

Summary of Benefits for Prospective Employees

Employees who work a minimum of 30 hours a week are eligible for benefits. Coverage begins on the first of the month after their hire date.

Medical Insurance

Our health care plan is provided through Aetna. The base Medical Plan provides comprehensive coverage while offering the convenience of paying for many services, including prescription drugs, with affordable co-pays. The Buy-up Plan is very similar to the Base Plan but with a lower deductible and out-of-pocket maximum.

Payroll Deductions- 26 Pay Periods	Employee	Employee & Spouse	Employee & Child(ren)	Family
Employee Cost per Pay Period (Base or \$3,000 Deductible)	\$23.45	\$48.05	\$41.03	\$67.98
ECDHD Contribution	\$211.02	\$432.42	\$369.23	\$611.86
Employee Cost per Pay Period (Buy-up or \$1,000 Deductible)	\$29.54	\$60.55	\$51.69	\$85.71
ECDHD Contribution	\$265.85	\$544.98	\$465.23	\$771.37

Dental Insurance

Our dental plan is provided through Principal. We offer two plans. One **without** Child Orthodontia and one **with** Child Orthodontia. Preventative treatment is covered at 100% for an in-network provider for both plans. Orthodontia Services for Children up to the age of 19 years old get a \$1,000 Lifetime maximum per covered child.

Payroll Deductions- 26 Pay Periods (With-Out Orthodontia)	Employee	Employee & Spouse	Employee & Child(ren)	Family
Per Pay Period	\$1.10	\$2.13	\$2.49	\$3.69
ECDHD Contribution	\$21.41	\$41.48	\$48.60	\$71.93

Payroll Deductions- 26 Pay Periods (With Child Orthodontia)	Employee	Employee & Spouse	Employee & Child(ren)	Family
Per Pay Period	\$1.28	\$2.39	\$3.40	\$4.76
ECDHD Contribution	\$24.90	\$46.51	\$66.25	\$92.81

Vision Insurance

Our vision is provided through VSP. In network exams have a \$10 copay. Materials are a \$25 co pay. VSP covers Exams, Lenses, Frames, and Contact Lenses every twelve months. Lenses included Single, Lined Bifocal, Lined Trifocal are covered in full. You receive a \$185 allowance for a wide selection of frames and \$205 allowance for featured frame brands.

Payroll Deductions- 26 Pay Periods	Employee	Employee & Spouse	Employee & Child(ren)	Family
Per Pay Period	\$0.39	\$0.79	\$0.97	\$1.30
ECDHD Contribution	\$7.66	\$15.38	\$18.90	\$25.35

Flexible Spending Account (FSA)-Omnify

A flexible spending account is a tax-advantaged savings account that **works to lowering your taxable income** and saving taxes on qualified purchased made by your FSA. Your FSA plan allows you to set aside pre-tax dollars, via

payroll deductions, to be used for qualified medical, dental, vision, and pharmaceutical expenses with a **limit of \$2,750 per employee**.

Dependent Care (DCA) FSA-Omnify

This account lets you use pre-tax dollars towards qualified dependent care, such as a caring for children under the age of 13 or caring for elders. Examples include day camps, cost of child day care, cost of adult dependent care, nursery schools and preschools. The annual maximum amount you may contribute to the DCA is **\$5,000** (or \$2,500 if married and filing separately) per calendar year. You will be required to provide receipts for services you pay.

Life & AD&D Insurance

We offer a \$30,000 life insurance policy with matching Accidental Death and Dismemberment coverage at no cost to the employee through Madison National Life.

Voluntary Life & AD&D

You have the opportunity to purchase additional Voluntary Term Life and AD&D coverage for you and your dependent(s) in order to supplement the Basic Life and AD&D coverage provided by the ECDHD. You pay the full cost of the Voluntary Life and AD&D coverage.

Who is Eligible?	Voluntary Term Life/AD&D	Guarantee Issue Amount
Employee	\$10,000 Minimum-\$300,000 Maximum or Five Times Annual Earnings	\$100,000
Spouse	\$5,000 Minimum -\$150,000 Maximum Up to 50% of the Employee Life Amount	\$25,000
Child(ren)	\$5,000 Minimum -\$10,000 Maximum	N/A

Short Term Disability

ECDHD provides short-term disability which is intended to protect your income for a short duration in case you become ill or injured. The plan pays 60% of your weekly salary up to \$1,000 per week. This benefit begins on the 8th day after an accident or illness and does not extend beyond 13 weeks.

Long Term Disability

ECDHD provides long-term disability which is intended to replace a portion of your income in case of a disability that occurs away from work and after short-term disability has been exhausted. The plan pays 60% of your salary up to \$1,500 per month after a 120-day elimination period up to your social security retirement age.

Long Term Disability Buy-Up

Employees have the option to elect a buy-up option at their own expense. The plan pays 60% of your salary up to \$4,500 per month after a 90-day elimination period up to your social security retirement age. Coverage is guaranteed for new hires.

Retirement

The ECDHD retirement plan is a voluntary benefit offered to employees to help save for a financially secure retirement. All employees are eligible to participate in the 457b plan from date of hire. Employees are eligible for the Agency match once they have worked at least 936 hours in the first 12 consecutive months. Employer contribution match has a pro-rated vesting schedule based on years of service.

Employee Years of Service	Employer Match
< 1 Year	No Match
1 through 5 Years	3%
5 through 10 Years	4%

10 through 15 Years	5%
15 through 20 Years	6%
20 through 25 Years	7%
25+ Years	8%

Vacation Leave

The amount of leave earned is based on the length of service with the Agency. Employees begin to accrue vacation leave from day one of employment.

Employee Status	Timeframe A	Hours	Timeframe B	Hours	Timeframe C	Hours	Timeframe D	Hours
Non-Exempt	0-71 mos. or 1-5 yrs.	80 hrs. or 2 wks	72-131 mos. or 6-10 yrs.	100 hrs. or 2.5 wks.	132-179 mos. or 11-14 yrs.	120 hrs. or 3 wks.	180+ mos. or 15+ yrs.	160 hrs. or 4 wks
Exempt	0-47 mos. or 1-3 yrs.	80 hrs. or 2 wks	48-95 mos. or 4-7 yrs.	120 hrs. or 3 wks.	96-131 mos. or 8-10 yrs.	160 hrs. or 4 wks	132+ mos. or 10+ yrs.	200 hrs. or 5 wks.
Senior Exempt	0-47 mos. or 1-3 yrs.	160 hrs. or 4 wks	48-95 mos. or 4-7 yrs.	180 hrs. or 4.5 wks.	96-131 mos. or 8-10 yrs.	200 hrs. or 5 wks.	132+ mos. or 10+ yrs.	240 hrs. or 6 wks.

Sick Leave

Sick leave starts accruing the first day of employment. Employees are eligible to use after 90 days of employment.

Employee Status	Accrual Rate per Hour	Annual Calendar Accrual	Maximum Allowed
Non-exempt	.0192	40 hrs.	80 hrs.
Exempt	.0384	80 hrs.	120 hrs.

Holidays

ECDHD employees normally observe 9 paid holidays each year.

New Year's Day	Labor Day	Christmas Day
Memorial Day	Thanksgiving Day	Floating Holiday
Independence Day	Day After Thanksgiving Day	Floating Holiday

Ancillary Benefits

Accident, Critical Illness and Hospital Confinement may be elected by employees through Assurity. Costs are paid 100% by employee. These services are extra benefits to help cover costs and treatments if you or dependents get injured or sick.

In-House Medical and Dental Service Payroll Deduction

Provides employees and family members a payment method for the use of services offered both in ECDHD and GNCHC. This benefit provides an option for employees to receive medical and dental treatment and pay for those services through automatic payroll deductions.