Ohio District 5 Area Agency on Aging, Inc.
Benefit Summary
Effective 1-1-2023

* 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

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Employee Per Pay Amount</th>
<th>Employee Monthly Amount</th>
<th>Agency paid Monthly Benefit</th>
<th>Total Monthly Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>H-E Employee</td>
<td>$ 87.08</td>
<td>$ 174.17</td>
<td>$ 884.49</td>
<td>$ 1,058.66</td>
</tr>
<tr>
<td>H-ES Employee/Spouse</td>
<td>$ 182.89</td>
<td>$ 365.78</td>
<td>$ 1,939.80</td>
<td>$ 2,305.58</td>
</tr>
<tr>
<td>H-EC Employee/Child</td>
<td>$ 175.42</td>
<td>$ 350.84</td>
<td>$ 1,845.31</td>
<td>$ 2,196.15</td>
</tr>
<tr>
<td>H-ESC Family</td>
<td>$ 261.75</td>
<td>$ 523.50</td>
<td>$ 2,826.39</td>
<td>$ 3,349.89</td>
</tr>
</tbody>
</table>

UMR Benefits Wellness Program NON-Participant Rates:

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Employee Per Pay Amount</th>
<th>Employee Monthly Amount</th>
<th>Agency paid Monthly Benefit</th>
<th>Total Monthly Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>H-E Employee</td>
<td>$ 101.21</td>
<td>$ 202.42</td>
<td>$ 1,195.43</td>
<td>$ 1,397.85</td>
</tr>
<tr>
<td>H-ES Employee/Spouse</td>
<td>$ 212.58</td>
<td>$ 425.16</td>
<td>$ 2,510.39</td>
<td>$ 2,935.55</td>
</tr>
<tr>
<td>H-EC Employee/Child</td>
<td>$ 192.32</td>
<td>$ 384.64</td>
<td>$ 2,271.11</td>
<td>$ 2,655.75</td>
</tr>
<tr>
<td>H-ESC Family</td>
<td>$ 304.29</td>
<td>$ 608.58</td>
<td>$ 3,593.08</td>
<td>$ 4,201.66</td>
</tr>
</tbody>
</table>
Ohio District 5 Area Agency on Aging, Inc.  
Benefit Summary  

* 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): HSA**

- **Office Visit:** 100% after deductible
- **Specialist Visit:** 100% after deductible
- **Emergency Room:** 100% after deductible
- **Prescriptions:** 100% after deductible
- **30-day supply:** 100% after deductible

**Deductible:**
- *In Network:* $2,000 / $4,000
- *Out of Pocket Max:* $2,000/$4,000

**Co-Insurance:**
- 80% / 60%

**Employer Pays:** 90% of premium

**Representative:** Jaime Sommer, OPOC.us  
**Telephone No:** 800-724-8802

**HSA Wellness Program Participant Rates:**

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Employee Per Pay Amount</th>
<th>Employee Monthly Amount</th>
<th>Agency paid Monthly Benefit</th>
<th>Total Monthly Premium</th>
<th>Agency One Time HSA Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>H-E Employee</td>
<td>$ 52.93</td>
<td>$ 105.87</td>
<td>$ 952.79</td>
<td>$ 1,058.66</td>
<td>$ 200.00</td>
</tr>
<tr>
<td>H-ES Employee/Spouse</td>
<td>$ 115.28</td>
<td>$ 230.56</td>
<td>$ 2,075.02</td>
<td>$ 2,305.58</td>
<td>$ 200.00</td>
</tr>
<tr>
<td>H-EC Employee/Child</td>
<td>$ 109.81</td>
<td>$ 219.62</td>
<td>$ 1,976.54</td>
<td>$ 2,196.15</td>
<td>$ 200.00</td>
</tr>
<tr>
<td>H-ESC Family</td>
<td>$ 167.49</td>
<td>$ 334.99</td>
<td>$ 3,014.90</td>
<td>$ 3,349.89</td>
<td>$ 200.00</td>
</tr>
</tbody>
</table>

**HSA NON - Wellness Program Participant Rates:**

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Employee Per Pay Amount</th>
<th>Employee Monthly Amount</th>
<th>Agency paid Monthly Benefit</th>
<th>Total Monthly Premium</th>
<th>Agency One Time HSA Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>H-E Employee</td>
<td>$ 68.89</td>
<td>$ 139.78</td>
<td>$ 1,258.06</td>
<td>$ 1,397.85</td>
<td>$ 200.00</td>
</tr>
<tr>
<td>H-ES Employee/Spouse</td>
<td>$ 146.78</td>
<td>$ 293.55</td>
<td>$ 2,641.99</td>
<td>$ 2,935.55</td>
<td>$ 200.00</td>
</tr>
<tr>
<td>H-EC Employee/Child</td>
<td>$ 132.79</td>
<td>$ 265.58</td>
<td>$ 2,390.18</td>
<td>$ 2,655.75</td>
<td>$ 200.00</td>
</tr>
<tr>
<td>H-ESC Family</td>
<td>$ 210.08</td>
<td>$ 420.17</td>
<td>$ 3,781.50</td>
<td>$ 4,201.66</td>
<td>$ 200.00</td>
</tr>
</tbody>
</table>
Ohio District 5 Area Agency on Aging, Inc.
Benefit Summary
Effective 1-1-2023

*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
Telephone No: 800-724-8802
Reimbursement based on fee schedule for In-Network
Reimbursement based on Reasonable & Customary Charges (90th %tile) for Out-of-Network.

Dental Rates:

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Employee Per Pay Amount</th>
<th>Employee Monthly Amount</th>
<th>Agency-paid Monthly Benefit</th>
<th>Total Monthly Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>D-E Employee</td>
<td>$ 2.51</td>
<td>$ 5.02</td>
<td>$ 20.47</td>
<td>$ 25.49</td>
</tr>
<tr>
<td>D-ES Employee/Spouse</td>
<td>$ 5.15</td>
<td>$ 10.30</td>
<td>$ 38.69</td>
<td>$ 48.99</td>
</tr>
<tr>
<td>D-EC Employee/Child</td>
<td>$ 6.30</td>
<td>$ 12.60</td>
<td>$ 55.89</td>
<td>$ 68.49</td>
</tr>
<tr>
<td>D-ESC Family</td>
<td>$ 9.02</td>
<td>$ 18.04</td>
<td>$ 75.01</td>
<td>$ 93.05</td>
</tr>
</tbody>
</table>

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: $130.00

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:

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Employee Per Pay Amount</th>
<th>Employee Monthly Amount</th>
<th>Employee Total Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>VIS-E Employee</td>
<td>$ 3.63</td>
<td>$ 7.26</td>
<td>$ 7.26</td>
</tr>
<tr>
<td>VIS-E1 Employee +1</td>
<td>$ 5.51</td>
<td>$ 11.02</td>
<td>$ 11.02</td>
</tr>
<tr>
<td>VIS-EF Family</td>
<td>$ 9.69</td>
<td>$ 19.38</td>
<td>$ 19.38</td>
</tr>
</tbody>
</table>
Ohio District 5 Area Agency on Aging, Inc.
Benefit Summary
Effective 1-1-2023

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

- Life, AD&D coverage - $20,000 flat benefit
  Employer Pays: 100% of premium.

Employer contributes up to $15.00 per month (full-time employees only) toward any one voluntary supplemental product through Aflac, IDShield or LegalShield - employee choice. Employee pays 100% of any additional premiums.

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

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

- STDIS - Short Term Disability
- CANCER - Cancer Insurance – 2 options will be offered.
- ACC - Accident Insurance
- PLUSRIDER – Critical Illness Benefit Rider
- Fraud Protection/Identity Theft

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

LEGALSHIELD MEMBERSHIP (REGULAR FULL TIME AND PART TIME ELIGIBLE EMPLOYEES):

- Dedicated Law Firm
- Legal Advice/Consultation
- Contract/Documents Reviewed
- Will Preparation
- Speeding Ticket Assistance
- IRS Audit Assistance

Representative: Linda Pitt
Telephone No.: 615-364-6771
Ohio District 5 Area Agency on Aging, Inc.
Benefit Summary
Effective 1-1-2023

**IDSHIELD MEMBERSHIP (REGULAR FULL TIME AND PART TIME ELIGIBLE EMPLOYEES):**

- Credit Monitoring
- Online Privacy Management
- Reputation Management and Score
- Financial Account Monitoring
- 1 million Protection Policy
- Identity Restoration

**Representative:** Linda Pitt  
**Telephone No.:** 615-364-6771

**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

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

* Determined by Length of Service:

<table>
<thead>
<tr>
<th>Length of Service</th>
<th>Earned Vacation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>REGULAR FULL TIME SALARIED AND HOURLY</strong></td>
<td></td>
</tr>
<tr>
<td>Upon hire</td>
<td>5 days</td>
</tr>
<tr>
<td>One through four-year Anniversary</td>
<td>10 days</td>
</tr>
<tr>
<td>Five through nine-year Anniversary</td>
<td>15 days</td>
</tr>
<tr>
<td>Ten through Nineteen-year Anniversary</td>
<td>20 days</td>
</tr>
<tr>
<td>Twenty through Twenty-four-year Anniversary</td>
<td>25 days</td>
</tr>
<tr>
<td>Twenty-fifth Anniversary and beyond</td>
<td>30 days</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Length of Service</th>
<th>Earned Vacation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PART TIME HOURLY</strong></td>
<td></td>
</tr>
<tr>
<td>6 months</td>
<td>.01923 hours x paid hours (maximum 5 days) *</td>
</tr>
<tr>
<td>One through four-year Anniversary</td>
<td>.03846 hours x paid hours (maximum 10 days) *</td>
</tr>
<tr>
<td>Five through nine-year Anniversary</td>
<td>.05769 hours x paid hours (maximum 15 days) *</td>
</tr>
</tbody>
</table>
Ohio District 5 Area Agency on Aging, Inc.
Benefit Summary
Effective 1-1-2023

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 (14 hours) if hired 7/1 to 9/30
   c. 1 day (7 hours) 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.

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 (1/4) 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.
Ohio District 5 Area Agency on Aging, Inc.
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PAID AGENCY HOLIDAYS (REGULAR FULL TIME ELIGIBLE EMPLOYEES ONLY):

2023 Holiday Schedule

- January 2, Monday - New Year's Day
- January 16, Monday - Birthday of Martin Luther King, Jr.
- February 20, Monday - Washington’s Birthday also known as Presidents’ Day
- May 29, Monday - Memorial Day
- June 19, Monday - Juneteenth National Independence Day
- July 4, Tuesday - Independence Day
- September 4, Monday - Labor Day
- October 9, Monday - Columbus Day also known as Indigenous People Day
- November 10, Friday - Veterans Day
- November 23, Thursday - Thanksgiving Day
- December 25, Monday - Christmas Day

If a federal holiday's calendar date falls on a Saturday in any year, it will be observed on the preceding Friday. If a federal holiday falls on a Sunday, it will be observed on the following Monday.