



SUMMARY OF BENEFITS

Blue Cross/ Blue Shield (includes Medical and Prescription)

**** (deductions per bi-weekly pay period) (Facility pays 80 % of employee & 50% of family's premium)

EMPLOYEE (Total Monthly Premium 480.85)

Employee pays - \$ 44.39 Employer pays – \$ 177.54

FAMILY (Total Monthly Premium \$ 1014.62)

Employee pays - \$ 167.56 Employer pays – \$ 300.72

Principal – Dental

**** (deductions per bi-weekly pay period) (Facility pays 50% of employee premium)

Employee Coverage: \$5.16 per pay period

Family Coverage: \$ 21.17 per pay period

Principal – Vision **** (deductions per bi-weekly pay period)

Employee - \$ 3.41

Employee & Spouse - \$ 7.26

Family - \$ 10.65

Employee & Child(ren) - \$ 6.80

Voluntary Coverages: Rates are dependent on the type of coverage/policy (Life Insurance, Short Term Disability, Cancer, Accident, etc.)

Life Insurance: \$50,000 policy Paid by the facility – No cost to the employee

Retirement Plans

Paid Time Off (PTO) Accrual

Paid Holidays