# 2024 FULL-TIME EMPLOYEE BENEFITS BENEFITS-AT-A-GLANCE



# WHO IS ELIGIBLE TO ELECT BENEFITS?

Full-time employees who are working 30 hours or more and their eligible dependents are eligible to enroll in the medical, dental, and vision benefits described in this flyer. Benefit eligibility is the first of the month after 30 days. Employees are required to work a minimum of 35 hours per week to be eligible for Basic Life and AD&D and a minimum of 20 hours per week for Voluntary Life. Eligible dependents include all of the following:

- Legal spouse/civil union partner
- Biological child(ren), Legally adopted child(ren), Foster child(ren), Stepchild(ren) as long as a natural parent remains married to the CFS employee and resides in the employee's household
- Child(ren), including grandchild(ren) for whom you have court-ordered legal guardianship
- Child(ren) up to age 26 for medical, vision, dental, and voluntary benefits

# **MEDICAL BENEFITS**

You have the choice between three Cigna medical plans.

#### **Option 1: Base**

- In-Network Deductible: \$2,500/\$5,000
- Plan pays 60% after deductible
- \$40 copay for primary care physician
- \$60 copay for specialist visits

# **Option 2: Standard**

- In-Network Deductible: \$2,000/\$4,000
- Plan pays 70% after deductible
- \$30 copay for primary care physician
- \$50 copay for specialist visits

#### **Option 3: Buy-Up**

- No In-Network Deductible
- \$30 copay for primary care physician
- \$50 copay for specialist visits

Benefits Member Advocacy Center allows you to speak with a specially trained and experienced Advocate who can assist with CFS benefits.

# PRESCRIPTION BENEFITS

# **Option 1: Base and Standard**

#### RETAIL

Generic: \$10 copay

Preferred Brand: 30% to \$50 max
Non-Preferred Brand: 50% to \$75 max

#### **MAIL ORDER**

• Generic: \$20 copay

Preferred Brand: 30% to \$100 max
Non-Preferred Brand: 50% to \$150 max

# Option 2: Buy-Up

#### **RETAIL**

Generic: \$10 copay

Preferred Brand: \$40 copayNon-Preferred Brand: \$60 copay

#### **MAIL ORDER**

• Generic: \$20 copay

Preferred Brand: \$80 copay

• Non-Preferred Brand: \$120 copay

# **DENTAL BENEFITS**

# **Delta Dental PPO Plus Premier plan**

Out of Pocket maximum: \$1,500

• Deductible: \$50/\$150

• Preventive & Diagnostic: Covered 100%

• Basic Restorative: Covered 80%

Major Restorative: Covered 50%

# **VISION BENEFITS**

Vision benefits are available through Vision Benefits of America (VBA).

- Eye Exam covered at 100% once every 12 months
- Lenses (Single, Bifocal, Trifocal) covered at 100% after \$20 copay once every 12 months. Additional costs will apply for Basic Progressive
- Frames up to \$125 retail allowance and covered once every 24 months
- Contact lenses (in lieu of glasses) \$100 allowance and covered once every 12 months
- Lasik Discounts



# CENTER FOR FAMILY SERVICES PAID BASIC LIFE, AD&D, AND LONG-TERM DISABILITY (LTD)

Employees are required to work a minimum of 35 hours per week.

- Basic Life/AD&D benefit is one times annual salary to a maximum of \$75,000.
- LTD coverage equal to 60% of covered monthly earnings to a maximum of \$5,000 per month.

# **VOLUNTARY LIFE INSURANCE OPTION**

100% employee paid. Employees are required to work a minimum of 20 hours per week.

# **Coverage options:**

- EMPLOYEE: \$10,000 to a maximum of \$250,000 or not to exceed 5 times your basic annual earnings. Guaranteed Issue Amount: \$150,000
- **SPOUSE**: \$5,000 to a maximum of \$125,000 (this may not exceed 50% of the elected employee amount). Guaranteed Issue Amount: \$50,000
- **CHILD(REN):** \$1,000, \$5,000, or \$10,000 each (this may not exceed 50% of the elected employee amount).

# **VOLUNTARY BENEFITS**

Employees are required to work a minimum of 30 hours per week. Benefits are offered through Cigna and 100% employee paid.

#### **HOSPITAL INDEMNITY**

A hospital stay can happen at any time, and it can be costly. Hospital Indemnity insurance helps you and your loved ones have additional financial protection.

#### **ACCIDENT INSURANCE**

With Accident Insurance you're eligible to receive a benefit, according to a set schedule, when you experience a covered accident or injury. You may utilize the payments as you best see fit. Voluntary plans do not coordinate with medical coverage, which means that you'll receive the benefit for a covered accident or injury, regardless of what your medical insurance covers.

# FLEXIBLE SPENDING ACCOUNTS

Employees are required to work a minimum of 30 hours per week.

#### **HEALTHCARE FSA**

A Healthcare Flexible Spending Account (FSA) is used to reimburse out-of-pocket healthcare expenses you and your dependents incur. The minimum contribution is \$100 and the maximum you can contribute to the Healthcare FSA is \$3,200.

#### **DEPENDENT CARE FSA**

The Dependent Care FSA is used to reimburse expenses related to the care of eligible dependents. The Dependent Care FSA allows you to use pre-tax dollars toward qualified dependent care expenses. The annual maximum amount you may contribute is \$5,000 (or \$2,500 if married and filing separately) per calendar year.

# TRANSIT & PARKING PRE-TAX REIMBURSEMENT ACCOUNTS

The accounts allow you to pay for eligible work-related parking and transit commuter expenses through pre-tax payroll deductions from your paycheck. You are able to make a monthly pre-tax election up to \$315 for transit and/or up to \$315 for parking.

# **EMPLOYEE ASSISTANCE PROGRAM**

All Center For Family Services employees, their dependents, and family members are eligible for free services through the Employee Assistance Program offered through ComPsych.

# 401(K)

Center For Family Services offers The Standard 401(k) Salary Reduction and Profit Sharing Plan to eligible employees.

Employees are eligible after 90 days of employment. However, to be eligible for the company match and discretionary contribution, the employee needs to be age 21 and older, have completed one year of service and a minimum of 1,000 hours within that year.

