



FAMILY & CHILDREN
SERVICES A SOURCE OF HOPE

2021

Employee Benefits Summary

Types A & B – Full-time*

*Type A = Employees regularly scheduled to work 40 hours per week.

* Type B = Employees regularly scheduled to work 37.5 hours per week.

BENEFIT SUMMARY

The value of your benefits goes well beyond the wages or salary you earn. Employees are encouraged to become familiar with the Agency's benefits package. Eligible employees must be on the job for one month (30-days) before medical & dental coverage will take effect. Flexible Spending Plan and Basic Life benefits will begin at date of hire. Complete plan description(s) and pricing for all benefits are available from Human Resources.

These are some of the benefits Family & Children Services provide **eligible** employees each year – list is not inclusive:

Agency Plan Benefits:

- Medical Insurance
- Dental Insurance
- Vision Insurance
- Flexible Spending Plan (Medical & Dependent Care)
- Short term Disability Insurance
- Long term Disability Insurance
- 401k – Retirement Plan
- Basic Life Insurance
- Voluntary Life Insurance
- Accidental Death & Dismemberment (ADD)
- Employee Assistance Program (EAP)

Time off Benefits:

- Paid Time Off (PTO)
- Catastrophic Plan (CAT)
- Holiday
- Bereavement Leave
- FMLA Leave

Additional Benefits:

- Professional Liability Insurance
- Dependent to Age 26 Enrollment Period

AGENCY PLAN BENEFITS:

The Agency offers the following benefit options for employees and their immediate families.

Medical Options

Family & Children Services offers the following plans:

Blue Cross Blue Shield of Michigan – Simply Blue. PPO HRA – Plan 4000 medical options.

Blue Care Network HMO.

The Agency pays a percentage of the premium for all plans.

BCBS Simply Blue PPO HRA – Plan 4000: Office visits at a \$30.00 co-pay. This is a PPO-type also offers an annual Health Reimbursement Arrangement (HRA), which is fully funded by the Agency. Plan deductible is \$4,000 for Employee only and \$8,000 for Employee + dependent (s). Participants are able to select from a preferred provider listing located at www.bcbsm.com. Prescriptions are eligible; specific detail available in plan documents.

EMPLOYEE – Bi-weekly Contribution

Employee -- \$61.86
Employee + 1 -- \$178.16
Family -- \$259.81

Annual HRA

Employee -- \$3,000
Employee + 1 -- \$6,000
Family -- \$6,000

Blue Care Network of Michigan – HMO: Office visits at a \$40.00 co-pay, \$50.00 for specialist office visit. This is a HMO-type also offers an annual Health Reimbursement Arrangement (HRA), which is fully funded by the Agency. Plan deductible is \$5,000 for Employee only and \$10,000 for Employee + dependent (s).). Participants are able to select from a preferred provider listing located at www.bcbsm.com. Prescriptions are eligible; specific detail available in plan documents.

EMPLOYEE – Bi-weekly Contribution

Employee -- \$46.04
Employee + 1 -- \$138.13
Family -- \$207.19

Annual HRA

Employee -- \$4,000
Employee + 1 -- \$8,000
Family -- \$8,000

Dental Insurance

The Agency offers the employee an option of paying for dental benefits through Delta Dental. The plan offers services on three levels plus orthodontia:

Preventive: benefits such as cleanings and x-rays are covered 100%

Basic: benefits such as fillings are covered at 75% R & C.

Major: benefits such as crowns & bridges are subject to a one-year waiting period. After the waiting period is satisfied, these procedures are covered at 50% R & C.

Orthodontia: benefits lifetime maximum \$1,000 are subject to a two-year waiting period.

Annual Deductible: \$50 individual/\$100 family.

EMPLOYEE – Bi-weekly Contribution

Employee -- \$13.91
Employee + 1 -- \$27.90
Family -- \$56.46

Vision Insurance

The Agency offers the option of paying for vision benefits through Eye Med Network. This benefit covers:

Eye Exam – Once every 12 months.

Lenses & Contact Lenses – Once every 12 months.

Frames – One every 24 months.

Copays - \$10 Eye Exams, \$25 Frames and Lenses or \$130 allowance elective contact lenses.*

*Member may obtain eyeglasses or contact lenses, but not both.

EMPLOYEE – Bi-weekly Contribution

Employee -- \$3.10
Employee + 1 -- \$5.88
Family -- \$8.64

Flexible Spending Plan

The Agency provides employees the option of paying for dependent day care expenses and out-of-pocket medical and dental expenses with before-tax dollars. With this program, an employee may realize substantial tax saving by electing to have a portion of his/her wages placed in special

reimbursement accounts – up to \$2,750 for the health care account and up to \$5,000 for the dependent care account for the purpose of paying eligible expenses.

A participating employee must pay for these expenses out-of-pocket and then submit a claim form along with the receipt for reimbursement.

An employee may submit claims for his/her spouse and children under the reimbursement accounts if they meet the definition of a dependent in section 125 of the Internal Revenue code.

Short-Term Disability (STD)

Type A & B employees are eligible for short-term disability leave benefits after 12 weeks of employment with the Agency. The Agency’s Short-Term Disability provides an income replacement of 60% of the employee’s weekly salary for every qualifying week of disability, after satisfying a two-week elimination period. The maximum amount of STD is 10 weeks for employees with at least one year of service and 6 weeks for employees with at least 12 weeks and less than one year of service.

Long-Term Disability (LTD)

Type A & B employees may, at their own cost, purchase long-term disability insurance – provided there is sufficient demand. Long-term disability insurance will pay 60% of a disabled employee’s salary from the 91st day of disablement until recovery or until retirement age, whichever event comes first.

401K – Retirement

Once an employee has been employed for 90 days, the employee is eligible to be enrolled in the employer portion of the 401K plan. Once enrolled, provided the employee has satisfied the 1000 minimum hour’s agreement, is age 21 and is actively employed on December 31, the agency match will be predicated on your participation in the plan. The agency will match 50% of the first 6% of your contribution (example below). To receive the match, you will have to be employed at the last day {for staff who have been employed from 0 – 3 years they will be 0% vested, for employees who have obtained 3 or more years will be 100% vested}. Employees are eligible to contribute pre-tax dollars from their own paycheck effective at date of hire. A Summary Plan Description is available from Human Resources.

Your Contribution	Agency Contribution	Total Contribution
0%	0%	0%
1.0%	.5%	1.5%
2.0%	1.0%	3.0%
3.0%	1.5%	4.5%
4.0%	2.0%	6.0%
5.0%	2.5%	7.5%
6.0%	3.0%	9.0%
7.0% and >	3.0%	10.0% and >

Basic Life Insurance & Accidental Death & Dismemberment

Group Basic Term Life insurance is provided and paid for by the Agency for all eligible employees. The amount of life insurance is \$10,000. The amount of this life insurance is doubled in the event of death by accident.

Voluntary Life Insurance

Type A & B employees may, at their own cost, purchase additional life insurance. Voluntary Life has a guaranteed issue amount of up to \$110,000 for employee and \$25,000 for spouse. Child life is available in increments of \$2,000, maximum of \$10,000.

Employee Assistance Plan (EAP)

The Agency recognized that problems at home or of a personal nature can have detrimental impact on the employee’s well-being while at work. It is also recognized that most personal problems can be death with successfully when identified and treated early. The EAP provides support for a broad range of areas including emotional/behavioral problems, relationship issues, alcohol and other drug-related dependency, financial troubles, legal assistance, eldercare and childcare concerns, and many others.

All communication with the EAP remains confidential. Employees may voluntarily seek assistance from the EAP at any time, or they may be referred by management if it appears that personal problems are interfering with client or employee safety, or the employee’s general performance.

Direct Deposit

Employee paychecks can be direct deposited as directed by the employee

TIME BENEFITS**Paid Time Off (PTO)**

Type A & B (full time) employees accrue PTO based on the following:

Years of Continual Service	Accrual Rate Per Month	Annual PTO Accrual	Maximum Hours
0-2	13.33 Hours	20 Days	200 Hours
3-7	16.67 Hours	25 Days	200 Hours
8+	20.00 Hours	30 Days	200 Hours

Exempt employees may take PTO in increments of 4 hours. Non-exempt employees may take PTO in increments of 15 minutes.

PTO balances carry over from the month to month and year to year. The maximum accrual amount is 200 hours, at which time the employee will cease earning until the balance falls below 200 hours.

Unused PTO is paid out on termination.

Catastrophic Plan

The Catastrophic Plan is a benefit plan which allows employees to accrue time to be taken during an approved leave for an illness (employee, spouse, child, parent) care of a child or adoption/foster care.

Type A & B employees earn catastrophic hours at a rate of four (4) hours per month, on the last day of the month.

The maximum accrual amount is 200 hours, at which time the employee will cease earning until the balance falls below 200 hours. Catastrophic hours are viewed as income protection and are not paid out on termination.

Paid Holidays

The agency recognizes the following as paid holidays:

- New Year's Day
- Martin Luther King, Jr. Day
- Memorial Day
- Fourth of July
- Labor Day
- Thanksgiving
- Day after Thanksgiving
- Christmas Eve
- Christmas

Bereavement Leave

Type A & B employees are allowed paid funeral leave of up to **five (5)** paid working days for each death of a spouse, child, dependent, parent, parent in-law, grandparent, grandparent in-law, sibling, sibling in-law or other members of the household or a relative for whose financial or physical care the employee is principally responsible.

FMLA Leave

Family & Children Services will grant up to 12 weeks of family and medical leave during any 12-month period to eligible employees, in accordance with the Family Medical Leave Act of 1993 (FMLA), effective August 5, 1993. Leave may be paid, unpaid, or a combination of paid and unpaid, depending on the circumstances and as specified in the agency's policy. A complete description of the Agency's Family Medical Leave Act policy is available from Human Resources.

Professional Liability Insurance

The Agency will provide professional liability insurance for all employees, direct service volunteers and members of the Agency's Board of Directors.

Dependent to Age 26 Enrollment Period

Under the Patient Protection and Affordable Care Act (PPACA), health plans must offer coverage to dependents on their parents' plan until the young adult turns 26. Coverage must offer the same cost and benefits as for other dependents and cannot contain lifetime dollar limits. **Dependent defined** eligible dependents:

- Must be a dependent (son, daughter, stepson, stepdaughter, legally adopted or eligible foster child) of the employee
- Don't have to be living with a parent
- Don't have to be a dependent on their parents' tax return
- Don't have to be a full-time student
- May be married (but plan doesn't have to cover the dependent's spouse or children)

This applies to all existing plans, including grandfathered plans, beginning **upon renewal on and after September 23, 2010**. All dependents must be offered coverage whether or not they are eligible for other insurance.

Individuals whose coverage ended, or who were denied coverage (or were not eligible for coverage), because the availability of dependent coverage of children ended before attainment of age 26 are eligible to enroll. Individuals may request enrollment for such children for 30 days from the date of notice.