



Rappahannock Westminster-Canterbury

- Competitive salary
- Medical, Dental and Vision coverage
- HSA- Health Savings Account
- Short and long- term disability
- Retirement savings plan- 401(k) with company match
- Paid time off
- Supplemental life
- Critical illness and accident insurance
- Tuition assistance
- Emergency fund assistance
- Free membership to our on-site fitness center

**** All Full-time employees are Eligible for Medical benefits 30 days following the 1st of the month hired.**

Benefits	HealthKeepers HSA 3000/20%/5500		HealthKeepers HSA 4500/20%/7000	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible (Calendar Year)	Single \$3,000 Family \$6,000	Single \$6,000 Family \$12,000	Single \$4,500 Family \$9,000	Single \$9,000 Family \$18,000
Annual Out-of-Pocket Maximum	Single \$5,500 Family \$11,000	Single \$13,750 Family \$27,500	Single \$7,000 Family \$14,000	Single \$17,500 Family \$35,000
Co-Insurance after deductible is met (Your responsibility)	20%	30%	20%	30%
Office Visits				
Primary Care Physician	20% after deductible	30% after deductible	20% after deductible	30% after deductible
Specialist	20% after deductible	30% after deductible	20% after deductible	30% after deductible
Adult & Child Preventative	100% covered	30% after deductible	100% covered	30% after deductible
Vision Exam	\$15 copay	\$30 allowance	\$15 copay	\$30 allowance
LiveHealth Online	\$0	N/A	\$0	N/A
Labs, X-Rays & Diagnostics				
Outpatient, Major Diagnostics	20% after deductible	30% after deductible	20% after deductible	30% after deductible
Hospital Services				
Emergency Room	20% after deductible	30% after deductible	20% after deductible	30% after deductible
Urgent Care	20% after deductible	30% after deductible	20% after deductible	30% after deductible
Inpatient Hospitalization	20% after deductible	30% after deductible	20% after deductible	30% after deductible
Outpatient Services	20% after deductible	30% after deductible	20% after deductible	30% after deductible
Surgical Expenses	20% after deductible	30% after deductible	20% after deductible	30% after deductible
Mental Health & Substance Abuse				
Inpatient Hospital	20% after deductible	30% after deductible	20% after deductible	30% after deductible
Outpatient / Office Visit	20% after deductible	30% after deductible	20% after deductible	30% after deductible

Pharmacy	HealthKeepers HSA 3000/20%/5000	HealthKeepers HSA 4500/20%/6550
	In-Network	In-Network
Retail Prescription Drugs (30-Day Supply)		
Preventive Drugs (*majority)	No cost (*majority)	No cost (*majority)
Generic	\$10 copay after deductible	\$10 copay after deductible
Preferred Brand	\$40 copay after deductible	\$40 copay after deductible
Non-Preferred Brand	\$70 copay after deductible	\$70 copay after deductible
Specialty (Brand & Generic)	20% up to a max of \$300 after deductible	20% up to a max of \$300 after deductible
Home Delivery (90-Day Supply)		
Generic	\$25 copay after deductible	\$25 copay after deductible
Preferred Brand	\$100 copay after deductible	\$100 copay after deductible
Non-Preferred Brand	\$175 copay after deductible	\$175 copay after deductible

HealthKeepers POS 30/2000/20%/5500		
Benefits	In-Network	Out-of-Network
Annual Deductible (Calendar Year)	Single \$2,000 Family \$4,000	Single \$4,000 Family \$8,000
Annual Out-of-Pocket Maximum	Single \$5,500 Family \$11,000	Single \$13,750 Family \$27,500
Co-Insurance after deductible is met (Your responsibility)	20%	30%
Office Visits		
Primary Care Physician	\$30 copay	30% after deductible
Specialist	\$50 copay	30% after deductible
Adult & Child Preventative	100% covered	30% after deductible
Vision Exam	\$15 copay	\$30 allowance
LiveHealth Online	\$0 copay	N/A
Labs, X-Rays & Diagnostics		
Outpatient, Major Diagnostics	20% after deductible	30% after deductible
Hospital Services		
Emergency Room	20% after deductible	30% after deductible
Urgent Care	\$50 copay	30% after deductible
Inpatient Hospitalization	20% after deductible	30% after deductible
Outpatient Services	20% after deductible	30% after deductible
Surgical Expenses	20% after deductible	30% after deductible
Mental Health & Substance Abuse		
Inpatient Hospital	20% after deductible	30% after deductible
Outpatient / Office Visit	\$30 copay	30% after deductible

HealthKeepers POS 30/2000/20%/5500	
Pharmacy	In-Network
Retail Prescription Drugs (30-Day Supply)	
Generic	\$10 copay
Preferred Brand	\$40 copay
Non-Preferred Brand	\$70 copay
Specialty (Brand & Generic)	20% up to a max of \$300
Home Delivery (90-Day Supply)	
Generic	\$25 copay
Preferred Brand	\$100 copay
Non-Preferred Brand	\$175 copay

The chart below shows the cost for each medical plan per pay period.

Medical Plan Costs Per Pay Period

	HealthKeepers POS 2000	HealthKeepers HSA 3000	HealthKeepers HSA 4500
Employee Only	\$165.49	\$108.96	\$63.75
Employee + Child(ren)	\$339.07	\$281.37	\$241.74
Employee + Spouse	\$415.67	\$330.87	\$286.26
Employee + Family	\$739.68	\$631.73	\$522.24

- **Please note:** RWC has a spousal restriction. What does this mean? If your spouse is offered affordable medical coverage from his or her employer (defined by the ACA standards) then he/she is not eligible to enroll in RWC’s health plan. If your spouse is not offered coverage through their employer, they can continue to enroll, and an affidavit must be signed and returned to HR.

**** All Full-time employees are Eligible for Dental benefits 30 days following the 1st of the month hired.**

Dental		
Network	Low Plan Essential Choice & Complete Network	High Plan Essential Choice & Complete Network
Annual Deductible	Single \$ 50 Family \$ 150	Single \$ 50 Family \$ 150
Annual Maximum	\$ 750	\$ 1,250
Preventative Services	100 %	100 %
Basic Services <i>Amalgam and composite fillings, simple extractions, oral surgery, endodontics/root canal therapy, periodontics, denture repair</i>	80 %	80 %
Major Services <i>Crowns, Prosthodontics, Implants</i>	None	50%
Orthodontics (For dependent children under age 26)	None	50%
Orthodontic Maximum	None	\$1,000
Waiting Period	None	None
MaxOver Benefit <i>If you have at least one annual cleaning & exam, and you use less than half of the annual maximum, Delta will rollover a portion of your unused maximum to next plan year</i>	You can rollover up to \$150 per year. Maximum MaxOver account limit is \$750	You can rollover up to \$300 per year. Maximum MaxOver account limit is \$1,250
Out of Network		
- Preventative	100%	100%
- Basic	80%	80%
- Major	None	50%

Dental Plan Costs (per pay period)		
	Low	High
Employee Only	\$8.91	\$12.22
Employee + Spouse	\$17.14	\$23.89
Employee + Child(ren)	\$20.31	\$28.63
Employee + Family	\$30.36	\$42.30



**** All Full-time employees are Eligible for Vision benefits 30 days following the 1st of the month hired.**

Vision Summary of Service		
	In-Network	Out-Of-Network Member Reimbursement
Copay		
Exams	\$10 copay	N/A
Materials	\$20 copay	N/A
Frequencies		
Exams	Every 12 months	Every 12 months
Lenses	Every 12 months	Every 12 months
Frames	Every 12 months	Every 12 months
Lenses		
Single Vision	\$20 copay	Up to \$30
Lined Bifocal	\$20 copay	Up to \$50
Lined Trifocal	\$20 copay	Up to \$70
Lenticular	\$20 copay	Up to \$70
Frames Allowance	\$0 copay; 20% off balance over \$130 allowance	Up to \$91
Contact Lenses Allowance		
Conventional	\$0 copay; 15% off balance over \$130 allowance	up to \$91
Disposable	\$0 copay; 100% of balance over \$130 allowance	Up to \$91
Medically Necessary	Paid in Full	Up to \$210



Vision Plan Costs (per pay period)	
Employee Only	\$3.25
Employee + Spouse	\$6.17
Employee + Child(ren)	\$6.50
Employee + Family	\$9.55

EXTRA SAVINGS AND DISCOUNTS

EyeMed is proud to add value to your vision care program by offering access to discounted laser vision correction procedures through US Laser Network. Members receive a discount of 15% off standard prices and 5% off promotional prices with any in-network surgeon.

Retirement Benefit

- RWC offers employees the opportunity to participate in our 401k retirement savings program managed by John Hancock.
- RWC matches 50% of employee contributions up to a 2% match. For example, if an employee contributes 4% of their pay, RWC will contribute 2%. If an employee contributes 3% of their pay, RWC will contribute 1.5%. Employees may elect to contribute more than 4% with the employer match remaining at 2%.
- New employees are eligible to begin contributions the first of the month after 60 days of employment.

PAID TIME OFF

PURPOSE

Providing round-the-clock care for individuals is a privilege and an honor, but one that brings with it serious responsibilities. Therefore, RWC believes employees should take time away from work to rest, reflect, spend time with family and friends and attend to personal matters. RWC provides Paid Time Off (PTO) for eligible employees to plan time off for vacation, holiday, illness or injury, extended bereavement, and personal business.

ELIGIBILITY

Regular full time and regular part time employees are eligible to earn and use PTO. PRN, seasonal and temporary employees do not earn PTO.

PTO ACCRUAL RATES

Once you enter an eligible employment classification, you begin to earn PTO according to the PTO Accrual Chart (next page). After completing a waiting period of 60 calendar days you can begin to use earned PTO. In cases of illness or emergencies, managers, in consultation with the Director of Human Resources, may approve advanced PTO use for employees in the 60-day waiting period. If a holiday falls within an employee's first 60 days and he/she works in a department that closes for the holiday, the employee can choose to use accrued PTO or take the holiday unpaid.

Employees earn PTO hours based on the number of hours paid not to exceed the maximums detailed in the accrual chart. Once an employee reaches his/her maximum accrual balance, as defined in the PTO Accrual Chart, PTO accruals will cease until such time as the PTO balance falls below the maximum accrual balance.

PAID TIME OFF ACCRUAL CHART

Years of Service	PTO Days	PTO Factor	Earned per Pay Period	Earned per Pay Period	Maximum Accrual Balance
	*See Note	Per Hour Paid	40 Hours	80 Hours	
3 months to 1 year	17	0.06538	2.6152	5.23077	136
1 year to 5 years	24	0.09231	3.6924	7.38462	192
5 years	25	0.09615	3.8462	7.69231	200
10 years	26	0.10000	4.0000	8.00000	208
15 years	28	0.10769	4.3077	8.61538	224
20 years plus	30	0.11538	4.6152	9.23077	240

PTO Accrual Chart

** Note: PTO days shown are the annual maximum for full time staff who work 80 hours per pay period. Those working less than 80 hours will be pro-rated and earn fewer days.*