



SOUTHERN GEORGIA
REGIONAL COMMISSION

PROSPECTIVE EMPLOYEE BENEFITS GUIDE

This is intended to be a general guide for prospective employees outlining the benefits offered by the SGRC.

- Paid Leave
 - Annual – for vacation, recreation and personal business.
 - 10 days per year for the first 2 years of service
 - Additional annual leave is earned with increased years of service.
 - Sick- for sickness, injury, medical condition or medical appointments of employee, employee's spouse, child, parent, and legal dependents.
 - One day per month.
 - Other Leave
 - Reserve and National Guard
 - Jury duty, subpoenaed witness (except in personal cases)
 - Family funeral
- Holidays
 - 10 Paid Holidays
- Health, Vision and Dental Insurance
 - SGRC offers several health, vision and dental plans for employees. See the attached worksheets for premium costs, deductibles and membership brackets.
 - SGRC employees are also able to take advantage of specially-negotiated heart and cancer policies through AFLAC. These benefits are completely elective and paid for wholly by the employee.
- Cafeteria Plan
 - SGRC offers a Health Flexible Spending Account and a Dependent Care Assistance Plan under a Section 125 Cafeteria Plan.
- Retirement
 - SGRC has adopted a retirement plan for its employees. Below are some details of this plan:
 - SGRC pays the entire cost of the plan.
 - Employees are 100% vested after 10 years of service.
 - Early Retirement Qualifications: Attainment of age 55 and completion of 10 years of Total Credited Service. The Early Retirement benefit shall be reduced on an Actuarially Equivalent basis to account for early commencement of benefits.
 - Normal Retirement Qualifications: Attainment of age 65 and completion of 10 years of Total Credited Service OR Rule of 85 (combined Total Credited Service and age). Minimum age of 55.

- Tax-deferred retirement savings
 - Employees may elect to participate via three options to set aside income for retirement. These benefits are managed apart from the SGRC's retirement plan detailed above.

- Life Insurance, Disability
 - SGRC provides life insurance for employees in a number of ways:
 - SGRC pays entire premium for insurance of \$20,000 through health insurance carrier.
 - Through a separate carrier, SGRC also pays entire premium for insurance in the amount of the employee's annual salary x 2 (up to \$200,000 benefit).
 - Employees may also elect an additional policy, with specially-negotiated rates for SGRC staff. This elective coverage is paid for wholly by the employee.
 - Long-term disability insurance is paid for wholly by SGRC.
 - Accidental death insurance is paid for wholly by SGRC.

- Travel
 - When employees are required to travel outside of our service region and overnight accommodations are necessary, SGRC covers the cost of transportation, airline tickets, registration, hotel, parking and other business charges. SGRC also pays a per diem rate to assist employees with meal expenses.

FY 2024 Group Insurance Premiums

RC covers 85% of Employee Only + 50% of Additional Coverage

Three available plans:

COVERAGE	90/70 \$1,500 Deductible	80/60 \$1,500 Deductible	80/60 \$2,000 Deductible
	Projected Monthly cost per employee	Projected Monthly cost per employee	Projected Monthly cost per employee
	7/1/2023	7/1/2023	7/1/2023
<u>EMPLOYEE ONLY</u>			
EMPLOYEE PORTION	155.80	155.42	153.34
RC PORTION	882.92	880.73	868.91
TOTAL PREMIUM	\$ 1,038.72	\$ 1,036.15	\$ 1,022.25
<u>EMPLOYEE/FAMILY</u>			
EMPLOYEE PORTION	1,062.26	1,059.32	1,043.40
RC PORTION	1,789.38	1,784.62	1,758.96
TOTAL PREMIUM	\$ 2,851.64	\$ 2,843.94	\$ 2,802.36
<u>EMPLOYEE/SPOUSE ONLY</u>			
EMPLOYEE PORTION	607.20	605.54	596.58
RC PORTION	1,334.34	1,330.87	1,312.15
TOTAL PREMIUM	\$ 1,941.54	\$ 1,936.41	\$ 1,908.73
<u>EMPLOYEE/CHILDREN ONLY</u>			
EMPLOYEE PORTION	503.00	501.64	494.26
RC PORTION	1,230.14	1,226.96	1,209.84
TOTAL PREMIUM	\$ 1,733.14	\$ 1,728.60	\$ 1,704.10

FY 2024 Vision and Dental Insurance premiums

UNITED CONCORDIA DENTAL INSURANCE PREMIUMS- PER EMPLOYEE		
COVERAGE	Monthly cost per employee 7/1/2023	Per Pay Period Cost 7/1/2023
EMPLOYEE ONLY	\$26.40	\$13.20
EMPLOYEE/SPOUSE	\$52.20	\$26.10
EMPLOYEE/CHILDREN	\$55.70	\$27.85
EMPLOYEE/FAMILY	\$87.80	\$43.90

MUTUAL OF OMAHA VISION INSURANCE PREMIUMS- PER EMPLOYEE		
COVERAGE	Monthly cost per employee 7/1/2023	Per Pay Period Cost 7/1/2023
EMPLOYEE ONLY	\$6.27	\$3.14
EMPLOYEE/SPOUSE	\$12.75	\$6.38
EMPLOYEE/CHILDREN	\$13.64	\$6.82
EMPLOYEE/FAMILY	\$19.51	\$9.76