

### **HEALTH**

# By Blue Cross Blue Shield of Kansas

Option A: \$500/\$1,000 deductible

Employee only: \$139.68 monthly Employee and spouse: \$283.62

monthly

Employee and child(ren): \$258.34

monthly

Family: \$402.96 monthly

Option B: \$1,000/\$2,000 deductible

Employee only: \$123.14 monthly Employee and spouse: \$247.60

monthly

Employee and child(ren): \$225.30

monthly

Family: \$350.22 monthly

Option C: \$1,500/\$3,000 deductible

Employee only: \$109.66 monthly Employee and spouse: \$219.20

monthly

Employee and child(ren): \$198.50

monthly

Family: \$307.98 monthly

Employees that complete the Healthy Harvey Rewards Program receive a \$45 monthly premium reduction from the listed monthly employee contribution. Spouses can also complete the program for \$20 per month in financial incentive.

# VISION

### By VSP

Employee only: \$0 monthly Employee and one dependent:

\$5.16 monthly

Employee and children: \$5.44

monthly

Family: \$14.04 monthly

### **DENTAL**

#### By Delta Dental

Deductible: \$25

Diagnostic and preventative: 100% Basic (subject to deductible): 80% Major (subject to deductible): 50%

Employee only: \$0 monthly

Employee and spouse: \$63.40 monthly Employee and child(ren): \$63.40

monthly

Family: \$63.40 monthly

### RETIREMENT

### By KPERS

Tiers I, II and III

Employee contribution: 6% Employer contribution: 9.26%

Fully vested in five years OGLI eligible

#### By KP&F

Tiers I and II

Employee contribution: 7.15% Employer contribution: 23.1% I: Fully vested in 20 years service II: Fully vested in 15 years service

#### By KPERS 457 / Nationwide

Deferred compensation

## FLEX SPENDING

#### By Empower

Unreimbursed medical

\$3,050 limit

IRS extension to March 15

Dependent daycare

\$5,000 limit

## SUPPLEMENTAL

### By Washington National

Cancer, accident, critical illness, etc.

### HOLIDAYS

The County observes 10-1/2 days of holiday as determined by the Harvey County Commission. Some positions require regular duty on holidays.

### **VACATION**

Leave is accrued biweekly, for hours worked based off completed years of service.

0-5 years: 8 hours per month 6-10 years: 10 hours per month 11-15 years: 12 hours per month 16-20 years: 14 hours per month 21-plus years: 16 hours per month

#### SICK

Leave is accrued biweekly, at 10 days per year of employment.

### **PERSONAL**

Up to two days (16 hours) of paid personal leave per year of employment.

# **OVERTIME**

For hours worked in excess of the normal work week hours for each position classification. Employees receive overtime pay at a rate of 1-1/2 times the employee's regular rate of pay.

## **EMPAC**

An employee assistance program offering 12 free, confidential sessions for employees or household members.

\*Information represents full-time employment benefit package. Benefits are subject to change at the discretion of the Harvey County Commission.

