EAC Network 2026 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 2026 Benefits Guide for more information on how to qualify for the Wellness Discount.

CIGNA MEDICAL	EPO Plan		POS Plan	
BENEFIT	***IN-NETWORK ONLY***		***IN-NETWORK***	***OUT-OF-NETWORK***
Annual Deductible - *per calendar year*	No Deductible		$500 / $1,000	$2,000 / $4,000
Preventive Care	No charge		No charge	40% *coinsurance after deductible*
Coinsurance	70% / 30%		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)	$45 / $105 / $150		$45 / $105 / $195	20% coinsurance
RATES	**Semi-Monthly Deductions Wellness Discount**	**Semi-Monthly Deductions Non - Discounted**	**Semi-Monthly Deductions Wellness Discount**	**Semi-Monthly Deductions Non - Discounted**
Employee Only	$103.44	$147.94	$274.65	$392.65
Employee + Spouse	$508.17	$726.17	$812.35	$1,160.85
Employee + Child(ren)	$334.59	$478.09	$613.72	$877.22
Employee + Family	$607.32	$867.82	$998.43	$1,426.43

CIGNA MEDICAL	High Deductible Health Plan	
BENEFIT	***IN-NETWORK ONLY***	
Annual Deductible - *per calendar year*	$2,000/$4,000	
Preventive Care	No Charge	
Coinsurance	80% / 20%	
Primary Care Co-Pay	20% coinsurance after deductible	
Specialist Co-Pay	20% coinsurance after deductible	
PRESCRIPTIONS		
Retail Pharmacy (30-day supply)	$15 / $35 / $75	
Mail Order (90-day supply)	$38 / $88 / $188	
RATES	**Semi-Monthly Deductions – Wellness Discounted**	**Semi-Monthly Deductions – Non Discounted**
Employee only	$43.49	$62.49
Employee + Spouse	$337.72	$482.72
Employee + Child(ren)	$184.91	$264.41
Employee + Family	$351.64	$502.64

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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
BENEFIT	***IN-NETWORK***	***OUT-OF-NETWORK***	***IN-NETWORK***	***OUT-OF-NETWORK***	***IN-NETWORK ONLY***
Annual Deductible - *per calendar year*	$50/$150	$50/$150	$50/$150	$50/$150	None
Reimbursement Levels	*Based on negotiated fee*	*Based on Reasonable & Customary Charges*	*Based on negotiated fee*	*Based on maximum allowable charge*	*N/A*
Preventive Services	No Charge	No Charge	No Charge	No Charge	*Based on copay schedule*
Basic Services	20% *coinsurance after deductible*	20% *coinsurance after deductible*	20% *coinsurance after deductible*	20% *coinsurance after deductible*	*Based on copay schedule*
Major Services	50% *coinsurance after deductible*	50% *coinsurance after deductible*	50% *coinsurance after deductible*	50% *coinsurance after deductible*	*Based on copay schedule*
RATES	**Semi-Monthly Deductions**		**Semi-Monthly Deductions**		**Semi-Monthly Deductions**
Employee only	$13.27		$3.82		$2.25
Employee + Spouse	$28.19		$8.05		$4.50
Employee + Child(ren)	$28.81		$8.57		$4.65
Employee + Family	$34.67		$10.22		$6.10

VISION BENEFITS

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

EYEMED		
BENEFIT	***IN-NETWORK***	***OUT-OF-NETWORK***
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		
BENEFIT	***Minimum Contribution***	***Maximum Contribution***
Limited Purpose FSA	$100 per year	$3,700 per year
Health Care FSA	$100 per year	$3,700 per year
Dependent Care	$100 per year	$7,500 per year *($3,750 if married and file separate tax returns)*
Health Savings Account (HSA)	No Minimum	$4,400 Individual & $8,750 Family
Commuter (Transit & Parking)	$10 per month	$340 per month (*per account*)

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LEGAL BENEFITS

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

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

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

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

Total Pet Plan & Wish Bone Pet Insurance

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

Total Pet Plan	
BENEFIT	
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
BENEFIT
A comprehensive pet health insurance plan offering high-value, easy-to-use coverage for accidents and illnesses at exclusive employee benefit rates. Visit Pet Benefit Solutions 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: 1st day of the month following 60 days of employment

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 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

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

EAC Network 2026 Full-Time Employee Benefits Statement

PAID TIME OFF (PTO)

Full-time accrual schedule

FULL-TIME EMPLOYEE ACCRUAL *regularly work 35 hours per week*		
Years of Service	**Accrual Rate**	**Accrued Hours**
First Calendar year	2.5 days per month	17.5 hours per month
2nd 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

FULL TIME EMPLOYEE HOLIDAY ENTITLEMENT

The holiday benefit for eligible part time employees will be based on their scheduled hours of work for the day on which the holiday occurs, at their regular rate of pay.

Holidays Observed by EAC (Subject to Change): New Years Day, MLK Day, Lincoln's Birthday, President's Day, Memorial Day, Juneteenth, Independence Day, Labor Day, Columbus Day, Election, Veterans Day, Thanksgiving Day and Christmas.
Employees also receive three (3) floating Summer Fridays after their 1-year anniversary & One (1) Winter Float Day if hired prior to December 2026

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

Questions regarding enrollment can be directed to
Ravita Beharry, Senior HR Operations Manager
Email: Ravita.Beharry@eac-network.org

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