

Ohio District 5 Area Agency on Aging, Inc.

Benefit Summary

Effective 1-1-2024

* **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

Payroll Deductions start current month and are taken twice a month beginning in the month the employee becomes eligible.
 Note: The Agency pays bi-weekly and there are 2 months each year when there are 3 payrolls. No insurance benefit deductions are taken on the 3rd payroll.

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	\$ 174.16	\$ 950.66	\$ 1,124.82
H-ES Employee/Spouse	\$ 182.89	\$ 365.78	\$ 2,083.90	\$ 2,449.68
H-EC Employee/Child	\$ 175.42	\$ 350.84	\$ 1,982.57	\$ 2,333.41
H-ESC Family	\$ 261.75	\$ 523.50	\$ 3,035.75	\$ 3,559.25

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	\$ 1,282.80	\$ 1,485.22
H-ES Employee/Spouse	\$ 212.58	\$ 425.16	\$ 2,693.86	\$ 3,119.02
H-EC Employee/Child	\$ 192.32	\$ 384.64	\$ 2,437.10	\$ 2,821.74
H-ESC Family	\$ 304.29	\$ 608.58	\$ 3,855.69	\$ 4,464.27

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HEALTH COVERAGE (REGULAR FULL TIME EMPLOYEES ONLY): HDHP

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

Payroll Deductions start current month and are taken twice a month beginning in the month the employee becomes eligible.

Note: The Agency pays bi-weekly and there are 2 months each year when there are 3 payrolls. No insurance benefit deductions are taken on the 3rd payroll.

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	\$ 105.86	\$ 1,018.96	\$ 1,124.82	\$ 200.00
H-ES Employee/Spouse	\$ 115.28	\$ 230.56	\$ 2,219.12	\$ 2,449.68	\$ 200.00
H-EC Employee/Child	\$ 109.81	\$ 219.62	\$ 2,113.79	\$ 2,333.41	\$ 200.00
H-ESC Family	\$ 167.49	\$ 334.98	\$ 3,224.27	\$ 3,559.25	\$ 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	\$ 1,345.44	\$ 1,485.22	\$ 200.00
H-ES Employee/Spouse	\$ 146.78	\$ 293.56	\$ 2,825.46	\$ 3,119.02	\$ 200.00
H-EC Employee/Child	\$ 132.79	\$ 265.58	\$ 2,556.18	\$ 2,821.74	\$ 200.00
H-ESC Family	\$ 210.08	\$ 420.16	\$ 4,044.11	\$ 4,464.27	\$ 200.00

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

- 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

Payroll Deductions start current month and are taken twice a month beginning in the month the employee becomes eligible.

Note: The Agency pays bi-weekly and there are 2 months each year when there are 3 payrolls. No insurance benefit deductions are taken on the 3rd payroll.

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	\$ 16.88	\$ 21.90
D-ES Employee/Spouse	\$ 5.15	\$ 10.30	\$ 31.79	\$ 42.09
D-EC Employee/Child	\$ 6.30	\$ 12.60	\$ 46.25	\$ 58.85
D-ESC Family	\$ 9.02	\$ 18.04	\$ 61.91	\$ 79.95

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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

Payroll Deductions start current month and are taken twice a month beginning in the month the employee becomes eligible.

Note: The Agency pays bi-weekly and there are 2 months each year when there are 3 payrolls. No insurance benefit deductions are taken on the 3rd payroll.

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**



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

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Voluntary Supplemental Insurance Benefits:

Employer contributes up to \$15.00 per month (full-time employees only) toward 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

Payroll Deductions start the current month when the policy is effective and are taken twice a month.

Note: The Agency pays bi-weekly and there are 2 months each year when there are 3 payrolls. No insurance benefit deductions are taken on the 3rd payroll.

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

Payroll Deductions start the current month when the policy is effective and will be taken once a month on the first payroll of each month.

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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

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

Payroll Deductions start the current month when the policy is effective and are taken twice a month.

Note: The Agency pays bi-weekly and there are 2 months each year when there are 3 payrolls. No insurance benefit deductions are taken on the 3rd payroll.



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 TIME OFF BENEFITS:

VACATION BENEFITS (REGULAR FULL TIME AND PART TIME EMPLOYEES):

Determined by Length of Service:

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

REGULAR 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) *
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.

Temporary employees and PRN employees do not receive paid vacation.

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PERSONAL TIME (REGULAR FULL TIME AND PART TIME EMPLOYEES):

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.

SICK TIME (REGULAR FULL TIME AND PART TIME EMPLOYEES):

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 HOURLY AND SALARIED** - Paid sick time accumulates at a rate of 3.23 hours per bi-weekly pay period.
- **PART TIME HOURLY** - Paid sick time accumulates 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 accumulates to a maximum of 60 days or 420 hours.

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

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PAID HOLIDAYS (REGULAR FULL TIME EMPLOYEES ONLY):

2024 Holiday Schedule

- January 1, Monday - New Year's Day
- January 15, Monday - Birthday of Martin Luther King, Jr.
- February 19, Monday - Washington's Birthday also known as Presidents' Day
- May 27, Monday - Memorial Day
- June 19, Wednesday - Juneteenth National Independence Day
- July 4, Thursday - Independence Day
- September 2, Monday - Labor Day
- October 14, Monday - Columbus Day also known as Indigenous People Day
- November 11, Monday - Veterans Day
- November 28, Thursday - Thanksgiving Day
- December 25, Wednesday - Christmas Day