

# EAC Network 2024 Full-Time Employee Benefits Statement



## MEDICAL BENEFITS

**Eligibility: 1<sup>st</sup> day of the month following 60 days of employment**

See below for Semi-Monthly Deductions & Wellness Discount Semi-Monthly Deductions. Please refer to the 2024 Benefits Guide for more information on how to qualify for the Wellness Discount.

CIGNA MEDICAL	EPO Plan		POS 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>	No Deductible		\$500 / \$1,000	\$2,000 / \$4,000
Preventive Care	No charge		No charge	40% <i>coinsurance after deductible</i>
Coinsurance	80% / 20%		90% / 10%	60% / 40%
Primary Care Co-Pay	\$30		\$25	40% <i>coinsurance after deductible</i>
Specialist Co-Pay	\$50		\$40	40% <i>coinsurance after deductible</i>
<b>PRESCRIPTIONS</b>				
Retail Pharmacy (30-day supply)	\$15 / \$35 / \$50 / \$150		\$15 / \$35 / \$65 / \$150	20% <i>coinsurance</i>
Mail Order (90-day supply)	\$30 / \$70 / \$100		\$30 / \$70 / \$130	20% <i>coinsurance</i>
RATES	Semi-Monthly Deductions <i>Wellness Discount</i>	Semi-Monthly Deductions <i>Non-discounted</i>	Semi-Monthly Deductions <i>Wellness Discount</i>	Semi-Monthly Deductions <i>Non-discounted</i>
Employee Only	\$100.41	\$125.91	\$266.53	\$333.36
Employee + Spouse	\$476.66	\$595.92	\$734.76	\$918.64
Employee + Child(ren)	\$313.98	\$392.48	\$555.35	\$694.47
Employee + Family	\$570.23	\$712.98	\$903.59	\$1129.96

CIGNA MEDICAL	High Deductible Health Plan	
<i>BENEFIT</i>	<i>IN-NETWORK ONLY</i>	
Annual Deductible - <i>per calendar year</i>	\$2,000/\$4,000	
Preventive Care	No Charge	
Coinsurance	90% / 10%	
Primary Care Co-Pay	10% <i>coinsurance after deductible</i>	
Specialist Co-Pay	10% <i>coinsurance after deductible</i>	
<b>PRESCRIPTIONS</b>		
Retail Pharmacy (30-day supply)	\$15 / \$35 / \$75	
Mail Order (90-day supply)	\$38 / \$88 / \$188	
RATES	Semi-Monthly Deductions – <i>Wellness Discount</i>	Semi-Monthly Deductions – <i>Non Discounted</i>
Employee only	\$41.77	\$52.64
Employee + Spouse	\$319.93	\$400.30
Employee + Child(ren)	\$175.08	\$291.21
Employee + Family	\$333.24	\$416.62

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### DENTAL BENEFITS

Eligibility : 03/01/2024

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	<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	\$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

### VISION BENEFITS

Eligibility : 03/01/2024

EYEMED		
<i>BENEFIT</i>	<i>IN-NETWORK</i>	<i>OUT-OF-NETWORK</i>
Eye Examination	\$0 copay	Up to \$40 reimbursement
Contact Evaluation	\$40 copay	
Frequency	Every 12 months	
Lenses	\$25 copay	Up to \$30 reimbursement
Contact Lenses	\$0 copay	Up to \$91 reimbursement
RATES	Semi-Monthly Deductions	
Employee only	\$3.02	
Employee + Spouse	\$5.43	
Employee + Child(ren)	\$5.73	
Employee + Family	\$9.06	

### FLEXIBLE SPENDING ACCOUNTS

Eligibility : 03/01/2024

FLEXIBLE SPENDING ACCOUNTS		
<i>BENEFIT</i>	<i>Minimum Contribution</i>	<i>Maximum Contribution</i>
Limited Purpose FSA	\$100 per year	\$3,200 per year
Health Care FSA	\$100 per year	\$3,200 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	\$315 per month ( <i>per account</i> )

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**LEGAL BENEFITS**

Eligibility : 03/01/2024

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

**IDENTITY & FRAUD PROTECTION BENEFITS**

METLIFE IDENTITY & FRAUD PROTECTION			
BENEFIT			
MetLife and Aura Identity & Fraud Protection helps safeguard the things that matter to you most: your identity, money and assets, family, reputation, and privacy			
Semi-Monthly Deduction			
Protection Individual	Protection Family	Protection Plan	Protection Plus Family
\$3.48	\$5.98	\$5.48	\$8.48

**TRADITIONAL LIFE and AD&D INSURANCE**

Eligibility : 03/01/2024

*Employer-paid benefit - age reduction applies to benefit amount*

TRADITIONAL LIFE AND AD&D BENEFITS	
BENEFIT	
Life Benefit Amount	1.5x annual salary up to \$300,000
AD&D Benefit Amount	1.5x annual salary up to \$300,000

**VOLUNTARY LIFE and AD&D INSURANCE**

Eligibility : 03/01/2024

*Rates are based on employee age and requested amount*

*Age reduction applies to benefit amount*

VOLUNTARY LIFE AND AD&D BENEFITS			
BENEFIT	EMPLOYEE	SPOUSE	CHILD(REN)
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

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## SHORT-TERM DISABILITY BENEFITS

Eligibility : 03/01/2024

*Employee paid benefit - provides a percentage of your weekly earnings if you're out of work due to an accident, birth, illness, or injury.*

SHORT-TERM DISABILITY BENEFITS	
BENEFIT	
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

Eligibility : 03/01/2024

*Employer Paid benefit - provides a percentage of your weekly earnings if you're out of work for due to an accident, illness, or injury*

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

## 401K BENEFITS

Entry Date: 01/01/2024

**Employee Contribution:** You will be **automatically** enrolled for a 3% deferral which will be deducted after the quarterly entry date. If you wish to change deferrals, you can do so by contacting Sentinel.

**EAC Network Quarterly Safe Harbor Contribution:** EAC will contribute 3% of an employee's wages (after 1 year of employment and 1000 hours), regardless of whether participant contribute to the plan.

*See Benefit Summary for full explanation of benefits*

EAC Network benefit plan documents should be referred to for benefit plan details. In the event of any conflict between this document and any benefit plan document, the terms of the benefits plan document control. EAC Network benefit plans are subject to revision or termination at any time.

**ENROLLING IN BENEFITS via PAYCOM**

(Medical, Dental, Vision, Life, AD&D, Disability and FSA)

Please log onto [Paycom](#) to enroll in benefits via the link or the **Employee Self Service Module** on your Paycom Dashboard by clicking on the Benefits tile. **You must enroll on-line before your Enrollment Date.**

Confirm your elections. Once your enrollment has been completed, **print/save your confirmation page as proof of enrollment.**

**Should you choose not to enroll in any plans, you must decline the benefit plan(s) via the Employee Self Service Module. Plans without any action will be automatically declined at the end of your enrollment period.**

If you are enrolling a spouse/dependent for the first time, you must complete a Spouse/Dependent Verification form and include supporting documentation. You will be contacted via email for this information.

**Questions**

If you have any insurance plan questions, please contact EAC’s Benefit Advocate – Benefits VIP [solutions@benefitsvip.com](mailto:solutions@benefitsvip.com) or 866-293-9736. Questions regarding enrollment can be directed to Ravita Rampersad, Senior HR Operations Manager email: [Ravita.Rampersad@eac-network.org](mailto:Ravita.Rampersad@eac-network.org)

**PAID TIME OFF (PTO)**

Full-time accrual schedule

<b>FULL-TIME EMPLOYEE ACCRUAL</b> <i>regularly work 35 hours per week</i>		
<b>Years of Service</b>	<b>Accrual Rate</b>	<b>Accrued Hours</b>
First Calendar year	2.5 days per month	17.5 hours per month
2 <sup>nd</sup> 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

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

Questions regarding enrollment can be directed to  
Ravita Rampersad, Senior HR Operations Manager  
Email: [Ravita.Rampersad@eac-network.org](mailto:Ravita.Rampersad@eac-network.org)

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