



For additional information, contact BJWSA's Benefits Administrator at (843) 987-8074

SUMMARY OF BENEFITS

As of January 1, 2019

ANNUAL VACATION LEAVE	BJWSA Service	Amount Earned Per Year	Hours Earned Per Pay Period	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.
	0 thru 59 months	10 days	3.08	
	5 thru 9 years	15 days	4.62	
	10 thru 14 years	17 days	5.23	
	15 thru 19 years	19 days	5.85	
	20 thru 24 years	21 days	6.46	
	25 years +	23 days	7.08	
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	TOTAL of 12 holidays: New Years Day, Martin Luther King Day, Good Friday, Memorial Day, July 4th, Labor Day, Veteran's Day, Thanksgiving Day, Day after Thanksgiving, Christmas Eve, Christmas Day, & one (1) discretionary day.			
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).			

YMCA/OMNI MEMBERSHIP	No initial joining fee. Monthly dues paid by employee via payroll deduction.															
HEALTH SCREENING	Provided annually, voluntary, basic screening covered by PEBA for those enrolled in the State Health Plan.															
HEALTH INSURANCE	<p>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</p> <p>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. <i>*A surcharge will apply to tobacco users.</i></p>															
DENTAL INSURANCE	<table border="0"> <thead> <tr> <th>Plan:</th> <th>Monthly Cost:</th> <th>Dental Plus:</th> </tr> </thead> <tbody> <tr> <td>Emp Only</td> <td>\$ 0.00</td> <td>\$ 27.12</td> </tr> <tr> <td>Emp/Spouse</td> <td>7.64</td> <td>54.80</td> </tr> <tr> <td>Emp/Children</td> <td>13.72</td> <td>63.20</td> </tr> <tr> <td>Family</td> <td>21.34</td> <td>82.10</td> </tr> </tbody> </table> <p>Deductible \$25/ea, coverage varies on type of service, preventive covered at 100% of allowable charges.</p>	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
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MONEY PLUS PLANS	<p>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)</p>															
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 <i>up to</i> \$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.															