



Community Health Center

## **HEALTHCARE CHOICES BENEFITS SUMMARY 2014**

### **EMPLOYEES**

#### **MEDICAL BENEFITS**

**HEALTH INSURANCE:** Aetna High and Low Plans for employee and family. Each plan has the same network of providers. Major difference: High Plan is best if going out-of-network.

**DENTAL INSURANCE:** Aetna Dental PPO and DMO Plans for employee and family. DMO must be called and asked if they will accept you as a new patient.

**EMPLOYEE CONTRIBUTIONS:** Health and dental coverage are determined by salary, type of plan chosen, and/or hours worked per week and whether you choose single or family coverage. Generally, ICL pays most of the monthly premiums (see reverse side for schedule).

**VISION:** Aetna Health and Dental Plans have a Vision Discount Program attached at no additional charge. **United Healthcare** is offered as a voluntary plan and employees pay 100% of monthly premiums which range from \$6.70 to \$15.25 per pay period.

**ELIGIBILITY FOR HEALTH, DENTAL, AND VISION:** Active full time or benefit-eligible part time employees working at least 20 hours per week, become eligible for coverage, on the first of the month after 90 days of employment.

#### **TIME OFF BENEFITS**

**HOLIDAY LEAVE** (11 days/year) – Upon employment as a full-time or benefit eligible part-time worker (20 hours per week or more) amount is pro-rated for benefit-eligible part-timers.

**PERSONAL LEAVE** – One day per quarter, after 30 days of employment for full-time and pro-rated for benefit eligible part-time staff

**VACATION LEAVE** – Available to full-time and benefit eligible part-time staff after 6 months of employment. Non-exempt workers accrue 15 days per year and exempt workers 20 days per year, pro-rated for part-time employees.

**BEREAVEMENT LEAVE** – 4 days, after 90 days

**JURY DUTY SUBPOENA LEAVE** – Case-by-case basis.

**EDUCATIONAL LEAVE** – Up to 8 hours/week/semester for full time employees after one year of satisfactory employment and other eligibility criteria that apply

**MILITARY LEAVE** – As required by law.

**FMLA** – Legal limit, after one year of Employment and 1250 hrs. if other conditions are met.

**NON-FMLA MEDICAL LEAVE** - Case-by-case basis.

**PARENTHOOD LEAVE** – 4 days/year

**SICK LEAVE** – 12 days per year awarded at the beginning of each quarter, prorated for part-time staff.

#### **COMMUTER BENEFITS - VOLUNTARY**

Up to \$245 per month deducted from your pay pre-tax for **transportation** to and from work on most commuter rails, buses, such as LIRR, N.J. Transit, Path and MTA. Up to \$245 per month deducted from your pay pre-tax for **parking** expenses near your work.

**ELIGIBILITY:** First of the month after 30 days of employment.

#### **FLEXIBLE SPENDING ACCOUNT (FSA)**

Pre-tax deductions from your pay to be used for qualified **Medical** expenses, such as copays, uncovered medical procedures, prescriptions drugs. Up to \$2,500/year in 2014.

Pre-tax deductions from your pay to be used for **Dependent Care** expenses for child, spouse or parent. Up to \$5,000/year in 2014.

**ELIGIBILITY FOR MEDICAL AND DEPENDENT CARE FSA:** After 6 months of employment.

#### **FOR YOUR RETIREMENT**

**403(B) TDA:** Up to \$17,500 (plus \$5,500 if age 50 and over) employee contributions only. **ELIGIBILITY:** After 30 days of employment. (Mutual of America and ING)

**401(A) PENSION PLAN:** Employer contributions to employee manage accounts if employer has realized savings during the year. **ELIGIBILITY:** July 1<sup>st</sup>, after one year of employment; and 1000 hours. Vesting schedule on reverse side. (Mutual of America)

#### **LIFE and AD&D INSURANCE**

Survivor benefits of one times salary up to \$50,000

**ELIGIBILITY:** Available to benefit eligible employees as of the first of month after 90days employment.

#### **SHORT-TERM DISABILITY INS.**

Cover non-work-related disability (including pregnancy) for a period of 13 to 26 weeks. Cash benefits of 50% of employee weekly salary to a maximum benefit of \$170.00 per week

#### **LONG-TERM DISABILITY (LTD)**

**(Supervisory Staff ONLY)**

Begins after Short Term Disability benefits have been exhausted with a 90-day elimination period. Monthly max benefit is up to 60% of covered monthly earnings up to a max of \$5000 per month.

**ELIGIBILITY:** First day of month after 90 days of employment.

**TUITION REIMBURSEMENT**

Up to \$500/semester for work-related study.

**ELIGIBILITY:** One year of FT employment and satisfactory performance and the earning of satisfactory grade.

**OTHER VOLUNTARY BENEFITS**

**COLONIAL VOLUNTARY BENEFITS:** Hospital Confinement, Special Diseases, Accident, and Cancer.

**ELIGIBILITY:** First of the month after 30 days.

**MUTUAL OF OMAHA VOLUNTARY BENEFITS:**

Life Insurance for employee, spouse and child and Short Term Disability. **ELIGIBILITY:** First of the month after 30 days.

**CORPORATE FITNESS:** Gym discounts and payroll deductions services for Crunch. **ELIGIBILITY:** Every quarter, after 6 months employment.

**CITI BANK AT WORK** – Offers specials, discounts on banking products and free checking for new enrollments with direct deposits. **ELIGIBILITY:** After 30 days.

**PAY DATES:** Bi-weekly on Wednesdays. Direct deposits are preferred. Paperless Pay is preferred.

**DISCLAIMER:** The official guide to benefits is the Benefits Manual in the event of discrepancies. ICL reserves the right to change benefits at any time. This is not a contract.

**401(a) Vesting Schedule:**

Fewer than 2 years of service	0%
2 years of service	25%
3 years of service	50%
4 years of service	75%
5 years of service	100%

**WORK/LIFE ASSISTANCE PROGRAM (EAP) - CCA**

A free confidential service for you and your family 24 hours a day, 7 days a week. 800-833-8707

**ELIGIBILITY:** All employees.

**FULL TIME HEALTH RATES**  
(Part time health rates on separate document)

AETNA LOW PLAN Annual Wage	EMPLOYEE SHARE Biweekly	
	Single	Family
\$15-20,999	\$18.59	\$45.50
\$21-25,999	\$25.74	\$58.50
\$26-30,999	\$34.32	\$82.88
\$31-39,999	\$41.18	\$98.80
\$40-50,999	\$53.77	\$130.00
\$51-69,999	\$68.64	\$169.00
\$70,000 up	\$80.08	\$195.00

AETNA HIGH PLAN Annual Wage	EMPLOYEE SHARE Biweekly	
	Single	Family
\$15-20,999	\$60.02	\$160.19
\$21-25,999	\$67.17	\$173.19
\$26-30,999	\$75.75	\$197.56
\$31-39,999	\$78.90	\$207.31
\$40-50,999	\$91.48	\$238.51
\$51-69,999	\$106.35	\$277.51
\$70,000 up	\$117.79	\$303.51

**FULL TIME AND PART TIME DENTAL RATES**

AETNA DENTAL Hourly Rate	PPO		DMO	
	Single	Family	Single	Family
Up to \$10.09	\$5.00	\$12.00	\$3.75	\$7.25
\$10.10-\$12.49	\$9.00	\$19.00	\$3.85	\$8.20
\$12.50-\$19.23	\$11.00	\$23.00	\$4.50	\$9.15
\$19.24-\$24.51	\$12.00	\$26.00	\$5.10	\$10.60
\$24.52+	\$13.00	\$30.00	\$5.90	\$12.00

