



Community Action Agency, Inc.

www.pacecaa.org

812-882-7927

Paid Time Off

Employees working less than 36 hours per week will receive prorated allotments

Employees receive PTO during their first calendar year of hire based on the table to the right

Month of Hire	Full Year Employees	Part Year Employees
January - June	40 hours	32 hours
July - October	24 hours	20 hours
November - December	0 hours	

At the beginning of their first full calendar year of employment (i.e., January 1st following date of hire), employees will receive PTO based on the table to the right

Month of Hire	Full Year Employees	Part Year Employees
January - March	104 hours	80 hours
April - June	80 hours	64 hours
July - September	56 hours	48 hours
October - December	40 hours	32 hours

On the first day of the 2nd full calendar year of employment and each calendar year thereafter, employees will receive PTO based on the table to the right

Calendar Years of Service	Full Year Employees	Part Year Employees
1 - 4 years	120 hours	96 hours
5 - 9 years	160 hours	128 hours
10 - 19 years	200 hours	160 hours
20 + years	240 hours	192 hours

www.pacecaa.org

Employee Insurance

Community Action Agency, Inc.

www.pacecaa.org

812-882-7927

Employees will become eligible for health benefits the first day of the month following successful completion of 60-days of employment. Employees must work a minimum of 30-hours a week to be eligible for health insurance; 20 hours a week to be eligible for dental and vision insurance. Pace pays \$1029.87per month/ per enrolled employee

Anthem Health Blue Access		
Employee Bi-Weekly Payment		
	Option 1	Option 2
Employee	\$112.14	\$50.00
Employee/Spouse	\$506.33	\$402.49
Employee/Children	\$487.53	\$385.68
Employee/Family	\$882.89	\$739.22
Deductible	\$500	\$2500
Co- Insurance	20%	20%

VSP Vision Rates Employee Bi-Weekly Cost

	Monthly Charge	12 Month Pay Deduct	9 Month Pay Deduct
Employee	\$11.41	\$5.27	\$6.52
Employee + One	\$19.21	\$8.87	\$10.98
Employee & Children	\$19.62	\$9.06	\$11.21
Family	\$31.62	\$14.59	\$18.07

Exam every 12 months, \$20 co-pay
Lenses every 12 months, \$20 co-pay
Frames every 24 months, \$20 co-pay
Contact lenses are covered instead of frames and lenses, \$140 allowance

Health Resources Dental Plan Employee Bi-Weekly Cost

	Monthly Charge	12 Month Pay Deduct	9 Month Pay Deduct
Employee	\$30.63	\$14.14	\$17.50
Employee + One	\$65.83	\$30.38	\$37.62
Employee & Children	\$72.50	\$33.46	\$41.43
Family	\$108.44	\$50.05	\$61.97

\$1,000 annual maximum
Preventative paid at 100%, deductible waived
No waiting periods