

**Health Insurance: Effective December 2018**

♦Coverage for you the employee is free ($0)

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Coverage to add only your spouse will cost you $400.00 a month.

Coverage to add only one child will cost you $250.00 a month and $50 for each

additional child you enroll.

Coverage to add one child and your spouse will cost you $550.00 a month plus $50 for each additional child you enroll.

♦Office co-pays are $35.00 for primary physician ($70.00 for specialists)

♦The plan NETWORK deductible is $3,200.00. You are responsible for the first $1,250.00 of deductible expenses. Our Little Haven pays the remaining $1,950.00 for employees only.

The plan co-insurance is $1,800. Our Little Haven pays the full $1,800 in co-insurance payments for the employee only.

Bottom Line: For employee’s your monthly premium costs you $0. Your out of pocket for the $5,000 in deductible and co-insurance is only $1,250. The balance is paid by OLH. All major medical costs beyond the $5,000 are covered 100% by the plan. STAY IN NETWORK.

♦ If you have kids, a spouse or a family on the plan you have a total exposure of $6,400 in deductibles for you and your family member(s). The employee is responsible for the first $3,000 of deductible expenses. Our Little Haven will pay the balance of the deductible ($3,400.00).

The plan co-insurance for you and your family member(s) is $3,600. The Employee is responsible for $1,500 of the $3,600 in co-insurance. OLH will pay the remaining co-insurance amount of $2,100.00.

♦ Bottom Line: Your maximum out of pocket exposure for major medical expenses for your spouse, kids or family is $4,500.00. OLH exposure is 5,500.00.

♦Major Medical Expenses beyond the deductible and co-insurance amounts are paid 100 % by the plan.

♦FTE employee benefits include $15,000 in life insurance.

♦Prescription Drugs

Generic Drug Deductible $15

Formulary Brand Deductible $45

Non-Formulary Brand Deductible $75

♦We do have the mail order drug option available. (3 months of medicine for the cost of 2)

**Health Reimbursement Arrangement**

♦ Our Little Haven will reimburse **up $250** **per employee for each fiscal year the following out of pocket expenses**: prescription medicines; co-pays for primary care or specialist physicians; PT.; OT.; chiropractic services; acupuncture; premiums for spouses/children not already paid by the Agency; health plan deductibles and co-insurance amounts.

**Dental Coverage:**

♦Coverage for you is free ($0)

♦Coverage to add any members of your family is $35 a month.

♦See Program Booklet for benefits

♦Vision Insurance and Additional Life Insurance available at employee’s cost.

**Training Allowance**: $2,000 a year towards applicable conference and training costs.

**Short Term Disability:**

♦All employees become eligible after 1 year of service

♦Coverage for you is free ($0)

♦You cannot add family members

# ♦Benefit: 60% of weekly earnings ($750 a week maximum benefit) up to 13 weeks

Benefits are payable the 1st day of an accident or on the 8th day of sickness.

Maternity leave is covered under the short-term disability policy.

**Vision & Additional Life Insurance for employee and Family:**

Available at employee cost. Please see Guardian Hand Book or ask Mike or Annette for information**.**

**HOOPAYZ:**

A comprehensive, time and money saving resource that will help you make informed, cost saving health decisions. They will also help with referrals, invoice and EOB evaluation.

**403(B) Retirement Plan:**

♦All employees are eligible to make voluntary pre-tax contributions to our qualified 403 (B) retirement plan. This is your money being deducted from your paycheck and going into your retirement account.

♦All employees who have at least one year of service at June 30th are eligible for an Employer Sponsored Contribution into their retirement account. This contribution is **discretionary** but is historically 3% - 4% of an employee’s wages for that fiscal year. You are immediately 100% vested.

**EAP Services provided by H& H Health Associates:** A confidential service designed to help employees and families with personal or work/life balance issues. Call H& H at 314-845-8302 to access resources.

**Paid Time Off (PTO):**

Paid Time Off combines vacation, sick and personal days into one “bank” of hours that the employee may use as he or she wishes:

♦Length of Employment PTO Hours

0 – 6 months 16 Hours

6 months – 1 year 72 Hours

1 year – 5 years 136 Hours

5 years and up 176 Hours

**Holiday Schedule Observed**:

♦New Year's Day ♦ 1/2 day on New Year’s Eve ♦ 1/2 day on Good Friday,

♦Memorial Day ♦ July 4th ♦Labor Day ♦Thanksgiving Day & Day after,

♦Christmas Eve & Christmas Day

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