

# Ohio District 5 Area Agency on Aging, Inc.

## Benefit Summary

*Effective 1-1-2020*

*\* 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: approx. 85 % of premium**  
**Representative:** [REDACTED], OPOC.us  
**Telephone No:** [REDACTED]

**Wellness Program Participant Rates:**

Coverage	Employee Per Pay Amount	Employee Monthly Amount	Agency paid Monthly Benefit	Total Monthly Premium
H-E Employee	\$ 77.16	\$ 154.32	\$ 743.52	\$ 897.84
H-ES Employee/Spouse	\$ 162.03	\$ 324.06	\$ 1,631.92	\$ 1,955.98
H-EC Employee/Child	\$ 155.40	\$ 310.80	\$ 1,552.20	\$ 1,863.00
H-ESC Family	\$ 231.91	\$ 463.82	\$ 2,378.48	\$ 2,842.30

**Wellness Program NON-Participant Rates:**

Coverage	Employee Per Pay Amount	Employee Monthly Amount 16	Agency paid Monthly Benefit	Total Monthly Premium
H-E Employee	\$ 89.68	\$ 179.36	\$ 1,016.36	\$ 1,195.72
H-ES Employee/Spouse	\$ 188.33	\$ 376.66	\$ 2,134.36	\$ 2,511.02
H-EC Employee/Child	\$ 170.38	\$ 340.76	\$ 1,930.94	\$ 2,271.70
H-ESC Family	\$ 269.56	\$ 539.12	\$ 3,054.94	\$ 3,594.06

**\*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**  
**Broker Agent: OPOC.us**

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### Dental Rates:

Reimbursement based on fee schedule for In-Network  
 Reimbursement based on Reasonable & Customary Charges (90<sup>th</sup> %tile) for Out-of-Network

Coverage	Employee Per Pay Amount	Employee Monthly Amount	Agency-paid Monthly Benefit	Total Monthly Premium
D-E Employee	\$ 2.21	\$ 4.42	\$ 17.98	\$ 22.40
D-ES Employee/Spouse	\$ 4.54	\$ 9.08	\$ 36.74	\$ 45.82
D-EC Employee/Child	\$ 5.55	\$ 11.10	\$ 45.04	\$ 56.14
D-ESC Family	\$ 7.95	\$ 15.90	\$ 64.50	\$ 80.40

**\*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 1<sup>st</sup> to Dec 31<sup>st</sup>)

**Employee pays 100% of premium**

**Representative:** OPOC.us



### 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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**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, universal life, & accidental death coverage
- 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
- Universal Life provides death benefit and cash benefit at current interest rates
- 20 Year Level Term Life is available up to \$100,000. It is guaranteed for 20 years. After the 20<sup>th</sup> year, premiums are adjusted annually through age 100.



**Representative:** [REDACTED] ADM Benefit Plans Agency  
**Telephone No.:** [REDACTED]

**VOLUNTARY SUPPLEMENTAL (REGULAR FULL TIME AND PART TIME ELIGIBLE EMPLOYEES): AFLAC**

*Employer contributes up to \$15.00 per month (full-time employees only) toward any one voluntary supplemental product - employee choice  
Employee pays 100% of any additional premiums*

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

- TLIFE – Term Life
- WLIFE - Whole Life
- STDIS - Short Term Disability
- CANCER - Cancer Insurance
- ACC - Accident Insurance
- SPEVNT - Personal Recovery
- AFLACDENT- Aflac Dental
- AFLACVIS – Aflac Vision
- HOSPADV- Hospital Advantage Essentials
- PLUSRIDER – Critical Illness Benefit Rider
- Fraud Protection/Identity Theft

[REDACTED]  
[REDACTED]



**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

[REDACTED]  
[REDACTED]

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**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>
<b>REGULAR FULL TIME SALARIED</b>	
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 FULL TIME HOURLY**

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

**REGULAR PART TIME HOURLY**

<u>Length of Service</u>	<u>Earned Vacation</u>
6 months	.01923 hours x paid hours (maximum 5 days)*

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### REGULAR PART TIME HOURLY (CON'T)

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.

### PAID PERSONAL LEAVE:

To promote good attendance and allow for a healthy work/life balance, the Agency has established time off benefits. Employees are encouraged to use available paid personal time to take care of personal matters, for bad weather days, and for personal pursuits.

Full time and part time regular and introductory employees receive paid personal time on January 1st of each calendar year.

Temporary employees, and PRN employees do not receive paid personal time. Full time or part time employees changing to PRN status will no longer be eligible for paid personal time.

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 (21 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

Personal time can be taken in as small as one quarter (0.25) hour increments.

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### **SICK LEAVE BENEFITS:**

Accumulation of paid sick time begins after the first month of service 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.**

### **AGENCY HOLIDAYS (REGULAR FULL TIME ELIGIBLE EMPLOYEES ONLY):**

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