



Dayton &
Montgomery
County

Montgomery County Health Care Rate

01-01-2022 through 12-31-22



HealthCare Plan/Tiers		Employee Share	HealthCare Plan/Tiers	Employee Share
Tier 1 < \$60,000		Monthly Premium	Tier 2 - \$60,000 and above	Monthly Premium
Basic Plan	EE Only	\$43	EE Only	\$64
	EE + Child(ren)	\$77	EE + Child(ren)	\$116
	EE + Spouse /Family	\$121	EE + Spouse /Family	\$181
Employee Contribution - HSA		\$1,000	Employee Contribution - HSA	\$1,000
Employer County Match - HSA		\$1,000	Employer County Match - HSA	\$1,000
Enhanced Plan	EE Only	\$76	EE Only	\$99
	EE + Child(ren)	\$138	EE + Child(ren)	\$179
	EE + Spouse /Family	\$200	EE + Spouse /Family	\$281
Employee Contribution - HSA		\$1,000	Employee Contribution - HSA	\$1,000
Employer Contribution - HSA		\$1,000	Employer Contribution - HSA	\$1,000

LEAVE/HOLIDAYS:

Bereavement Leave

- 3 days of paid leave for immediate family members

Injury Leave

- Up to 90 calendar days of paid leave for work related injury

Jury Duty

- Up to 30 days of pay per calendar year

Military Leave

- Up to 176 paid hours per calendar year

Paid Holidays

- 12 days per year

Sick Leave

- Approximately 10 hours per completed month of service
Full-time employees accrue sick leave at the rate of .0579 hours for each hour of service. A maximum of 120 hours per year (10 hours per month) can be earned based on an 80 hour work week.

Vacation Leave (can only be used after probationary period)

- Approximately 8 hours per completed month of service
Full-time employees accrue vacation leave at the rate of .0462 hours for each hour of service. A maximum of 96 hours per year (8 hours per month) can be earned based on an 80 hour work week
Supplementary days after 3 years of service

Personal Leave (2 days per calendar year after the first calendar year)

- *During the first calendar year, New Hires will receive personal leave as per the following:*
Hired Jan 1-May 31 (2 days)
Hired Jun 1 – Oct 31 (1 day)
Hired Nov 1 – Dec 31 (0 days)

INSURANCE:

Medical Benefits: Anthem

(See other side for cost breakdown)

Vision: Eye-Med

Employee Monthly Participation Fee:

Employee	\$ 5.39
Employee + 1	\$11.32
Family	\$17.26

Dental: Superior Dental

Employee Monthly Participation Fees:

Core Plan:	\$20.98
Enhanced Plan:	\$35.97

Life: Companion Life Insurance

- Employer paid (one times annual salary)
- Optional Employee paid additional life insurance

RETIREMENT:

Ohio Public Employees Retirement System (OPERS)

- Required employee contribution rate 10%
- Guaranteed employer contribution rate 14%

Deferred Compensation Program (IRS 457)

OTHER OPTIONAL BENEFITS:

- Health Savings Account (HSA)
- Flexible Spending Account (Medical, Limited Purpose and Dependent Care)
- Health Reimbursement Account (HRA)
- Tuition Reimbursement up to \$2,000 per calendar year
- Employee Assistance Program
- Eye Med Vision Discount plan offered through Superior Dental
- Short-term and Long-term Disability Insurance (Principal)
- Accident Insurance (Allstate)
- Wellness Incentive Program provided by YMCA

Note: Effective date of Health Insurance: The first day of the month following 30 days of employment. Some benefits prorated for regular part-time employees.