

Ohio District 5 Area Agency on Aging, Inc.

Benefit Summary

Effective 1-1-2025

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



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

PROVIDER: UMR/UNITED HEALTHCARE

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% In Network / 60% Out of Network

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.

PPO Plan Rates:

Coverage	Employee Per Pay Amount	Employee Monthly Amount	Agency paid Monthly Benefit	Total Monthly Premium
H-E Employee	\$ 101.20	\$ 202.40	\$ 1,547.54	\$ 1,749.94
H-ES Employee/Spouse	\$ 212.53	\$ 425.06	\$ 3,095.07	\$ 3,520.13
H-EC Employee/Child (up to 2 children)	\$ 192.27	\$ 384.54	\$ 2,862.94	\$ 3,247.48
H-EC Employee/Children (3 or more children)	\$ 304.19	\$ 608.38	\$ 4,410.48	\$ 5,018.86
H-ESC Family (spouse and child(ren))	\$ 304.19	\$ 608.38	\$ 4,410.48	\$ 5,018.86

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HEALTH COVERAGE (REGULAR FULL TIME EMPLOYEES ONLY):

PROVIDER: UMR/UNITED HEALTHCARE

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 Network: \$4,000/\$8,000
Out of Pocket Max: In Network: \$2,000/\$4,000
 Out of Network: \$4,000/\$8,000
Co-Insurance: 100% In Network /100% Out of Network

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 High Deductible Plan Rates:

Coverage	Employee Per Pay Amount	Employee Monthly Amount	Agency paid Monthly Benefit	Total Monthly Premium	Agency One Time HSA Contribution
H-E Employee	\$ 69.89	\$ 139.78	\$ 1,610.16	\$ 1,749.94	\$ 200.00
H-ES Employee/Spouse	\$ 146.78	\$ 293.56	\$ 3,226.57	\$ 3,520.13	\$ 200.00
H-EC Employee/Child (up to 2 children)	\$ 132.79	\$ 265.58	\$ 2,981.90	\$ 3,247.48	\$ 200.00
H-EC Employee/Children (3 or more children)	\$ 210.09	\$ 420.18	\$ 4,598.68	\$ 5,018.86	\$ 200.00
H-ESC Family (spouse and child(ren))	\$ 210.09	\$ 420.18	\$ 4,598.68	\$ 5,018.86	\$ 200.00

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

PROVIDER: 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

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 Plan Rates:

Coverage	Employee Per Pay Amount	Employee Monthly Amount	Agency-paid Monthly Benefit	Total Monthly Premium
D-E Employee	\$ 2.76	\$ 5.52	\$ 17.80	\$ 23.32
D-ES Employee/Spouse	\$ 5.40	\$ 10.80	\$ 35.02	\$ 45.82
D-EC Employee/Child	\$ 6.55	\$ 13.10	\$ 49.58	\$ 62.68
D-ESC Family	\$ 9.27	\$ 18.54	\$ 66.60	\$ 85.14

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VISION COVERAGE (REGULAR FULLTIME EMPLOYEES ONLY):

PROVIDER: 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)

Employees pay 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 Plan Rates:

	Coverage	Employee Per Pay Amount	Employee Monthly Amount	Employee Total Premium
VIS-E	Employee	\$ 3.63	\$ 7.26	\$ 7.26
VIS-E1	Employee/Spouse or Employee/Child(ren)	\$ 5.51	\$ 11.02	\$ 11.02
VIS-EF	Family	\$ 9.69	\$ 19.38	\$ 19.38

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

PROVIDER: 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 once a month on the second payroll of the month.



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):

2025 Holiday Schedule:

- Wednesday, January 01 - New Year's Day
- Monday, January 20 - Birthday of Martin Luther King, Jr.
- Monday, February 17 - Washington's Birthday also known as Presidents' Day
- Monday, May 26 - Memorial Day
- Thursday, June 19 - Juneteenth National Independence Day
- Friday, July 04 - Independence Day
- Monday, September 01 - Labor Day
- Monday, October 13 - Indigenous Peoples' Day
- Tuesday, November 11 - Veterans Day
- Thursday, November 27 - Thanksgiving Day
- Thursday, December 25 - Christmas Day