

# BENEFITS



## Relief Part Time and Float Pool Statuses

- 403(b)
- Cardiac Rehab Gym
- Children's Center
- Rainy Day Program

### Full Time Status

- Medical
- Dental
- Vision
- Basic Life
- Voluntary Life
- Long Term Disability
- Short Term Disability
- Medical Flexible Spending Account
- Dependent Care Spending Account
- 403(b)
- Hospital Indemnity
- Critical Illness
- Identity Theft Insurance
- Cash Balance Pension Plan
- Pharmacy
- Children's Center
- Rainy Day Program
- Tuition Assistance
- Cardiac Rehab Gym
- Paid Annual Leave
- Sick Time

### Part Time Status

- Medical
- Dental
- Vision
- Voluntary Life
- Short Term Disability
- Medical Flexible Spending Account
- Dependent Care Spending Account
- 403(b)
- Hospital Indemnity
- Critical Illness
- Identity Theft Insurance
- Cash Balance Pension Plan
- Pharmacy
- Children's Center
- Rainy Day Program
- Tuition Assistance
- Cardiac Rehab Gym
- Paid Annual Leave

### Weekend Status

- Medical
- Dental
- Vision
- Voluntary Life
- Short Term Disability
- Medical Flexible Spending Account
- Dependent Care Spending Account
- 403(b)
- Hospital Indemnity
- Critical Illness
- Identity Theft Insurance
- Cash Balance Pension Plan
- Pharmacy
- Children's Center
- Rainy Day Program
- Tuition Assistance
- Cardiac Rehab Gym
- Vacation Time (Please see HR for details)

\*\* Please note, that special program employees may or may not be eligible for benefits not listed here. Please see HR for detailed information.

**2019 GVH Biweekly Health Insurance Rates**  
**Full-Time Employees**  
**Wellness Options**

**Full-Time Tier 1 (Under \$50,000)**

Tier	Essential	Enhanced	Plus
Employee Only	\$4.81	\$14.45	\$46.24
Employee + Child(ren)	\$14.11	\$131.74	\$177.83
Employee + Spouse	\$15.31	\$142.98	\$194.27
Employee + Family	\$21.69	\$184.57	\$253.39
Employee + Spouse (+\$100 Surcharge)	\$115.32	\$242.98	\$294.26
Employee + Family (+\$100 Surcharge)	\$121.69	\$284.57	\$353.39

**Full-Time Tier 2 (\$50,000 - \$149,999.99)**

Tier	Essential	Enhanced	Plus
Employee Only	\$4.97	\$14.89	\$47.63
Employee + Child(ren)	\$14.54	\$135.70	\$183.18
Employee + Spouse	\$15.78	\$147.27	\$200.11
Employee + Family	\$22.35	\$190.10	\$261.00
Employee + Spouse (+\$100 Surcharge)	\$115.78	\$247.27	\$300.11
Employee + Family (+\$100 Surcharge)	\$122.35	\$290.10	\$361.00

**Full-Time Tier 3 (\$150,000 and over)**

Tier	Essential	Enhanced	Plus
Employee Only	\$5.40	\$16.35	\$50.87
Employee + Child(ren)	\$15.81	\$148.98	\$204.52
Employee + Spouse	\$17.18	\$161.68	\$223.40
Employee + Family	\$24.33	\$208.72	\$291.40
Employee + Spouse (+\$100 Surcharge)	\$117.18	\$261.68	\$323.40
Employee + Family (+\$100 Surcharge)	\$124.32	\$308.72	\$391.40

**NOTE: There is a surcharge of \$35 per pay for employees and/or spouses who use tobacco products.**

## 2019 GVH Biweekly Health Insurance Rates Part-Time/Weekend Employees Wellness Options

### Part-Time 48+

Tier	Essential	Enhanced	Plus
Employee Only	\$146.64	\$184.26	\$247.54
Employee + Child(ren)	\$234.58	\$310.75	\$373.00
Employee + Spouse	\$308.70	\$408.96	\$490.88
Employee + Family	\$362.73	\$489.85	\$619.08
Employee + Spouse (+\$100 Surcharge)	\$408.71	\$508.96	\$590.88
Employee + Family (+\$100 Surcharge)	\$462.73	\$589.85	\$719.09

### Part-Time 32-47

Tier	Essential	Enhanced	Plus
Employee Only	\$200.66	\$261.24	\$283.85
Employee + Child(ren)	\$345.99	\$450.75	\$496.15
Employee + Spouse	\$455.34	\$593.21	\$653.08
Employee + Family	\$532.51	\$658.38	\$847.78
Employee + Spouse (+\$100 Surcharge)	\$540.47	\$601.85	\$653.08
Employee + Family (+\$100 Surcharge)	\$632.52	\$758.38	\$852.00

### Weekend

Tier	Essential	Enhanced	Plus
Employee Only	\$4.97	\$14.89	\$47.63
Employee + Child(ren)	\$191.65	\$235.31	\$262.00
Employee + Spouse	\$333.22	\$409.12	\$455.54
Employee + Family	\$474.19	\$582.20	\$648.24
Employee + Spouse (+\$100 Surcharge)	\$433.22	\$509.12	\$555.54
Employee + Family (+\$100 Surcharge)	\$574.20	\$682.20	\$748.25

**NOTE: There is a surcharge of \$35 per pay for employees and/or spouses who use tobacco products.**

**2019  
BI-WEEKLY PREMIUMS**

**Employees MUST be enrolled in the same dental plan that is selected for their eligible dependents.** For example, if you select the “Basic” Dental plan for your dependents, you will also be enrolled in the “Basic” Dental plan.

**The Delta Dental Plan group number is 2555.**

**FULL TIME & WEEKEND SPECIALTY EMPLOYEES\***

<b>DENTAL INSURANCE</b>	<b>EMPLOYEE ONLY</b>	<b>EMPLOYEE + 1 DEPENDENT</b>	<b>EMPLOYEE + FAMILY</b>
<b>Basic Plan</b>	<b>FREE – No Charge</b>	<b>\$17.13</b>	<b>\$22.10</b>
<b>Core Plan</b>	<b>\$2.71</b>	<b>\$38.90</b>	<b>\$46.64</b>

**PART TIME EMPLOYEES (Budgeted for 32 or more hours per pay period)**

<b>DENTAL INSURANCE</b>	<b>EMPLOYEE ONLY</b>	<b>EMPLOYEE +1 DEPENDENT</b>	<b>EMPLOYEE + FAMILY</b>
<b>Basic Plan</b>	<b>\$12.26</b>	<b>\$32.57</b>	<b>\$38.05</b>
<b>Core Plan</b>	<b>\$26.05</b>	<b>\$58.90</b>	<b>\$67.74</b>

\*Full Time and Weekend Specialty Employees hired prior to 1/1/2018 are grandfathered into receiving the Core Employee Only Dental Insurance at no charge. These employees are also eligible to elect Employee + 1 Dependent coverage for \$36.19 per pay or Employee + Family coverage for \$43.93 per pay.

**2019  
VISION INSURANCE  
BI-WEEKLY PREMIUMS**

Employees are enrolled in the same vision plan that is selected for their eligible dependent(s). **For example, if you select the “Standard” vision plan for your eligible dependent(s), you will also be enrolled in the “Standard” vision plan.**

**FULL-TIME, PART-TIME & WEEKEND SPECIALTY EMPLOYEES**

VISION SERVICE PLAN	EMPLOYEE ONLY	EMPLOYEE + 1 DEPENDENT	EMPLOYEE + FAMILY
STANDARD PLAN	\$3.50	\$4.93	\$8.82
PREMIER PLAN  <b>** If you select the Premier Vision plan, you must remain in this plan (2) two consecutive years.</b>	\$6.09	\$8.58	\$15.39