

## EAC Network 2025 Full-Time Employee Benefits Statement



### MEDICAL BENEFITS

**Eligibility: 1st day of the month following 60 days of employment**

See below for Semi-Monthly Deductions & Wellness Discount Semi-Monthly Deductions. Please refer to the 2025 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% 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	20% coinsurance
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	\$103.27	\$129.27	\$274.61	\$343.61
Employee + Spouse	\$491.22	\$614.22	\$757.07	\$946.57
Employee + Child(ren)	\$323.37	\$404.37	\$571.84	\$714.84
Employee + Family	\$587.32	\$734.32	\$930.81	\$1,163.81

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% coinsurance after deductible	
Specialist Co-Pay	10% coinsurance after deductible	
PRESCRIPTIONS		
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	\$43.13	\$54.13
Employee + Spouse	\$329.72	\$412.22
Employee + Child(ren)	\$180.39	\$225.89
Employee + Family	\$343.48	\$429.48

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## DENTAL BENEFITS

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

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: 1st day of the month following 60 days of employment**

FLEXIBLE SPENDING ACCOUNTS		
<i>BENEFIT</i>	<i>Minimum Contribution</i>	<i>Maximum Contribution</i>
Limited Purpose FSA	\$100 per year	\$3,600 per year
Health Care FSA	\$100 per year	\$3,600 per year
Dependent Care	\$100 per year	\$5,000 per year ( <i>\$2,500 if married and file separate tax returns</i> )
Health Savings Account (HSA)	No Minimum	\$4,300 Individual & \$8,550 Family
Commuter (Transit & Parking)	\$10 per month	\$325 per month ( <i>per account</i> )

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## LEGAL BENEFITS

**Eligibility: 1st day 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	

## IDENTITY & FRAUD PROTECTION BENEFITS

**Eligibility: 1st day of the month following 60 days of employment**

METLIFE IDENTITY & FRAUD PROTECTION			
<i>BENEFIT</i>			
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

## Total Pet Plan & Wish Bone Pet Insurance

**Eligibility: 1st day of the month following 60 days of employment**

Total Pet Plan	
<i>BENEFIT</i>	
Provides everything pets need for one low price! Pet Benefit Solutions pet care bundle includes everyday savings on veterinary care and pet products, and access to other pet care services.	
Semi-Monthly Deduction	
One Pet	2+ Pets
\$11.75	\$18.50

Wish Bone Pet Insurance	
<i>BENEFIT</i>	
A comprehensive pet health insurance plan offering high-value, easy-to-use coverage for accidents and illnesses at exclusive employee benefit rates.	
Visit <a href="#">Pet Benefit Solutions</a> to learn more about your plan options and get a custom quote.	
90% reimbursement / \$250 annual deductible /\$25,000 annual limit / Included benefits: Lost pet recovery service and 24/7 pet telehealth.	

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## TRADITIONAL LIFE and AD&D INSURANCE

Eligibility : **INSERT DATE**

*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: 1st day of the month following 60 days of employment**

*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

## SHORT-TERM DISABILITY BENEFITS

**Eligibility: 1st day of the month following 60 days of employment**

*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: 1st day of the month following 60 days of employment**

*Employer Paid benefit - provides a percentage of your weekly earnings if you're out of work 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

# EAC Network 2025 Full-Time Employee Benefits Statement

## 401K BENEFITS

**Entry Date: Entry Date: 1st day of the following quarter**

**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)

# EAC Network 2025 Full-Time Employee Benefits Statement

## PAID TIME OFF (PTO)

Full-time accrual schedule

<b><i>FULL-TIME EMPLOYEE ACCRUAL</i></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 up to 30 days	17.5 hours per month, up to 210 hours per year
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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