## SUMMARY OF BENEFITS

As of January 1, 2019

### ANNUAL VACATION LEAVE

<table>
<thead>
<tr>
<th>BJWSA Service</th>
<th>Amount Earned Per Year</th>
<th>Hours Earned Per Pay Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 thru 59 months</td>
<td>10 days</td>
<td>3.08</td>
</tr>
<tr>
<td>5 thru 9 years</td>
<td>15 days</td>
<td>4.62</td>
</tr>
<tr>
<td>10 thru 14 years</td>
<td>17 days</td>
<td>5.23</td>
</tr>
<tr>
<td>15 thru 19 years</td>
<td>19 days</td>
<td>5.85</td>
</tr>
<tr>
<td>20 thru 24 years</td>
<td>21 days</td>
<td>6.46</td>
</tr>
<tr>
<td>25 years +</td>
<td>23 days</td>
<td>7.08</td>
</tr>
</tbody>
</table>

Employees are not required to use all of their leave in any one year. The maximum carry over amount is 360 hours per calendar year.

### ANNUAL SICK LEAVE

Earn 12 days per year; all employees can carry over from one calendar year to the next: 880 hours, paid 20% of all hours over 880 each calendar year.

### BEREAVEMENT LEAVE

Twenty-four (24) hours per calendar year; no annual carryover provision; not charged to accrued leave balance.

### HOLIDAYS


### UNIFORMS

Uniforms and cleaning provided for designated positions.

### BASIC LIFE INSURANCE

$3000 - no cost to employee (less than 70 yrs old); $1500 - no cost to employee (70+ yrs old). Available to full time employees enrolled in the State Health Plan.

### OPTIONAL LIFE INSURANCE

Up to $500,000 coverage. Premium based on employee’s age and coverage level. Paid by employee.

### DEPENDENT LIFE INSURANCE-SPOUSE

Up to $100,000 coverage. Premium based on spouse’s age and coverage level. Paid by employee.

### DEPENDENT LIFE INSURANCE-CHILD

$15,000 coverage on each child. $1.26/mthly regardless of number of children. Paid by employee.

### WORKER’S COMP INSURANCE

Provided by BJWSA through State Accident Fund.

### BASIC LONG TERM DISABILITY

90 day waiting period, 62.5% of gross adjusted wages, premium paid by BJWSA. Available to those covered under the State Health Plan.

### SUPPLEMENTAL LONG TERM DISABILITY

65% of gross adjusted wages, 90 or 180 waiting period, premium paid by employee.

### AFLAC SUPPLEMENTAL INSURANCE

Various types of voluntary policies, paid by employee via payroll deduction.

### EYEMED VISION CARE

The state of South Carolina offers affordable supplemental vision care insurance; paid by employee via payroll deduction.

### IMMUNIZATIONS

Provided, paid by BJWSA/Insurance, voluntary (Flu, Tetanus, Hepatitis B).
<table>
<thead>
<tr>
<th>YMCA/OMNI MEMBERSHIP</th>
<th>No initial joining fee. Monthly dues paid by employee via payroll deduction.</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEALTH SCREENING</td>
<td>Provided annually, voluntary, basic screening covered by PEBA for those enrolled in the State Health Plan.</td>
</tr>
</tbody>
</table>
| HEALTH INSURANCE | **Plan: Standard Plan**  
| | Monthly Cost to Employee:  
| | Emp Only $ 105.68  
| | Emp/Spouse $ 274.14  
| | Emp/Children $ 155.66  
| | Family $ 331.70  
| | Premiums may be pre-taxed; Annual Deductible $490/ea or $980/family;  
| | Coverage 80% of allowable charges; 31 day supply prescriptions $9 generic/$42 preferred/$70 non-preferred |
| | **Plan: Health Savings Plan**  
| | Monthly Cost to Employee:  
| | Emp Only $ 10.50  
| | Emp/Spouse $ 83.74  
| | Emp/Children $ 22.16  
| | Family $122.26  
| | Premiums are pre-taxed; Annual Deductible $3600/ea or $7200/family – no per occurrence deductible. Coverage 80% of allowable charges.  
| | *A surcharge will apply to tobacco users.* |
| DENTAL INSURANCE | **Plan:**  
| | Monthly Cost:  
| | Dental Plus:  
| | Emp Only $ 0.00 $ 27.12  
| | Emp/Spouse 7.64 54.80  
| | Emp/Children 13.72 63.20  
| | Family 21.34 82.10  
| | Deductible $25/ea, coverage varies on type of service, preventive covered at 100% of allowable charges. |
| MONEY PLUS PLANS | 1) **Pre-tax insurance premiums** - For eligible insurance participants, pre tax program, (pledged & funded by employee)  
| | 2) **Dependent day care** – child or adult, (pledged & funded by employee)  
| | 3) **Medical Spending** – medical, vision, dental, chiropractic, prescription expenses and more (pledged & funded by employee) |
| RETIREMENT (Mandatory) | South Carolina Retirement System; Employee contribution 9.0%; Employer contribution 14.56% (includes group life). After 12 months employment - death benefit payment equal to one year’s pay upon death of an active employee. |
| DEFERRED COMPENSATION | Offered by SC Deferred Compensation Program; funded by employee; BJWSA contributes up to $1,000 (based on tenure) per calendar year to 401K plan for eligible employees. Plans available: 401(k), 457, ROTH 401(k), ROTH 457 |
| TRAINING & EDUCATION | Funded training for job related training offered/required by BJWSA; Tuition reimbursement for college or technical courses related to the job as specified in the Employee Handbook. |
| CPM FEDERAL CREDIT UNION | Direct deposit option including Christmas Club, Savings, Loans, etc. |
| PAY METHOD | Direct deposit, paid every other Friday into the bank(s) of your choice. |