

Benefit	Provider	Description	Contribution
Medical Insurance (Includes Prescription Coverage)	Anthem HealthKeepers	Anthem HealthKeepers Plan 1 - Low Deductible:1,000/individual or Anthem HealthKeepers Plan 2 - High Deductible: \$3,300/individual	Employer & Employee Contribute
Dental Insurance	Principal Insurance	Dental \$1,500/ calendar year maximum \$0 deductible / Preventative services \$50 deductible / Basic services \$50 deductible / Major services	Employer & Employee Contribute
Vision Insurance	Principal Insurance	Vision Exam – 1 per 12 months \$10 copay - Up to \$60 copay for standard and premium elective contact lens exams - \$130 allowance for a wide selection of frames; 20% off amount over allowance	Employer Paid
Health Savings Account	Health Equity	Can be used for medical expenses (i.e. doctor visits, deductibles, prescriptions, over-the-counter medications, dental, & vision expenses)	*If enrolled in High deductible, Employer provides Funds & Employee can contribute additional
Flexible Spending Account	One Digital	Flexible Spending Account - Health Care Flexible Spending Account – Dependent Care	Employee Contributes Pre-Tax Money
Hospital Indemnity Insurance	Principal	Optional benefit of additional coverage for hospital expenses	Employee Pays Cost
Accident Insurance	Aflac	Optional benefit of additional coverage for accidental injuries	Employee Pays Cost
Cancer Indemnity Insurance	Aflac	Optional benefit of additional coverage medical expenses	Employee Pays Cost
Hospital Confinement Indemnity Insurance	Aflac	Optional benefit of additional coverage for hospital expenses	Employee Pays Cost
Short-Term Disability (VRS Plan 1 & Plan 2 & Hybrid New Employees)	Aflac	Optional benefit of additional coverage for missed work	Employee Pays Cost
Short-Term Disability for Hybrid VRS Employees with at least a year employed	Virginia Sickness & Disability Program (VSDP)	Hybrid VRS Employees only: Short-term disability benefits provide an employee who is eligible for VSDP with income protection normally after 7 consecutive calendar days of absence if the employee becomes ill or injured and cannot work.	Employer Paid
Long-Term Disability (VRS Plan 1 & Plan 2)	Aflac	Benefit of coverage to help with expenses due to medical treatment	Employee Pays Cost
Long-Term Disability (Hybrid VRS Employees)	Virginia Local Disability Program (VLDP) Long-Term	Hybrid VRS Employees only: Provides income replacement if an employee becomes disabled and cannot work after the expiration of the maximum period of short-term disability.	Employer Paid
Life Insurance	Securian	2x Salary	Employer Paid
Optional Life Insurance	Securian	Employee: 3x - 4x Salary - Spouse: 1/2x Salary - Child(ren): \$10,000 per child	Employee Pays Cost
Gym Membership	YMCA or ACAC	Contributions to Gym Membership Monthly fee	Employer Pays \$43.26/month
Legal Guidance	Legal Resources	Optional benefit of additional coverage for 100% coverage on a broad range of legal services	Employee Pays Cost
Employee Assistance Program	Sentara	Rivanna provides an EAP Program to assist individuals with difficult home or work situations. This program provides employees with up to 3 free counseling sessions.	Employer Paid
Education Benefits	Rivanna	Reimbursement of up to \$5,250/year for qualified coursework	Employer Paid
Retirement	VRS & VOYA	Virginia Retirement System (VRS) Administered through VOYA	Employer & Employee Contribute

<i>Anthem</i> HealthKeepers Plan 1 (\$1,000 deductible)	Total Monthly Premium	Rivanna Cost per Month	Employee Cost per Month	Employee Cost per Paycheck
Employee Only	\$884.09	\$849.09	\$35.00	\$17.50
Employee + Spouse	\$1,980.36	\$1,607.36	\$373.00	\$186.50
Employee + Child	\$1,207.66	\$1,096.66	\$111.00	\$55.50
Employee + Children	\$1,797.37	\$1,470.37	\$327.00	\$163.50
Employee + Family	\$2,727.41	\$2,273.41	\$454.00	\$227.00

<i>Anthem</i> HealthKeepers Plan 2 (\$3,300 deductible)	Total Monthly Premium	Rivanna Cost per Month	Employee Cost per Month	Employee Cost per Paycheck
Employee Only	\$748.04	\$743.04	\$5.00	\$2.50
Employee + Spouse	\$1,675.61	\$1,370.61	\$305.00	\$152.50
Employee + Child	\$1,021.82	\$951.82	\$70.00	\$35.00
Employee + Children	\$1,520.78	\$1,255.78	\$265.00	\$132.50
Employee + Family	\$2,307.70	\$1,947.70	\$360.00	\$180.00

<i>Principal</i> Dental Insurance	Total Monthly Premium	Rivanna Cost per Month	Employee Cost per Month	Employee Cost per Paycheck
Employee Only	\$26.74	\$19.74	\$7.00	\$3.50
Employee + Spouse	\$55.66	\$45.66	\$10.00	\$5.00
Employee + Child	\$68.14	\$58.14	\$10.00	\$5.00
Employee + Children	\$68.14	\$58.14	\$10.00	\$5.00
Employee + Family	\$97.01	\$82.01	\$15.00	\$7.50

<i>Principal</i> Vision Insurance	Total Monthly Premium	Rivanna Cost per Month	Employee Cost per Month	Employee Cost per Paycheck
Employee Only	\$7.66	\$7.66	\$0	\$0
Employee + Spouse	\$13.31	\$13.31	\$0	\$0
Employee + Child	\$16.47	\$16.47	\$0	\$0
Employee + Children	\$16.47	\$16.47	\$0	\$0
Employee + Family	\$22.16	\$22.16	\$0	\$0

***Principal Vision Insurance**

All employees are required to have vision insurance and Rivanna covers the cost of Vision premiums for the employees and their dependents.