



EAC Network 2022 Employee Benefits Summary

EAC Network is proud to offer a comprehensive program of benefits designed to serve the diverse needs of our unique workforce, and we are committed to continually enhancing and expanding our offerings. The information in this document is an overview of the benefits and programs currently in place.

You will have the opportunity to make benefit elections when you are first hired and each year thereafter. Employees are eligible for coverage after they have completed their waiting period.

MEDICAL BENEFITS

Medical Benefits are effective on the 1st of the month following 60 days of employment

CIGNA OPEN ACCESS PLUS	LOW PLAN	HIGH PLAN	
<i>BENEFIT</i>	<i>IN-NETWORK ONLY</i>	<i>IN-NETWORK</i>	<i>OUT-OF-NETWORK</i>
Annual Deductible - <i>per calendar year</i>	\$1,000 / \$2,000	\$1,000 / \$2,000	\$2,000 / \$4,000
Preventive Care	No charge	No charge	40% coinsurance after deductible
Coinsurance	80% / 20%	90% / 10%	60% / 40%
Primary Care Co-Pay	\$30	\$25	40% coinsurance after deductible
Specialist Co-Pay	\$50	\$40	40% coinsurance after deductible
PRESCRIPTIONS			
Retail Pharmacy (30-day supply)	\$15 / \$35 / \$50 / \$150	\$15 / \$35 / \$65 / \$150	20% coinsurance
Mail Order (90-day supply)	\$30 / \$70 / \$100	\$30 / \$70 / \$130	N/A
RATES	Semi-Monthly Deductions	Semi-Monthly Deductions	
Employee Only	\$136.27	\$422.12	
Employee + Spouse	\$621.14	\$1,143.76	
Employee + Child(ren)	\$413.98	\$974.63	
Employee + Family	\$746.85	\$1,524.82	

DENTAL BENEFITS

Dental benefits are effective on the 1st of the month following 60 days of employment

CIGNA DENTAL	PPO HIGH PLAN		PPO LOW PLAN		DHMO PLAN
<i>BENEFIT</i>	<i>IN-NETWORK</i>	<i>OUT-OF-NETWORK</i>	<i>IN-NETWORK</i>	<i>OUT-OF-NETWORK</i>	<i>IN-NETWORK ONLY</i>
Annual Deductible - <i>per calendar year</i>	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150	None
Reimbursement Levels	<i>Based on negotiated fee</i>	<i>Based on 90th usual customary & reasonable charge</i>	<i>Based on negotiated fee</i>	<i>Based on maximum allowable charge</i>	N/A
Preventive Services	No Charge	No Charge	No Charge	No Charge	<i>Based on copay schedule</i>
Basic Services	<i>20% coinsurance after deductible</i>	<i>20% coinsurance after deductible</i>	<i>20% coinsurance after deductible</i>	<i>20% coinsurance after deductible</i>	<i>Based on copay schedule</i>
Major Services	<i>50% coinsurance after deductible</i>	<i>50% coinsurance after deductible</i>	<i>50% coinsurance after deductible</i>	<i>50% coinsurance after deductible</i>	<i>Based on copay schedule</i>
RATES	Semi-Monthly Deductions		Semi-Monthly Deductions		Semi-Monthly Deductions
Employee only	\$12.15		\$3.73		\$1.95
Employee + Family	\$30.43		\$8.82		\$4.71

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VISION BENEFITS

Vision benefits are effective on the 1st of the month following 60 days of employment

DAVIS VISION		
<i>BENEFIT</i>	<i>IN-NETWORK</i>	<i>OUT-OF-NETWORK</i>
Eye Examination	\$10 copay	Up to \$40 <i>reimbursement</i>
Contact Evaluation	\$25 copay	
Frequency	Every 12 months	
Lenses	\$25 copay	Up to \$40 <i>reimbursement</i>
Contact Lenses	\$0 copay	Up to \$105 <i>reimbursement</i>
RATES		Semi-Monthly Deductions
Employee only	\$2.50	
Employee + Spouse	\$4.50	
Employee + Child(ren)	\$4.75	
Employee + Family	\$7.50	

FLEXIBLE SPENDING ACCOUNTS

FSA benefits are effective on the 1st of the month following 60 days of employment

FLEXIBLE SPENDING ACCOUNTS		
<i>BENEFIT</i>	<i>Minimum Contribution</i>	<i>Maximum Contribution</i>
Health Care FSA	\$100 per year	\$2,850 per year
Dependent Care FSA	\$100 per year	\$5,000 per year (<i>\$2,500 if married and file separate tax returns</i>)

LEGAL BENEFITS

Legal benefits are effective on the 1st of the month following 60 days of employment

METLAW LEGAL SERVICES	
<i>BENEFIT</i>	
Pre-paid legal plan covering Will & Trust preparation, Real Estate Matters, Family Law, Adoptions, etc.	
Semi-Monthly Deduction	
\$9.00	

VOLUNTARY TERM LIFE and AD&D BENEFITS

Voluntary Life and AD&D benefits are effective on the 1st of the month following 60 days of employment

VOLUNTARY LIFE AND AD&D BENEFITS			
<i>BENEFIT</i>	<i>EMPLOYEE</i>	<i>SPOUSE</i>	<i>CHILD(REN)</i>
Benefit Amount	Increments of \$10,000	Increments of \$5,000	Increments of \$1,000
Minimum Benefit Amount	\$10,000	\$5,000	\$2,000
Maximum Benefit Amount	\$100,000	\$250,000	\$10,000
Guaranteed Coverage Amount	\$100,000	\$30,000	\$10,000

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BASIC TERM LIFE and AD&D BENEFITS

Basic Life and AD&D benefits are effective on the 1st of the month following 4 months of employment

BASIC LIFE AND AD&D BENEFITS	
<i>BENEFIT</i>	
Life Benefit Amount	1.5x annual salary up to \$300,000
AD&D Benefit Amount	1.5x annual salary up to \$300,000

LONG-TERM DISABILITY BENEFITS

Long-Term Disability benefits are effective on the 1st of the month following 4 months of employment

LONG-TERM DISABILITY BENEFITS	
<i>BENEFIT</i>	
Benefit Percentage	60% of pre-disability earning
Maximum Monthly Benefit	\$7,500
Elimination Period	90 days

401K BENEFITS

401K benefits are effective on the 1st day of the quarter following 1 year of employment
3% deferral will be deducted after entry date

PAID TIME OFF (PTO)

Full-time and Part-time accrual schedule

<i>Eligible FULL-TIME employees who regularly work 35 hours per week</i>		
Years of Service	Accrual Rate	Accrued Hours
First Calendar year	2.5 days per month	17.5 hours per month
*2 nd Calendar year	2.5 days per month	17.5 hours per month, up to 210 hours per year
	up to 30 days	
1 year as of 1/1	31 days	18.08 hours per month
2 years as of 1/1	32 days	18.66 hours per month
3 years as of 1/1	33 days	19.25 hours per month
4 years as of 1/1	34 days	19.83 hours per month
5 years as of 1/1	35 days	20.41 hours per month
9 years as of 1/1	36 days	21.00 hours per month
20 years as of 1/1	37 days	21.58 hours per month
<u>PART TIME</u> employees who regularly work 20 hours to 34.5 hours per week may be eligible for PTO as follows:		
Accrual Rate	Accrued Hours	
1 hour for every 15 hours worked	1 hour of PTO will be accrued for every 15 hours worked, up to a maximum of 119.5 hours. Hours in second, non-PTO eligible jobs do NOT count toward the accrual of PTO benefits.	
<u>PART TIME</u> non-PTO eligible employees who regularly work up to 20 hours per week may be eligible for NYS Statutory time as follows:		
Accrual Rate	Accrued Hours	
1 hour of NYS Statutory time for every 30 hours worked	1 hour of NYS Statutory time will be accrued for every 30 hours worked up to a maximum of 56 hours.	