

**Full Time Employee Benefit Package**

**Goochland Powhatan Community Services** offers a generous benefit package to all full-time employees including paid holidays, annual leave, sick leave, health insurance coverage, dental insurance coverage, voluntary programs, and enrollment in Virginia Retirement System (VRS). This document contains a brief overview of all benefits however is not all inclusive.

**Paid Holidays include**

- New Year’s Day
- Memorial Day
- Juneteenth
- Independence Day
- Labor Day
- Thanksgiving Day
- Day after Thanksgiving
- Christmas Eve
- Christmas Day

**Annual Leave is accrued on the following basis**

Length of Service with GPCS	Annual Leave Earned Per Month
Less than 5 Years	10 hours
Less than 10 Years	12 hours
10 years or more	14 hours

**Sick Leave**

All full-time employees accrue sick leave at 11 hours per month

**Floating Holidays**

All full-time employees receive 40 hours of floating holiday leave to use each full fiscal year

**Leave Donation**

Employees with illness or injury may receive donated leave fellow employees to cover their time off.

**Volunteer Leave**

Employees are granted up to 8 hours of paid time off to volunteer for non-profit organizations.

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### Medical/Dental/Vision

GPCS offers Anthem medical and vision benefits as well as Delta Dental benefits through The Local Choice (TLC). These plans are bundled together.

- The following chart provides a comparison of the three health insurance plans that GPCS offers. This is not an all-inclusive comparison. It only addresses the most commonly asked questions about services. Full plan materials will be available at the open enrollment meetings.

### Health Plan Comparison

Services (Most Commonly Asked About)	Option 1 Key Advantage 250 PPO	Option 2 Key Advantage 500 PPO	Option 3 High Deductible Health Plan PPO
Referrals Required?	No	No	No
Plan Year Deductible (July through June)	\$250 individual \$500 family	\$500 individual \$1,000 family	\$3,200 individual \$6,400 family
Maximum Out-of-Pocket (Plan Year)	\$3,000 individual \$6,000 family	\$4,000 individual \$8,000 family	\$5,000 individual \$10,000 family
Office Visits (for illness or injury)	\$20 PCP \$35 Specialist	\$25 PCP \$40 Specialist	20% coinsurance, after deductible
Wellness Services (Well Child & Adult Preventive Care)	Covered at 100%; No Charge	Covered at 100%; No Charge	Covered at 100%; No Charge
Inpatient Hospitalization	\$400 copay per stay	20% coinsurance, after deductible	20% coinsurance, after deductible
Outpatient Hospitalization	\$150 copay per visit	20% coinsurance, after deductible	20% coinsurance, after deductible
Emergency Room	\$350 copay per visit (waived if admitted to hospital)	20% coinsurance, after deductible	20% coinsurance, after deductible
Pharmacy Prescription Drugs	Tier 1 - \$10 Tier 2 - \$30 Tier 3 - \$45 Tier 4 - \$55	Tier 1 - \$10 Tier 2 - \$30 Tier 3 - \$45 Tier 4 - \$55	20% coinsurance, after deductible
Mail Order Prescription Drugs	Tier 1 - \$20 Tier 2 - \$60 Tier 3 - \$90 Tier 4 - \$110	Tier 1 - \$20 Tier 2 - \$60 Tier 3 - \$90 Tier 4 - \$110	20% coinsurance, after deductible
Out-of-Network Benefits	Yes	Yes	Yes

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**Routine Vision** – Routine vision benefits now available through Blue View Vision (included with medical).

Type of Service	Paired with Key Advantage 250	Paired with Key Advantage 500	Paired with High Deductible Health Plan
Routine Eye Exam (once every 12 months)	\$35 copay	\$40 copay	\$15 copay
Eyeglass Lenses (once every 12 months)	\$20 copay	\$20 copay	\$20 copay
Eyeglass Frames (once every 12 months)	Up to \$100 retail allowance 20% discount above allowance	Up to \$100 retail allowance 20% discount above allowance	Up to \$100 retail allowance 20% discount above allowance
Contact Lenses (instead of eyeglasses) (once every 12 months)	Up to \$100 retail allowance	Up to \$100 retail allowance	Up to \$100 retail allowance

### Dental Plan Comparison

**Dental Benefits** – There are two dental benefits to choose from, Preventive and Comprehensive coverage. Please remember that while Preventive Dental may have lower cost coverage, it **only** covers routine oral exams and cleanings twice per plan year, x-rays, sealants and fluoride for children.

Benefits	Preventive Dental	Comprehensive Dental
<b>Dental Plan Year Deductible</b>	No contract year deductible	\$25 Individual \$75 Family
<b>Plan Year Maximum</b>	No contract year maximum	\$1,500
<b>Preventive Dental Care</b> (routine oral exam and cleaning - twice per contract year, x-rays, sealants and fluoride for children)	100%	100%
<b>Primary Dental Care</b> (fillings, root canal, simple extractions, periodontic services, etc.)	Not Covered	80% coverage after deductible
<b>Major Dental Care</b> (crowns, inlays, onlays, dentures and fixed bridges)	Not Covered	50% coverage after deductible
<b>Orthodontic Services</b> (for children and adults)	Not Covered	50% coverage, no deductible, with \$1,500 lifetime maximum

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### Health Plan Premiums and Contributions

<b>Option 1 - Key Advantage 500 Comprehensive Dental</b>	<b>Total Semi monthly premium</b>	<b>EmployEE <u>Semi monthly</u></b>	<b>GPCS <u>Semi monthly</u></b>	
Employee Only	\$403.50	\$0.00	\$403.50	
Employee + 1	\$747.00	\$209.50	\$537.50	
Family	\$1,090.00	\$403.00	\$687.00	
<b>Option 2- Key Advantage 500 Preventative Dental</b>	<b>Total Semi monthly premium</b>	<b>EmployEE <u>Semi monthly</u></b>	<b>GPCS <u>Semi monthly</u></b>	
Employee Only	\$393.50	\$0.00	\$393.50	
Employee + 1	\$727.50	\$192.00	\$535.50	
Family	\$1,062.50	\$378.00	\$684.50	
<b>Option 3 - Key Advantage 250 Comprehensive Dental</b>	<b>Total Semi monthly premium</b>	<b>EmployEE <u>Semi monthly</u></b>	<b>GPCS <u>Semi monthly</u></b>	
Employee Only	\$450.00	\$46.50	\$403.50	
Employee + 1	\$832.50	\$295.00	\$537.50	
Family	\$1,215.50	\$528.50	\$687.00	
<b>Option 4 - Key Advantage 250 Preventative Dental</b>	<b>Total Semi monthly premium</b>	<b>EmployEE <u>Semi monthly</u></b>	<b>GPCS <u>Semi monthly</u></b>	
Employee Only	\$439.50	\$46.00	\$393.50	
Employee + 1	\$813.50	\$278.00	\$535.50	
Family	\$1,187.50	\$503.00	\$684.50	
<b>Option 5 - High Deductible Health Plan Comprehensive Dental</b>	<b>Total Semi monthly premium</b>	<b>EmployEE <u>Semi monthly</u></b>	<b>GPCS <u>Semi monthly</u></b>	<b>GPCS HSA contribution <u>Semi monthly</u></b>
Employee Only	\$328.00	\$0.00	\$328.00	\$30.00
Employee + 1	\$606.50	\$69.00	\$537.50	\$50.00
Family	\$886.50	\$199.50	\$687.00	\$50.00
<b>Option 6 – High Deductible Health Plan Preventative Dental</b>	<b>Total Semi monthly premium</b>	<b>EmployEE <u>Semi monthly</u></b>	<b>GPCS <u>Semi monthly</u></b>	<b>GPCS HSA contribution <u>Semi monthly</u></b>
Employee Only	\$318.00	\$0.00	\$318.00	\$30
Employee + 1	\$587.50	\$52.00	\$535.50	\$50
Family	\$858.00	\$173.50	\$684.50	\$50

## **Full Time Employee Benefit Package**

### **Additional Benefits**

#### **Virginia Retirement System (VRS)**

GPCS participates in the retirement program administered by the Virginia Retirement System. The agency pays the designated employer amount into the Employee's Account in accordance with percentages established by the VRS.

#### **Life Insurance**

GPCS participates in the life insurance plan provided through the Virginia Retirement System, at no cost to the employee, though the employee will be responsible for taxes on total life insurance over a certain amount. Coverage has no medical examination required. The amount of coverage is equal to double the employee salary rounded to the next highest \$1,000.

#### **Voluntary Benefits**

GPCS offers employees the ability to enroll in a variety of voluntary benefits, with the full cost responsible to the employee. These benefits include short term disability protection, accident protection, critical illness protection, cancer protection, and flexible spending accounts.

### **Why Voluntary Benefits?**

#### **Short Term Disability Protection**

Your income is one of your most important assets. You, and perhaps even your family, depend on your paycheck each month to meet your basic needs. How long could you survive without receiving a paycheck? All of these are important things to think about as you consider purchasing Short Term Disability Protection. Short Term Disability can replace your income if you are unable to work due to injury (off the job), illness or even pregnancy.

#### **Accident Protection**

Let's face it; accidents are a part of life. It could be as minor as a sprained ankle or something much more serious. Either way, there is usually some residual financial impact relating to copayments, deductibles and in some cases, hospitalization. Accident protection can help you help lessen the financial impact to you in these situations.

#### **Cancer Protection**

According to the American Cancer Society, 1 out of 2 men and 2 out of 3 women will be impacted by cancer during their lifetime. Approximately 66% of all treatment costs end up being out-of-pocket expenses for patients, even those with medical insurance. Cancer protection is a way to help you pay for out-of-pocket treatment expenses.

#### **Whole Life Protection**

Death and final expenses are often difficult to think about it. However, proper planning can help protect the financial future of the ones we love. Whole Life insurance allows you to lock in the rate at your current age with no rate increases as you get older. The plan is individually owned and can be continued after employment.

#### **Critical Illness Protection**

Illnesses such as a heart attack, stroke, organ transplants and renal failure could have a major impact on your finances. Often these types of illnesses may have significant out-of-pocket expenses. Critical illness protection will pay a lump-sum cash payment (as defined by the policy) for these types of diagnoses.

#### **Dependent Care and Medical Flexible Spending Accounts**

Flexible spending accounts allow employees to set aside a portion of their earnings (pre-tax) to pay for qualifying medical and/or dependent care expenses