

## 2025 EMPLOYEE BENEFITS For Regular Employees Only

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Benefit Program	Carrier/Vendor	Paid by CHP	Benefit Description	
Health Insurance	UMR/Apta	Approx. 89% based on Choice+ 2000 Rates	Three plan options from UMR (Plan 500,2000 & 3300) Four plan tiers: Employee, Spouse, Child(ren), Family	
Dental Insurance	Delta Dental	\$10/month	Two plan options: High & Low Coverage Four plan tiers: Employee, Spouse, Child(ren), Family	
Vision Coverage	VSP	\$5/month	Four plan tiers: Employee, Spouse, Child(ren), Family	
Basic Life Insurance and AD&D Voluntary Life & AD&D	Mutual of Omaha	100%	Company-paid life insurance equal to employee's annual base salary with maximum benefit of \$250,000. Company-paid AD&D offers double indemnity, or twice the salary. Option to purchase additional coverage for employee, spouse, and dependent children.	
Holidays	N/A	100%	New Year's Day (observed), Martin Luther King Jr. Day, Memorial Day, Juneteenth, Independence Day, Labor Day, Election Day, Veterans Day, Thanksgiving Day, Christmas Day (observed), plus two floating holidays.	
Annual Leave	N/A	100%	Length of ServiceDays Earned Per Month<0 to 3 years1 day3+ to 6 years1.25 days6+ to 9 years1.5 days9+ to 112 years1.75 days12+ years2 days	
Sick & Administrative Leave	N/A	100%	Earned at the rate of .03333 hours per hour worked. This leave has no cash value, is not transferable, and is not paid out upon termination of employment.	
Maternity/Paternity/ Adoption	N/A		Full-time employees (30 hours+) who have between 90 days and two years of service are eligible for 60% of pay for eight weeks. Employees with more than two years of service are eligible for 100% of salary for eight weeks. Includes adoption of children 17 years or younger.	
403(b) Retirement Plan	Empower Retirement	Company contribution and match	Traditional tax-deferred and designated Roth plans available to all employees. CHP contributes amount equal to 3% of employee's gross regardless of employee contribution. CHP will also contribute a dollar-for-dollar match of employee's contribution up to 2% of gross.	
Short Term Disability	Mutual of Omaha	100%	Benefit begins after 7 days of disability. Employee is paid 60% of weekly earnings. Maximum weekly benefit is \$1,000 for up to 13 weeks of disability. Allowable for 13 weeks but only 12 weeks of payment (due to the 7 days waiting period)	
Long Term Disability	Mutual of Omaha	100%	Benefit begins after 13 weeks of disability. Employee is paid 60% of monthly earnings. Maximum monthly benefit is \$5,000 and continues until Social Security Normal Retirement Age.	
Health Savings Account	OptumBank (UMR)		Allows employees enrolled in the High Deductible Health Plan to contribute wages on a before tax basis to cover healthcare expenses. CHP will contribute \$1,000 into your HSA in 2025 to help pay for eligible expenses.	
Flexible Spending Accounts	FLORES		Allows all employees to contribute wages on a before tax basis to cover dental, childcare, and/or medical expenses.	
Employee Assistance Program (EAP)	Carilion EAP	100%	EAP provides confidential, professional counseling with five free visits per family member per incident each year. Assistance with emotional, family, grief or loss, alcohol or substance abuse, marital, job-related, or legal or financial issues.	
Voluntary Benefits	Transamerica		Accident insurance, hospital indemnity, critical illness, & Universal life coverage.	
Тюснр	Various	100%	All employees are eligible to receive discounted or free memberships and subscriptions for personal and/or wellness resources. This includes Gym membership/Fitness App reimbursement, Weight loss tracker reimbursement, Planet Fitness discounts, Calm, Smart Dollar, EAP, Tobacco Cessation, Enterprise Car Purchase, Atlantic Union Banking, Dell Computer Discount, Trane Heating/Air Purchase program, CHP Homeownership, Tuition Reimbursement Programs, Virginia 529 and CHP Cares Benevolence Program.	

## 2025 Payroll Contributions

Medical Plans	Semi-Monthly	Monthly
Choice+ 500		
Employee	\$167.47	\$334.94
Employee + Child(ren)	\$312.20	\$624.40
Employee + Spouse	\$557.06	\$1,114.12
Employee + Family	\$724.52	\$1,449.04
Choice+ 2000		
Employee	\$57.78	\$115.56
Employee + Child(ren)	\$193.77	\$387.54
Employee + Spouse	\$397.47	\$794.94
Employee + Family	\$495.64	\$991.28
Choice+ 3300 HDHP HSA		
Employee	\$49.57	\$99.14
Employee + Child(ren)	\$171.19	\$342.38
Employee + Spouse	\$323.95	\$647.90
Employee + Family	\$392.78	\$785.56
Dental Plan	Semi-Monthly	Monthly
Dental Plan Low Plan	Semi-Monthly	Monthly
Low Plan	Semi-Monthly \$6.07	Monthly \$12.14
Low Plan Employee	\$6.07 \$21.19	\$12.14 \$42.38
<b>Low Plan</b> Employee Employee + Child(ren)	\$6.07 \$21.19 \$18.60	\$12.14 \$42.38 \$37.19
Low Plan Employee	\$6.07 \$21.19	\$12.14 \$42.38
<b>Low Plan</b> Employee Employee + Child(ren) Employee + Spouse	\$6.07 \$21.19 \$18.60	\$12.14 \$42.38 \$37.19
Low Plan Employee Employee + Child(ren) Employee + Spouse Employee + Family High Plan Employee	\$6.07 \$21.19 \$18.60 \$33.60 \$16.77	\$12.14 \$42.38 \$37.19 \$67.20 \$33.53
Low Plan Employee Employee + Child(ren) Employee + Spouse Employee + Family High Plan Employee Employee + Child(ren)	\$6.07 \$21.19 \$18.60 \$33.60 \$16.77 \$45.49	\$12.14 \$42.38 \$37.19 \$67.20 \$33.53 \$90.97
Low Plan Employee Employee + Child(ren) Employee + Spouse Employee + Family High Plan Employee Employee + Child(ren) Employee + Spouse	\$6.07 \$21.19 \$18.60 \$33.60 \$16.77 \$45.49 \$40.49	\$12.14 \$42.38 \$37.19 \$67.20 \$33.53 \$90.97 \$80.98
Low Plan Employee Employee + Child(ren) Employee + Spouse Employee + Family High Plan Employee Employee + Child(ren)	\$6.07 \$21.19 \$18.60 \$33.60 \$16.77 \$45.49	\$12.14 \$42.38 \$37.19 \$67.20 \$33.53 \$90.97
Low Plan Employee Employee + Child(ren) Employee + Spouse Employee + Family High Plan Employee Employee + Child(ren) Employee + Spouse	\$6.07 \$21.19 \$18.60 \$33.60 \$16.77 \$45.49 \$40.49	\$12.14 \$42.38 \$37.19 \$67.20 \$33.53 \$90.97 \$80.98
Low Plan Employee Employee + Child(ren) Employee + Spouse Employee + Family High Plan Employee Employee + Child(ren) Employee + Spouse Employee + Family Vision Plan	\$6.07 \$21.19 \$18.60 \$33.60 \$16.77 \$45.49 \$40.49 \$69.43	\$12.14 \$42.38 \$37.19 \$67.20 \$33.53 \$90.97 \$80.98 \$138.86
Low Plan Employee Employee + Child(ren) Employee + Spouse Employee + Family High Plan Employee Employee + Child(ren) Employee + Spouse Employee + Family Vision Plan Employee	\$6.07 \$21.19 \$18.60 \$33.60 \$16.77 \$45.49 \$40.49 \$69.43 <b>Semi-Monthly</b> \$0.86	\$12.14 \$42.38 \$37.19 \$67.20 \$33.53 \$90.97 \$80.98 \$138.86 Monthly
Low Plan Employee Employee + Child(ren) Employee + Spouse Employee + Family High Plan Employee Employee + Child(ren) Employee + Spouse Employee + Family Vision Plan	\$6.07 \$21.19 \$18.60 \$33.60 \$16.77 \$45.49 \$40.49 \$69.43 Semi-Monthly	\$12.14 \$42.38 \$37.19 \$67.20 \$33.53 \$90.97 \$80.98 \$138.86 <u>Monthly</u> \$1.72

## Voluntary Life and Accidental Death & Dismemberment Rates

Rates are based on the employee's current age for both Employee and Spouse coverage. The rates are adjusted once each year on the plan renewal date (January 1st). The child rate covers all children, regardless of the number of children.

Employee and Spouse Monthly Rates			
Age	Per \$1,000 Benefit		
0-24	\$0.13		
25-29	\$0.13		
30-34	\$0.14		
35-39	\$0.15		
40-44	\$0.20		
45-49	\$0.31		
50-54	\$0.56		
55-59	\$0.73		
60-64	\$1.42		
65-69	\$2.28		
70-74	\$4.89		
75-99	\$4.89		
Child(ren)	\$2.00 per \$10,000 benefit		