

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**

Office Visit: \$20 Co-Pay
Specialist Visit: \$40 Co-Pay
Emergency Room: \$250 Co-Pay/20%
Prescriptions:
 30-day supply: \$10/\$25/\$40/25% \$200 max
 90-day mail order: \$10/\$62.50/\$120/25% \$200 max
 90-day retail: \$10/\$62.50/\$120/25% \$200 max
Deductible: In Network: \$250/\$500
Out of Pocket Max: In Network: \$2,200/\$4,400
Co-Insurance: 80% / 60%
Employer Pays: 85 % of premium.
Representative: Jaime Sommer, OPOC.us
Telephone No: 800-724-8802

UMR Benefits Wellness Program Participant Rates:

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

UMR Wellness Program NON-Participant Rates:

Coverage	Employee Per Pay Amount	Employee Monthly Amount 16	Agency paid Monthly Benefit	Total Monthly Premium
H-E Employee	\$ 101.21	\$ 202.42	\$ 1,195.43	\$ 1,397.85
H-ES Employee/Spouse	\$ 212.58	\$ 425.16	\$ 2,510.39	\$ 2,935.55
H-EC Employee/Child	\$ 192.32	\$ 384.64	\$ 2,271.11	\$ 2,655.75
H-ESC Family	\$ 304.29	\$ 608.58	\$ 3,593.08	\$ 4,201.66

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HEALTH COVERAGE (REGULAR FULL TIME EMPLOYEES ONLY): HSA

Office Visit: 100 % after deductible
 Specialist Visit: 100 % after deductible
 Emergency Room: 100 % after deductible
 Prescriptions:
 30-day supply: 100 % after deductible
 Deductible: In Network: \$2,000 / \$4,000
 Out of Pocket Max: In Network: \$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:

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

HSA NON - Wellness Program Participant Rates:

Coverage	Employee Per Pay Amount	Employee Monthly Amount 16	Agency paid Monthly Benefit	Total Monthly Premium	Agency One Time HSA Contribution
H-E Employee	\$ 68.89	\$ 139.78	\$ 1,258.06	\$ 1,397.85	\$ 200.00
H-ES Employee/Spouse	\$ 146.78	\$ 293.55	\$ 2,641.99	\$ 2,935.55	\$ 200.00
H-EC Employee/Child	\$ 132.79	\$ 265.58	\$ 2,390.18	\$ 2,655.75	\$ 200.00
H-ESC Family	\$ 210.08	\$ 420.17	\$ 3,781.50	\$ 4,201.66	\$ 200.00

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***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:

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

VISION COVERAGE (REGULAR FULLTIME 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:

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

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*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
- Weill Preparation
- Speeding Ticket Assistance
- IRS Audit Assistance

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

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IDSHEILD 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:

<u>Length of Service</u>	<u>Earned Vacation</u>
REGULAR FULL TIME SALARIED AND HOURLY	
Upon hire	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

PART TIME HOURLY

<u>Length of Service</u>	<u>Earned Vacation</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) *

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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 (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.

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.

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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.