

Rowan College at Burlington County

# Benefits at a Glance

**SUPPORT STAFF  
EMPLOYEES** REV0224



## 40 HOUR WORK WEEK



### MEDICAL/RX

Two medical plan options give you the flexibility to choose the one that works best for you and your family!



### DENTAL

Comprehensive dental coverage that is COMPLETELY FREE TO EMPLOYEES and eligible dependents!



### VISION

Save on eyewear and eye care through VSP, one of the largest vision providers in the country!



### FSA/DEPENDENT CARE

Choose how much of your paycheck you'd like to put aside, pre-tax, for medical and/or dependent care, or eligible transportation expenses.



### PENSION

RCBC participates in the NJ PERS Pension plan which provides retirement benefits and life insurance that can help provide financial security after you retire.



### INFERTILITY BENEFITS

Infertility services are included with both medical plans. Some of the covered services include diagnostic testing, medications, and up to four (4) egg retrievals.



### SICK LEAVE

Support Staff employees gain 8 hours of sick time per month to apply towards illness, appointments, or to care for an immediate family member.



### VACATION

Accrual rates for Support Staff employees include 8 hours per month worked in the first three years, and increase in subsequent years.



### PERSONAL LEAVE

Employees are given 32 hours per year in personal leave.



### HOLIDAYS

RCBC employees celebrate with 14 paid holiday days per year, including the week between Christmas and New Years!



### TUITION

Employees and their eligible dependents may attend RCBC without tuition or fees (general/lab fees only). Employees are also eligible for tuition reimbursement!



### UNIFORMS

Employees are given uniforms upon hire (long sleeve/short sleeve shirts, sweatshirts, and a jacket), completely free to employees!

Learn more about working at RCBC by visiting [rbc.edu/HR](http://rbc.edu/HR)

# SUPPORT STAFF (40) EMPLOYEE BENEFITS... A CLOSER LOOK

## Medical/RX

Two medical plan options give you the flexibility to choose the one that works best for you and your family. Both plans include prescription drug coverage.

Available after 60 days of employment - see the next page for more information about our **EXCELLENT** coverage.

## Dental (COMPLETELY FREE TO EMPLOYEES!)

Comprehensive dental coverage and orthodontic coverage for employees and eligible dependents, available 1st of the month after 60 days of employment through Horizon Blue Cross Blue Shield of NJ.

## Vision

Save on eyewear and eye care through VSP, one of the largest vision providers in the country. Employees and eligible dependents are available to enroll 1st of the month after 60 days of employment through VSP. \$130 frame allowance every other calendar year, \$10 copay for a WellVision exam every year, multiple lens enhancements every year, with minimal per-pay costs.

Employee Only	\$3.48
Employee + 1	\$5.56
Employee + Children	\$5.68
Family	\$9.16

## FSA/Dependent Care/Transit Reimbursement

A Medical FSA allows you to choose how much of your paycheck you'd like to set aside, pre-tax, for healthcare expenses. This saves you money by reducing your taxable income, and allows you to use your benefits debit card for eligible items. Dependent Care allows you to put aside a portion of your paycheck pre-tax for eligible dependent care expenses each year; used for dependent care expenses for children ages 12 and younger, a disabled dependent of any age or a disabled spouse. Transit Reimbursement allows you to use pretax dollars to pay for eligible commuter expenses like NJ transit passes, buses, subways, trains, etc.

## Pension

Support Staff employees are eligible for enrollment into NJ PERS Pension plan. Employees contribute 7.5% to the defined benefit plan. This plan includes employer-paid life insurance.

## Sick Leave

**8 hours per month** of completed employment service is accrued – can be banked with no limit. Employees can use sick leave for their own personal medical needs including sickness or injury, a medical appointment for themselves or for an immediate family member's appointment, or to provide care for an immediate family member who is ill.

## Infertility Benefits

Infertility services are included with both medical plans and comply with all New Jersey mandated coverage. Some of the covered services include diagnostic testing, medications, and up to four (4) egg retrievals. All services are subject to medical necessity requirements and approval by the insurance carrier.

## Vacation Time

Years of Service	Accrual Rate Per Month
0-3 Years	8 hours
4-5 Years	10.64
6-10 Years	12
11-14 Years	14
15+ Years	14.64

## Personal Leave

32 hours per year!

## Holidays

Fourteen holidays per fiscal year (July 1 through June 30) are provided by the college. The college is usually closed for most operations from Christmas Eve through New Year's Day as part of these 14 holidays.

## Tuition Waiver

Employees and their eligible dependents may attend the college without tuition, general or laboratory fee charges! Such waiver applies to both credit and credit-free courses although special program costs may be assessed to the employee for certain courses. Employees are eligible after probationary period has concluded.

## Tuition Reimbursement

Support Staff employees will be reimbursed for post-associate degree courses, which are related the employee's job description, up to \$1,000 per semester up to a limit of \$2,000 per academic year for up to the three (3) credits per semester or term, not to exceed six (6) credits any given fiscal year. Employees who leave the employment of the college prior to the completion of two (2) years after utilizing the tuition reimbursement benefit shall reimburse the college on a pro-rata basis.



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# SUPPORT STAFF (40) EMPLOYEE BENEFITS... HEALTHCARE CLOSER LOOK

Plan Designs		
	Educator Health Plan	Garden State Health Plan
<b><u>In-Network</u></b>		
National Access	Yes	No (NJ Only)
Referral	No	No
PCP Copay	\$10	\$10
Specialist Copay	\$15	\$15
Deductible	\$0	\$0
Maximum Out-of-Pocket	\$500/\$1,000	\$500/\$1,000
Inpatient Hospital	100%	100%
Outpatient Hospital	100%	100%
Emergency Room Copay	\$125	\$125
<b><u>Out-of-Network</u></b>		
Deductible	\$350/\$700	\$350/\$700
Coinsurance	70%	70%
Maximum Out-of-Pocket	\$2,000/\$5,000	\$2,000/\$5,000
<b><u>Prescription Drug</u></b>		
	Net Results Enhanced	Net Results Enhanced
Retail	\$5/\$10/Member Pays Diff.	\$5/\$10/Member Pays Diff.
Mail Order	\$10/\$20/Member Pays Diff.	\$10/\$20/Member Pays Diff.

Contributions		
<b>\$30,000 Salary</b>		
Single	\$510	\$450
Parent/Child(ren)	\$660	\$450
Employee/Spouse	\$840	\$450
Family	\$990	\$495
<b>\$40,000 Salary</b>		
Single	\$680	\$600
Parent/Child(ren)	\$880	\$600
Employee/Spouse	\$1,120	\$600
Family	\$1,320	\$660
<b>\$50,000 Salary</b>		
Single	\$950	\$750
Parent/Child(ren)	\$1,250	\$750
Employee/Spouse	\$1,650	\$825
Family	\$1,950	\$975

**This description is illustrative, does not include all benefits/exclusions, and is not a guarantee of coverage. Contributions are estimates. Please confirm your individual contribution with the Benefits office.**

*Contribution \$ listed above are annualized amounts. To calculate per pay contributions, divide the estimated amounts by 24.*