \$602.95     |
| Employee & Spouse          | \$1,241.40    | \$70.10       | \$1.80      | \$4.40       | \$1,317.70   |
| Employee & one Child       | \$869.05      | \$62.10       | \$1.80      | \$4.40       | \$937.35     |
| Employee & 2+ Children     | \$1,010.15    | \$92.45       | \$1.80      | \$4.40       | \$1,108.80   |
| Employee, Spouse, Children | \$1,438.60    | \$123.95      | \$1.80      | \$4.40       | \$1,568.75   |

(\*Life Insurance Premium is for employee only)

\*Employee contribution towards health & dental premium will be \$54.47 per month.

### DENTAL BLUE CONNECT

|                     |                 |
|---------------------|-----------------|
| Employee            | <b>\$37.05</b>  |
| Employee & Spouse   | <b>\$80.39</b>  |
| Employee & Child    | <b>\$71.29</b>  |
| Employee & Children | <b>\$106.09</b> |
| Family              | <b>\$142.19</b> |

### VISION PLAN

|         |                |
|---------|----------------|
| Single  | <b>\$6.95</b>  |
| 2-Party | <b>\$9.90</b>  |
| Family  | <b>\$17.65</b> |