## **ELKINS REHABILITATION & CARE CENTER** Complete Compassionate Care

2533 Beverly Pike • Elkins, WV 26241 • 304.636.1391 • Fax 304.636.1371 • www.ercc.biz

## EMPLOYMENT BENEFITS

Employee Classifications:	Full-time (FT) 35 - 40 hours per week (Benefitted Position) Part-time (PT) 30 – 34.5 hours per week (Benefits Pro-Rated) Partial Part-time (PPT) 29 hours or less per week (Non-Benefitted)
Funeral Leave:	Must work one regular departmental shift per month; attend Mandatory Meetings; complete Relias training timely
Fulleral Leave.	From 1 to 3 days funeral leave for death of immediate family member
Health Insurance:	Available to all full-time and part-time employees Coverage effective first day of the month following 60 days from date of hire \$51.98 per pay (\$103.95 per month) for Single Coverage \$103.74 per pay (\$207.48 per month) for Employee and Child Coverage \$103.74 per pay (\$207.48 per month) for Employee and Children Coverage \$145.22 per pay (\$290.43 per month) for Employee and Spouse Coverage \$145.22 per pay (\$290.43 per month) for Family Coverage Deductible follows Plan Year (May – April) Deductible \$1000 Individual and \$2000 Family (may be met collectively) Co-Insurance \$2000 Individual and \$4000 Family (may be met collectively) (Outside of Deductible) Maximum Out-of-Pocket (OOP) annually \$3500 Individual & \$7000 Family (may be met collectively) (Inside of Deductible and Co-Insurance) Pays 70% of covered expenses after deductible met; employee responsibility 30% ER Co-Pay \$150 Per Visit (waived if admitted); Outside of deductible; Inside of Maximum OOP Prescription Costs – No Individual or Family deductibles; Costs paid apply toward Maximum OOP Transition from "Soft" Generic to "Hard" Generic Program; Employee responsible for difference between Brand and Generic cost; Outside of deductible; Inside of Maximum OOP; CoPay 30% Dependent Coverage available until age 26 Current Coverage with Highmark BCBS of WV (Plan – Super Blue Plus)
Dental/Vision Insurance:	Available to all employees working 20 hours or more per week Coverage effective first day of the month following 60 days from date of hire Dental Premiums – \$13.19 per pay (\$26.37 per month) for Single Coverage \$24.55 per pay (\$49.10 per month) for Employee and Spouse Coverage \$23.86 per pay (\$47.72 per month) for Employee and Dependent Child(ren) Coverage \$40.23 per pay (\$80.45 per month) for Family Coverage Vision Premiums – \$3.20 per pay (\$6.40 per month) for Single Coverage \$5.39 per pay (\$10.78 per month) for Employee and Spouse Coverage \$5.50 per pay (\$11.00 per month) for Employee and Dependent Child(ren) Coverage \$8.69 per pay (\$17.38 per month) for Family Coverage Current Coverage with Principal Insurance Employee pays 100% of premium cost
Holidays:	Six (6) major holidays including New Years, Memorial Day, July 4, Labor Day, Thanksgiving, Christmas (Christmas Day paid at 1½ times shift pay rate)
Life Ins./AD&D:	Available to all full-time and part-time employees ERCC pays 100% of premium cost Life Benefit is twice employee's annual salary AD&D (Accidental Death & Dismemberment) Benefit equal to the amount of Life Benefit Coverage effective first day of the month following 60 days from date of hire Living Care / Accelerated Death Benefit – 80% of Life Benefit available if terminally ill If your employment ends, you may apply for an individual life insurance policy from MOO. without having to provide evidence of insurability (information about your health). You will be responsible for the premium for the selected coverage. Current Coverage with Mutual of Omaha

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Long Term Disability Insurance:	<ul> <li>Available to all full-time and part-time employees</li> <li>ERCC pays 100% of premium cost</li> <li>Pays 60% of employee's salary beginning on the 91<sup>st</sup> day of disability as certified by physician and approved by the insurance carrier.</li> <li>Coverage effective first day of the month following 60 days from date of hire</li> <li>Maximum Monthly Benefit \$6000; Minimum Monthly Benefit \$100</li> <li>Coverage not transferrable</li> <li>Current Coverage with Mutual of Omaha</li> </ul>							
Retirement Plan:	Employees may begin deferring at date of hire ERCC matches employee deferrals up to 3% of gross compensation (per vesting schedule) Five (5) year Vesting Schedule: 0% - 25% - 50% - 75% - 100% (1000 hours minimum annually) Individual employee accounts with investments chosen by employee Deferrals deducted BEFORE taxes Current plan with Empower Retirement Investment Counseling available locally from Investment Advisor Brian Elliott of Edward Jones							
Section 125	Available to all fu	ll-time and par	t-time emplove	es				
Cafeteria Plan:		Available to all full-time and part-time employees IRS tax savings plan						
(Premium	Allows insurance		be deducted fro	m pavchecks B	EFORE taxes			
Conversion Plan)								
	Available insurance premiums: health, dental, vision Reduces taxable income and increases take-home pay after taxes							
				ente pay alter t				
Sick Leave:	Sick Leave Accru	al Table (hours	per pay period)					
olok Louvol	Sick Leave Accrual Table (hours per pay period) CLASSIFICATION HOURS PER PAY PERIOD							
	Full-Time 1.85							
	Part-1				-			
	Partial PT		1.48 N/A					
			N/A					
	May accrue maximum of 240 hours (6 weeks)							
	Accrual begins after successful completion of the introductory period							
	Total of four (4) days (32 hours) of sick leave accrual may be donated annually to co-worker							
	(laterally or downward) who are off on an approved FMLA.							
	(laterally of uov	niwaru) who a	ie on on an ap					
Vacation Leave:	Vacation Leave A							
vacation Leave.				ARS OF SERV				
	CLASSIFICATION	0-1 Year	2-5 Years	6-10 Years	11-15 Years	16+ Years		
	Full-Time	1.54 (40)	3.08 (80)	4.62 (120)	5.23 (136)	6.15 (160)		
	Part-Time	1.23 (32)	2.46 (64)	3.70 (96)	4.18 (109)	4.92 (128)		
	Partial PT	N/A	N/A	N/A	N/A	N/A		
	Temporary	N/A	N/A	N/A	N/A	N/A		
	May accrue maximum of 240 hours (6 weeks)							
	Accrual begins after successful completion of the introductory period Accrual rate determined by an employee's length of service and classification of employment							
						of omployment		
	Vacation leave tir	ne is paid on t	ne employees	nouny base rate	e excluding any	Shint differentials		



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Voluntary Supplemental Insurances and Benefits:	Available to all full-time and part-time employees Employee pays 100% of premium cost Voluntary policies available are: Short-Term Disability (STD) – Mutual of Omaha (MOO) Accident – Guardian Insurance Critical Illness – Guardian Insurance Whole Life – Mass Mutual Other voluntary benefits available: Christmas Club (September Sign-up) Sam's Club (October Sign-up)
Insurance Plan Year:	May 1 through April 30

March of each year

Open Enrollment:

Wage Differentials Per Hour – Cumulative:

	Week	and RH Non To	nd 1. Mon 12 nd 1. Mon 12 at 10 Chas \$ 1.00	ge Hurse 11	To Ta Hurstr To Ta Hurstr To Ta Hurstr	9 19 unding on Hurging	or west at the state
DIFFERENTIAL	\$ 2.00	\$ 1.00	\$ 1.00	\$2.00	\$ 0.40	\$ 0.80	\$ 0.25
RN	X		X	X			
LPN		X	X	X			
CNA / NA				X			X
Activities					X	X	X
<b>Environmental Services</b>					X	X	X
Maintenance					X	X	X
Dietary					X		X
Switchboard					X		X
НІМ							
Feeding Assistant					X		X
Nurse Tech					х	Х	х
	DOES N	OT APPL	Y				
	NO SHIF	TCURRE	ENTLY SC	CHEDULI	ED		
ADMINISTRATIVE HOURL	Y STAFF	ARE NOT	ELIGIBL	E FOR D	IFFEREN	FIALS	