



## EAC Network 2023 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 1<sup>st</sup> 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>	\$500 / \$1,000		\$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
<b>PRESCRIPTIONS</b>				
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 <span style="color: #008080;">Discounted</span>	Semi-Monthly Deductions <span style="color: #800000;">Non - Discounted</span>	Semi-Monthly Deductions <span style="color: #008080;">Discounted</span>	Semi-Monthly Deductions <span style="color: #800000;">Non - Discounted</span>
Employee Only	\$117.51	\$147.01	\$356.72	446.22
Employee + Spouse	\$536.63	\$671.13	\$967.28	\$1,209.28
Employee + Child(ren)	\$357.43	\$446.93	\$824.53	\$1,031.03
Employee + Family	\$645.56	\$807.06	\$1,290.15	\$1,613.15

### 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 &amp; 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	20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	<i>Based on copay schedule</i>
Major Services	50% coinsurance after deductible	50% coinsurance after deductible	50% coinsurance after deductible	50% coinsurance after deductible	<i>Based on copay schedule</i>
RATES	Semi-Monthly Deductions		Semi-Monthly Deductions		Semi-Monthly Deductions
Employee only	\$13.14		\$3.74		\$1.85
Employee + Spouse	\$27.70		\$7.71		\$4.43
Employee + Child(ren)	\$28.64		\$8.11		\$4.54
Employee + Family	\$34.24		\$10.06		\$5.61

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### VISION BENEFITS

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

DAVISVISION by METLIFE		
<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	\$3,050 per year
Dependent Care	\$100 per year	\$5,000 per year ( <i>\$2,500 if married and file separate tax returns</i> )
Commuter (Transit & Parking)	\$10 per month	\$300 per month

### LEGAL BENEFITS

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

METLAW LEGAL	
<i>BENEFIT</i>	
Pre-paid legal plan covering Will & Trust preparation, Real Estate Matters, Family Law, Adoptions, etc.	

### TRADITIONAL LIFE and AD&D INSURANCE

Traditional Life and AD&D insurance is effective on the 1st of the month following 60 days of employment

TRADITIONAL 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

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### VOLUNTARY LIFE and AD&D INSURANCE

Voluntary Life and AD&D insurance is 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 \$2,000
Minimum Benefit Amount	\$10,000	\$5,000	\$2,000
Maximum Benefit Amount	\$500,000	\$500,000	\$10,000
Guaranteed Coverage Amount	\$110,000	\$30,000	\$10,000

### SHORT-TERM DISABILITY BENEFITS

Short-Term Disability benefits are effective on the 1st of the month following 60 days of employment

SHORT-TERM DISABILITY BENEFITS	
<i>BENEFIT</i>	
Benefit Percentage	60% of pre-disability earning
Maximum Weekly Benefit	\$1,500
Elimination Period	7 days
Pre-Existing Conditions Limitations	3/12

### LONG-TERM DISABILITY BENEFITS

Long-Term Disability benefits are effective on the 1st of the month following 60 days 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 hire date

**Employee Contribution:** 3% deferral will be deducted after entry date (deferrals can be changed at any time)

**EAC Network Quarterly Contribution:** 3% of employee's wages

## EAC Network 2023 Employee Benefits Summary

### PAID TIME OFF (PTO)

Full-time and Part-time accrual schedule

<b>FULL-TIME EMPLOYEE ACCRUAL</b> <i>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 <sup>nd</sup> Calendar year	2.5 days per month up to 30 days	17.5 hours per month, up to 210 hours per year
1 year as of 1/1	31 days	
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
<b>PART TIME EMPLOYEE ACCRUAL</b> <i>regularly work 34.5 or less hours per week</i>		
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 <b>NOT</b> count toward the accrual of PTO benefits.	
<b>SEASONAL/TEMPORARY EMPLOYEE TIME OFF</b> <i>eligible for NYS Statutory time</i>		
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.	

*The information provided in this document is subject to change at anytime*