



1001 Beall Lane \* PO Box 3697 \* Central Point, OR 97502 \* 541-734-5150 \* Fax: 541-245-9188

## Comprehensive Benefit Package FAQ

### What do we offer?

- Medical and Rx for you and your children only (see cost break down)
- Dental and Vision for the whole family (see cost break down)
- 401(k) retirement
- Life Insurance for you, and optional additional coverage for your family
- Employee Assistance Program
- Tuition Reimbursement

### When is coverage available? Who is covered?

- Full-time employees (30+ hours per week)
  - Medical/Rx, Dental, Vision, and Life insurance – coverage starts on 1<sup>st</sup> of month following 60 days of employment
- Paid Time Off for all employees begins accruing immediately, and is available to use after 120 days
- Sick leave for all employees begins accruing immediately, and is available to use on the 91st day
- Two paid floating holidays
- 2% retirement contributions for all employees begin after 30 days of employment, unless you opt-out

### Health, Dental, and Vision Coverages and Premiums – see cost break down

- Plan year is January 1<sup>st</sup> through December 31<sup>st</sup>
- Deductions are taken for 18 pay periods, October through June
- No deductions during summer, but coverage continues
- Open Enrollment: November 1<sup>st</sup> – December 1<sup>st</sup> (this is your time to make changes)

### Retirement

- 401(k) and Roth 401(k) plans offered with automatic 2% enrollment after 30 days
- You may opt-out by signing and returning the form to payroll
- Employer contribution is 5% of annual salary, once per year in November after one year of employment and meeting eligibility criteria

### SunLife – Life Insurance

- Agency-sponsored group life insurance: \$20,000 at no cost to you
- Optional life insurance for yourself, spouse, or child

### When do I enroll? How?

Watch your email for details from HR, and complete a worksheet during new employee orientation.



1001 Beall Lane \* PO Box 3697 \* Central Point, OR 97502 \* 541-734-5150 \* fax: 541-245-9188

## Health Insurance Premiums 2024

| <i>Medical coverage</i>  | <i>Payroll Deduction (18 paychecks)</i> | <i>Monthly cost</i> |
|--------------------------|---|---------------------|
| <i>Employee only</i>     | \$41.20                                 | \$61.80             |
| <i>Employee + child</i>  | \$664.23                                | \$996.35            |
| <i>Employee + spouse</i> | Not covered                             | Not covered         |

| <i>Dental coverage</i>   | <i>Payroll Deduction (18 paychecks)</i> | <i>Monthly cost</i> |
|--------------------------|---|---------------------|
| <i>Employee only</i>     | \$0.00 – included in medical            | \$0.00              |
| <i>Employee + child</i>  | \$50.42                                 | \$75.63             |
| <i>Employee + spouse</i> | \$38.65                                 | \$57.98             |
| <i>Employee + family</i> | \$82.14                                 | \$123.21            |

| <i>Vision coverage</i>   | <i>Payroll Deduction (18 paychecks)</i> | <i>Monthly cost</i> |
|--------------------------|---|---------------------|
| <i>Employee only</i>     | \$0.00 – included in medical            | \$0.00              |
| <i>Employee + child</i>  | \$3.40                                  | \$5.10              |
| <i>Employee + spouse</i> | \$4.39                                  | \$6.58              |
| <i>Employee + family</i> | \$8.00                                  | \$12.00             |

**\*\*Late enrollees will be charged a prorated amount based on the number of months they are enrolled.\*\***