

Ohio District 5 Area Agency on Aging, Inc.

Benefit Summary

Effective 1-1-2022

** 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	\$ 87.10	\$ 174.20	\$ 847.98	\$ 1,022.18
H-ES Employee/Spouse	\$ 182.89	\$ 365.78	\$ 1,860.33	\$ 2,226.11
H-EC Employee/Child	\$ 175.42	\$ 350.84	\$ 1,769.61	\$ 2,120.44
H-ESC Family	\$ 261.77	\$ 523.54	\$ 2,710.93	\$ 3,234.47

Wellness Program NON-Participant Rates:

Coverage	Employee Per Pay Amount	Employee Monthly Amount 16	Agency paid Monthly Benefit	Total Monthly Premium
H-E Employee	\$ 101.23	\$ 202.46	\$ 1,147.23	\$ 1,349.69
H-ES Employee/Spouse	\$ 212.58	\$ 425.16	\$ 2,409.20	\$ 2,834.36
H-EC Employee/Child	\$ 192.32	\$ 384.64	\$ 2,179.57	\$ 2,564.21
H-ESC Family	\$ 304.27	\$ 608.54	\$ 3,448.26	\$ 4,056.80

***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
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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	\$ 2.32	\$ 4.64	\$ 18.96	\$ 23.60
D-ES Employee/Spouse	\$ 4.77	\$ 9.54	\$ 35.82	\$ 45.36
D-EC Employee/Child	\$ 5.83	\$ 11.66	\$ 51.77	\$ 63.42
D-ESC Family	\$ 8.35	\$ 16.70	\$ 69.47	\$ 86.16

***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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Employer contributes up to \$15.00 per month (full-time employees only) toward any one voluntary supplemental product through Aflac, Cincinnati Life, 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

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

- Credit Monitoring
- Online Privacy Management
- Reputation Management and Score

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- 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>
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REGULAR FULL TIME SALARIED AND HOURLY

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 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)*

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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 (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.

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

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