

Ohio District 5 Area Agency on Aging, Inc.

Benefit Summary

Effective 1-1-2021

** BENEFITS are effective the first of the month following 30 days after date of hire for eligible employees:*



***HEALTH COVERAGE (REGULAR FULL TIME EMPLOYEES ONLY): UMR/UHC**

Doctor's Office: \$20 Co-Pay
Specialty Care
Doctor's Office: \$40 Co-Pay
Emergency Room: \$250 Co-Pay/20%
Prescriptions:
 30-day supply: \$10/\$25/\$40/25% \$200 max
 90-day mail order: \$10/\$65/\$120/25% \$200 max
 90-day retail: \$10/\$65/\$120/25% \$200 max
Deductible: In Network: \$250/\$500
 Out of Network: \$500/\$1500
Out of Pocket Max: In Network: \$2,200/\$4,400
 Out of Network: \$4,400/\$8,800
Co-Insurance: 80% / 60%
Employer Pays: 85 % of premium
Representative: Jaime Sommer, OPOC.us
Telephone No: 800-724-8802

Wellness Program Participant Rates:

Coverage	Employee Per Pay Amount	Employee Monthly Amount	Agency paid Monthly Benefit	Total Monthly Premium
H-E Employee	\$ 82.95	\$ 165.90	\$ 807.60	\$ 973.50
H-ES Employee/Spouse	\$ 174.18	\$ 348.36	\$ 1,771.74	\$ 2,120.10
H-EC Employee/Child	\$ 167.06	\$ 334.12	\$ 1,685.34	\$ 2,019.46
H-ESC Family	\$ 249.31	\$ 498.62	\$ 2,581.84	\$ 3,080.46

Wellness Program NON-Participant Rates:

Coverage	Employee Per Pay Amount	Employee Monthly Amount 16	Agency paid Monthly Benefit	Total Monthly Premium
H-E Employee	\$ 96.41	\$ 192.82	\$ 1,092.60	\$ 1,285.42
H-ES Employee/Spouse	\$ 202.46	\$ 404.92	\$ 2,294.48	\$ 2,699.40
H-EC Employee/Child	\$ 183.16	\$ 366.32	\$ 2,075.78	\$ 2,442.10
H-ESC Family	\$ 289.78	\$ 579.56	\$ 3,284.06	\$ 3,863.62

***DENTAL COVERAGE (REGULAR FULL TIME EMPLOYEES ONLY): DELTA**



- 100% Coverage for Diagnostic and Preventive Services
 - 90% Coverage for Basic Services after Deductible
 - 60% Coverage for Major Restorative Services after Deductible
 - 50% Coverage for Orthodontic Services (Child Only) (\$1000 lifetime maximum)
 - \$50/\$150 Deductible Single/Family for Basic and Major Services
 - \$1000 Maximum Yearly Benefit
- Employer Pays: 80% of premium**
Representative: Jaime Sommer, OPOC.us
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Dental Rates:

Reimbursement based on fee schedule for In-Network
 Reimbursement based on Reasonable & Customary Charges (90th %tile) for Out-of-Network

Coverage	Employee Per Pay Amount	Employee Monthly Amount	Agency-paid Monthly Benefit	Total Monthly Premium
D-E Employee	\$ 2.21	\$ 4.42	\$ 17.98	\$ 22.40
D-ES Employee/Spouse	\$ 4.54	\$ 9.08	\$ 36.74	\$ 45.82
D-EC Employee/Child	\$ 5.55	\$ 11.10	\$ 45.04	\$ 56.14
D-ESC Family	\$ 7.95	\$ 15.90	\$ 64.50	\$ 80.40

***VISION COVERAGE (REGULAR FULL TIME EMPLOYEES ONLY):**

PRINCIPAL/(VSP)

Co-Pay: \$10 Exam/\$25 Materials

Annual Exam: 100%

Single Lenses: 100%

Bifocal Lenses: 100%

Trifocal Lenses: 100%

Contact Lenses: \$130

Medically Necessary: Covered in full after Co-Pay

Electives: \$130 Maximum (Co-Pay does not apply)

Frames: \$130 allowance, plus 20% off balance

Frequency Allowance: Exam, Spectacle, Contact Lenses & Frames:
 12 months (per calendar year Jan 1st to Dec 31st)

Employee pays 100% of premium

Representative: Jaime Sommer, OPOC.us

Telephone No.: 800-724-8802



Vision Rates:

Coverage	Employee Per Pay Amount	Employee Monthly Amount	Employee Total Premium
VIS-E Employee	\$ 3.63	\$ 7.26	\$ 7.26
VIS-E1 Employee +1	\$ 5.51	\$ 11.02	\$ 11.02
VIS-EF Family	\$ 9.69	\$ 19.38	\$ 19.38

***LIFE, AD&D COVERAGE (REGULAR FULL TIME EMPLOYEES ONLY): PRINCIPAL**



- Term life, AD&D coverage - \$20,000 flat benefit

Employer Pays: 100% of premium

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VOLUNTARY LIFE, AD&D COVERAGE (REGULAR FULL TIME AND PART TIME ELIGIBLE EMPLOYEES WHO WORK AT LEAST 25 HOURS PER WEEK):
CINCINNATI LIFE



- **Voluntary** term, whole
- Guaranteed issue (initial sign-up opportunity only) up to \$4.00 per week
- Available to employees and their spouses/children/grandchildren
- Portable if employee leaves or retires
- Whole Life premiums never increase/benefit never decreases
- 20 Year Level Term Life is available up to \$100,000. It is guaranteed for 20 years. After the 20th year, premiums are adjusted annually through age 100.
- 20 Year ROP (Return of Premium)

Representative: Dawn Ratliff, ADM Benefit Plans Agency
Telephone No.: 1-800-851-0814

VOLUNTARY SUPPLEMENTAL (REGULAR FULL TIME AND PART TIME ELIGIBLE EMPLOYEES): AFLAC

Employer contributes up to \$15.00 per month (full-time employees only) toward any one voluntary supplemental product - employee choice
Employee pays 100% of any additional premiums

Benefit options are listed below and can be modified to fit individual needs:

- TLIFE – Term Life
- STDIS - Short Term Disability
- CANCER - Cancer Insurance
- ACC - Accident Insurance
- SPEVNT - Personal Recovery
- AFLACDENT- Aflac Dental
- AFLACVIS – Aflac Vision
- HOSPADV- Hospital Advantage Essentials
- PLUSRIDER – Critical Illness Benefit Rider
- Fraud Protection/Identity Theft

Representative: Dawn Ratliff, ADM Benefit Plans Agency
Telephone No.: 1-800-851-0814



403 (B) RETIREMENT PROGRAM: NATIONWIDE

- All employees can voluntarily contribute through payroll deduction at any time after hire
- After 1 year of service the Agency contributes a % (currently 3%) of the employee's gross salary each pay.
- Employees are vested in employer contribution after 2 years of service

Representative: AJ Sommer, OPOC.us
Telephone No.: 1-800-724-8802

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PAID VACATION LEAVE (REGULAR FULL TIME AND PART TIME ELIGIBLE EMPLOYEES):

Determined by Length of Service:

<u>Length of Service</u>	<u>Earned Vacation</u>
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REGULAR FULL TIME SALARIED

6 months	5 days
One through four-year Anniversary	10 days
Five through nine-year Anniversary	15 days
Ten through Nineteen-year Anniversary	20 days
Twenty through Twenty-four-year Anniversary	25 days
Twenty-fifth Anniversary and beyond	30 days

REGULAR FULL TIME HOURLY

<u>Length of Service</u>	<u>Earned</u>
6 months	.01923 hours x paid hours (maximum 5 days)*
One through four-year Anniversary	.03846 hours x paid hours (maximum 10 days)*
Five through nine-year Anniversary	.05769 hours x paid hours (maximum 15 days)*
Ten through Nineteen-year Anniversary	.07692 hours x paid hours (maximum 20 days)*
Twenty through Twenty-four year Anniversary	.09616 hours x paid hours (maximum 25 days)*
Twenty-fifth Anniversary And beyond	.11539 hours x paid hours (maximum 30 days)*

*Based on paid hours in the previous anniversary year.

REGULAR PART TIME HOURLY

<u>Length of Service</u>	<u>Earned Vacation</u>
6 months	.01923 hours x paid hours (maximum 5 days)*

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REGULAR PART TIME HOURLY (CON'T)

One through four year Anniversary	.03846 hours x paid hours (maximum 10 days)*
Five through nine year Anniversary	.05769 hours x paid hours (maximum 15 days)*
Ten through Nineteen year Anniversary	.07692 hours x paid hours (maximum 20 days)*
Twenty through Twenty-four year Anniversary	.09616 hours x paid hours (maximum 25 days)*
Twenty-fifth Anniversary and beyond	.11539 hours x paid hours (maximum 30 days)*

*Based on paid hours in the previous anniversary year.

PAID PERSONAL LEAVE:

Full time and part time regular and introductory employees receive paid personal time on January 1st of each calendar year.

New employees will be allotted personal time on a pro-rated basis depending on hire date within the calendar year. Effective on their hire date and immediately upon hire:

1. Regular Full Time Employees:
 - a. 4 days (28 hours) if hired before 6/30
 - b. 2 days (21 hours) if hired 7/1 to 9/30
 - c. 1 day (7hours) if hired in the last quarter

2. Regular Part Time Employees:
 - a. 1 day (7 hours) if hired 1/1 to 9/30
 - b. ½ day (3.5 hours) if hired in the last quarter

Temporary employees and PRN employees do not receive paid personal time.

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PAID SICK LEAVE BENEFITS:

Accumulation of paid sick time begins the first of the month following hire date based on the employee's employment classification as follows:

- FULL TIME SALARIED - Paid sick time accumulates at a rate of 7 hours per month of service.
- FULL TIME HOURLY - Paid sick time accumulates at a rate of 7 hours per month of service.
- PART TIME HOURLY - Paid sick time is accumulated at a rate of .04615 per hour paid (maximum of 7 hours per month of service).
- Sick time can be used in minimum increments of one quarter (0.25) hour.
 - Sick time continues to accumulate to a maximum of 60 days or 420 hours.
 - Once an employee reaches the maximum, he/she does not earn any sick time until he/she falls below 420 hours.

Temporary employees and PRN employees do not receive paid sick time.

PAID AGENCY HOLIDAYS (REGULAR FULL TIME ELIGIBLE EMPLOYEES ONLY):

- New Year's Day
- Martin Luther King, Jr. Day
- President's Day
- Memorial Day
- Independence Day
- Labor Day
- Columbus Day
- Veteran's Day
- Thanksgiving
- Christmas Day