

## **Employee Benefits Guide**



Rappahannock Westminster-Canterbury

Plan Year 2025-2026





## 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



# Payroll Deduction Overview

Should you choose to enroll in the offered benefit coverages, you will be required to pay a portion of the premium cost, which is deducted on a pre-tax basis from each of your paychecks. Below is a breakdown per pay period of the cost for medical, dental and vision benefits.

Medical Plan Costs Per Pay Period				
	HealthKeepers HealthKeepers PPO 2000 HSA 3300 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	

	Dental Plan Costs (per pay per	iod)
	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

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

The Anthem medical plans are available to each full-time employee and eligible family members. Please refer to the Anthem Summary of Benefits for any exclusions and limitations. The chart below outlines the Anthem HealthKeepers medical benefits we offer. Please note on both HDHP plans that there is a list of certain Preventive Drugs available at no cost to you. LiveHealth Online visits are 100% paid on all plans before meeting the annual out–of–pocket maximum.

Benefits	HealthKeepers HSA 3300 / 20 / 5500	HealthKeepers HSA 4500 / 20 / 7000
In-Network Benefits		
Annual Deductible (Ind/Fam)	\$3,300 / \$6,600	\$4,500 / \$9,000
Calendar Year/ Plan Year	Plan Year	Plan Year
Coinsurance	Anthem 80% / Employee 20%	Anthem 80% / Employee 20%
Annual Out-of-Pocket Maximum(Ind/Fam)	\$5,500 / \$11,000	\$7,000 / \$14,000
Preventive Care	Covered 100%	Covered 100%
Adult Vision Exam	\$15 copay, 1 per year	\$15 copay, 1 per year
Office Visits (PCP/Specialist)	20% after deductible	20% after deductible
Urgent Care	20% after deductible	20% after deductible
Emergency Room Services	20% after deductible	20% after deductible
Diagnostic Labs/Xrays	20% after deductible	20% after deductible
Outpatient Hospital Expenses	20% after deductible	20% after deductible
Inpatient Hospital Expenses	20% after deductible	20% after deductible
Mental Health & Substance Abuse	20% after deductible	20% after deductible
Prescription Drugs		
Deductible	Included with medical	Included with medical
Retail Pharmacy Copays	\$10/\$40/\$70/20% up to a max of \$300 after deductible	\$10/\$40/\$70/20% up to a max of \$300 after deductible
Mail Order Copays	\$20/\$100/\$175 after deductible	\$20/\$100/\$175 after deductible
Out-of-Pocket Maximum (Ind/Fam)	Included with Medical	Included with Medical
Out-of-Network Benefits		
Deductible (Ind/Fam)	\$6,600 / \$13,200	\$9,000 / \$18,000
Coinsurance	Anthem 70% / Employee 30%	Anthem 70% / Employee 30%
Out-of-Pocket Maximum (Ind/Fam)	\$13,750 / \$27,500	\$17,500 / 35,000

## MEDICAL & PHARMACY

RWC also offers a traditional medical plan to employees administered through Anthem. This plan has copays for certain services such as doctor visits, urgent care and Rx prescriptions. Please refer to the Anthem Summary of Benefits for any exclusions and limitations. The chart below outlines the Anthem POS HealthKeepers plan offered. Please note this plan is not HSA-eligible.

Benefits	HealthKeepers 30/2000/20%/5500
In-Network Benefits	
Annual Deductible (Ind/Fam)	\$2,000 / \$4,000
Calendar Year/ Plan Year	Plan Year
Coinsurance	Anthem 80% / Employee 20%
Annual Out-of-Pocket Maximum(Ind/Fam)	\$5,500 / \$11,000
Preventive Care	Covered 100%
Adult Vision Exam	\$15 copay, 1 per year
Office Visits (PCP/Specialist)	\$30 / \$50 copay
Urgent Care	\$50 copay
Emergency Room Services	20% after deductible
Diagnostic Labs/Xrays	20% after deductible
Outpatient Hospital Expenses	20% after deductible
Inpatient Hospital Expenses	20% after deductible
Mental Health & Substance Abuse	Outpatient: \$30 copay; Inpatient: 20% after deductible
Prescription Drugs	
Deductible	N/A
Retail Pharmacy Copays	\$10/\$40/\$70/20% up to a max of \$300
Mail Order Copays	\$20/\$100/\$175
Out-of-Pocket Maximum (Ind/Fam)	Included with Medical
Out-of-Network Benefits	
Deductible (Ind/Fam)	\$4,000 / \$8,000
Coinsurance	Anthem 70% / Employee 30%
Out-of-Pocket Maximum (Ind/Fam)	\$13,750 / \$27,500

• 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.



## HEALTH SAVINGS ACCOUNT

Health Savings Accounts (HSAs) are a smart way to set aside money for qualified medical expenses while enjoying tax advantages. These accounts are available to individuals enrolled in High-Deductible Health Plans (HDHPs), helping them budget more effectively for healthcare costs. HDHPs typically come with lower monthly premiums but require you to pay more out-of-pocket before your insurance coverage begins. RWC has partnered with HealthEquity as the administrator for Health Savings Accounts (HSAs). If you enroll in one of the HSA medical plans, RWC will match your contribution up to a maximum of \$300 for employee only and \$500 for dependent tiers – helping you save more toward qualified medical expenses

#### What are the Benefits of an HSA?

There are many benefits of using an HSA, including the following:

- It saves you money. HDHPs come with lower monthly premiums, meaning less is deducted from your paycheck—helping you keep more of your earnings.
- It's portable. The money in your Health Savings Account (HSA) rolls over year after year and remains yours, even if you change jobs or retire.
- It's a tax-saver. Contributions to your HSA are made with pre-tax dollars, reducing your taxable income and lowering the amount you owe in taxes.

The maximum annual HSA contributions allowed by the IRS for 2025 and 2026 (includes the employer contribution) is as follows:

	2025	2026
Individual	\$4,300	\$4,400
Family	\$8,550	\$8,750

If you're age 55 or older, you're eligible to make an additional 'catch-up' contribution of \$1,000 to your HSA. You can also adjust your contribution amount at any time during the year, as long as you stay within the annual contribution limit.

Please note: You are not eligible to contribute to an HSA if you have other forms of health coverage, including being enrolled in a spouse's or parent's health plan, or any type of Medicare. For full details on HSA contribution eligibility, please refer to the plan materials provided by HealthEquity.

Dental coverage is offered through Anthem. You have access to Anthem's Essential Choice and Complete networks. Receiving dental care can protect you and your family from the high cost of dental disease and surgery.

To find a dentist visit www.anthem.com.

The chart below outlines the dental benefits we offer:

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

Coinsurance percentage shown reflects the amount Anthem pays



Vision is offered through EyeMed and the plan entitles you to specific eye care benefits. Having vision benefits can help you maintain your vision as well as detect various health problems. Our policy covers routine eye exams and other procedures and provides specified dollar amounts or discounts for the purchase of eyeglasses and contact lenses. Please refer to the EyeMed Summary of Benefits for any exclusions and limitations.

The chart below provides an overview of some of the covered services and benefits under the vision plan.

Vision Summary of Service		
	In-Network	Out-Of-Network Member Reimbursement
Copay Exams Materials	\$10 copay \$20 copay	\$40 N/A
Frequencies Exams Lenses Frames Lenses	Every 12 months Every 12 months Every 12 months	Every 12 months Every 12 months Every 12 months
Single Vision Lined Bifocal Lined Trifocal Lenticular	\$20 copay \$20 copay \$20 copay \$20 copay	Up to \$30 Up to \$50 Up to \$70 Up to \$70
Frames Allowance	\$0 copay; 20% off balance over \$130 allowance	Up to \$91
Contact Lenses Allowance Conventional Disposable Medically Necessary	\$0 copay; 15% off balance over \$130 allowance \$0 copay; 100% of balance over \$130 allowance Paid in Full	up to \$91 Up to \$91 Up to \$210

#### **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.



18

The Life benefit can help provide for your loved ones if something were to happen to you. RWC provides full-time employees with group Life and Accidental Death and Dismemberment (AD&D) coverage equal to one times your annual salary. RWC pays the full cost of this benefit which means you are not responsible for any of the premium.

Basic Life/AD&D	
Benefit	1x annual salary up to a maximum of \$50,000
Age-Reduction	35% at age 65 50% at age 70

RWC will continue to offer Voluntary Life Insurance. Coverage will continue to be offered through The Hartford. When you enroll yourself and/or your dependents in this benefit, you pay the full cost through payroll deductions. You can purchase Voluntary Life/Accidental Death and Dismemberment (AD&D) coverage for yourself in \$10,000 increments to a maximum of \$500,000.

If you purchase Voluntary Life and AD&D coverage on yourself, you can also purchase Life and AD&D coverage on your spouse to a maximum of \$100,000. The spouse benefit amount cannot exceed 50% of your elected amount. For children, the benefit amount can be elected in \$1,000 increments up to a maximum of \$10,000. The dependent child amount cannot exceed 50% of your elected coverage amount. Please see The Hartford's enrollment materials for rates.

Voluntary Life Summary of Benefits	
Benefit	Employee   Minimum: \$10,000  Maximum: Lesser of \$500,000 or 5x salary  Spouse   Maximum: \$100,000  Dependent   \$10,000 maximum
Guaranteed Issue	Employee   \$200,000 Spouse   \$25,000 Dependent   \$10,000
Age-Reduction	65% at 65; 50% at 70

<sup>\*</sup>If you have previously declined the Voluntary Life benefit and wish to enroll now you will be subject to an Evidence of Insurability form at this time. If you are applying for more than the guarantee-issue amount, you will need to complete Evidence of Insurability form.

RWC provides employees with Short-Term Disability and the opportunity to purchase Long-Term Disability income benefits through Hartford. In the event you become disabled from a non-work-related accident or illness, disability income benefits are provided as a source of income.

Short-Term Disability Summary of Benefits	
Benefit Amount	60% of weekly pre-disability earnings up to a max of \$1,000 per week
Maximum Benefit Period	11 weeks
Benefits Begin	15 <sup>th</sup> day for accident, 15 <sup>th</sup> day for illness
Pre-Existing Condition Limitation	None

Voluntary Long-Term Disability Summary of Benefits	
Benefit Amount	60% of your pre-disability monthly income up to \$5,000 per month
Benefits Begin	90 days
Maximum Benefit Period	Up to normal retirement age (as long as you remain disabled)

#### **Enrollment Requirements**

Late entrants (if you did not enroll in voluntary LTD when first available, you'll be required to submit an Evidence of Insurability form





## Retirement Benefit

- RWC offers employees the opportunity to participate in our 401k retirement savings program managed by John Hancock.
- RWC matches 100% of employee contributions up to a 4% match Employees may elect to contribute more than 4% with the employer match remaining at 4%.
- New employees are eligible to begin contributions the first of the month after 30 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.