

EAC Network 2025 Part Time Employee 30+ Hours 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 Discounted</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

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>
Health Care FSA	\$100 per year	\$3,300 per year
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>)

401K BENEFITS

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 MEDICAL BENEFITS via PAYCOM

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. Plans without any action will be automatically declined at the end of your enrollment period.**

Should you choose not to enroll in any plans, you must **decline the benefit plan(s) via the Employee Self Service Module.**

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 or 866-293-9736. Questions regarding enrollment can be directed to Ravita Rampersad, Senior HR Operations Manager email: Ravita.Rampersad@eac-network.org

PAID TIME OFF (PTO)

Part-time accrual schedule

<i>PART TIME EMPLOYEE ACCRUAL</i> <i>Regularly work 20 or more 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 <u>NOT</u> count toward the accrual of PTO benefits.

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
