



Center for Human Services **Employee Benefit Package**

For Benefit Questions: Christina Lee

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CHS HEALTH INSURANCE -- Plan Effective 07/01/2021

Medical Insurance Plan

For Full Time and Part III

\$1000 Deductible/Calendar Year PPO Provider . Out of Pocket Max = \$4,100	
\$3000 Deductible/Calendar Year Non-PPO Provider . Out of Pocket Max = \$8,200	
Co-Payment Rates	
PPO-Provider	Non-PPO-Provider
Office Visit Co-pay -\$25. All Other Services - 80% 80% of the next \$10,000	Subject to Deductible & Co-Ins. 50% of the next \$10,000
ER Visit \$150 Co-Pay (waived if admitted thru the ER)	
Urgent Care Co-Pay \$75.00	
Specialist Office Co-Pay \$50.00	
Wellness Benefit- Must use a PPO Provider	
Wellness Exam-Routine (example: Yearly physical, mammogram, pap test, bone density test, etc.)	

Prescription Drug Benefit

Drug Co-Payment Rate:	Effective 10/01/2019 - All Maintenance
Generic Drugs \$ 8.00 per prescription	medication must be filled at CVS or by mail order.
Brand Name \$30.00 per prescription	
Preferred \$60.00 per prescription	
Mail Order - Maintenance Medication	
90 Day Supply 2X the above Co-Pay	

Coverage begins 1st of month after 30 days of employment.

Open Enrollment - June for July 1st Effective Date

To find in-network providers go to Kronos/UKG Ready-My Favorites-My Benefits. This will provide you will links for provider listings for Health, Vision, and Dental.

PPO Network: Aetna Choice POS II

1-800-544-3014

FULL TIME EMPLOYEES = 40 HRS PER PAYWEEK

Employee Monthly Premium		Paycheck Deduction Amount	
Employee	\$105.50	Employee	\$52.75
Employee/Children	\$683.36	Employee/Children	\$341.68
Employee/Spouse	\$602.60	Employee/Spouse	\$301.30
Family	\$1,827.86	Family	\$913.93

PART TIME III EMPLOYEES = 30-39 HRS PER PAYWEEK

Employee Monthly Premium		Paycheck Deduction Amount	
Employee	\$337.58	Employee	\$168.79
Employee/Children	\$830.16	Employee/Children	\$415.08
Employee/Spouse	\$752.86	Employee/Spouse	\$376.43
Family	\$1,923.38	Family	\$961.69

We reserve the right to change this plan at anytime.

LIFE INSURANCE BENEFIT -

Monthly Premium is paid by CHS for Eligible Employees.

\$20,000 The amount of Life Insurance and AD&D will reduce:

\$13,000 Amount of Life ins. At age 65

\$3,000 Amount of Life ins. At age 85

\$6,000 Amount of Life ins. At age 75

\$8,000 Amount of Life ins. At age 70

\$2,000 Amount of Life ins. At age 90

\$4,000 Amount of Life ins. At age 80

Benefits will terminate upon Termination of employment, or upon retirement.

Met Life- Dental Insurance Plan- Effective

May 1, 2021

Your choice of Provider & Plan.

Coverage begins 1st of month following 30 days of employment.

Policy year is May 1, 2021 through December 31, 2022

Met Life Low Plan

For Full Time and Part III

Insured Percentage Allowable Charge	
Type A Dental Services	100%
Type B Dental Services	80%
Deductible,	
Per Person, Per Policy Year	\$50.00
Benefit Maximum	
Per Person, Per Policy Year	\$1,000.00

Met Life Low Plan

Employee Monthly Premium

			Per Pay Check
Employee		\$14.36	\$7.18
Employee & Spouse		\$26.68	\$13.34
Employee & Child/ren		\$36.02	\$18.01
Employee & Family		\$48.36	\$24.18

Met Life High Plan

Insured Percentage Allowable Charge	
Type A Dental Services	100%
Type B Dental Services	80%
Type C	50%
Deductible,	
Per Person, Per Policy Year	\$50.00
Benefit Maximum	
Per Person, Per Policy Year	\$1,000.00

Met Life High Plan

Employee Monthly Premium

			Per Pay Check
Employee		\$23.56	\$11.78
Employee & Spouse		\$45.10	\$22.55
Employee & Child/ren		\$47.72	\$23.86
Employee & Family		\$69.24	\$34.62

We reserve the right to change this plan at anytime.

Met Life Vision Effective May 1, 2021

Benefit	Frequency	In Network	OON Reimbursement
Eye Exam	1 per 12 Mnths	\$10.00	\$45
Frames	1 per 24 month	\$25.00	\$70
Lenses	1 per 12 Mnths	\$25.00	\$30-100
Contact Lens Exam	1 per 12 month	\$60.00	\$45
Elective Lenses		\$130.00 allowa	\$105
Necessary Lenses		In full after co-p	\$210

For Full Time and Part III

Vision Coverage	Monthly Cost	Pay Period Cost
Employee	\$7.34	\$3.67
Employee & Spouse	\$14.50	\$7.25
Employee & Child/ren	\$16.14	\$8.07
Employee & Family	\$23.46	\$11.73

We reserve the right to change this plan at anytime.

See full plan summary for all the Benefit options

AFLAC Plans

For Full Time and Part III

AFLAC Supplemental Insurance	
^ Accident Expense Plus	
^ Hospital Intensive Care Insurance	
^ Cancer Protector Plan	
^ Personal Short-Term Disability- (After Tax)	
^ Life Assurance-(After Tax)	
^ Dental Insurance	
^ Personal Recovery Plus	

AFLAC Representative-Lindsey Curlee-573-318-0831

Lindsey_Curlee@us.aflac.com

American Fidelity Insurance Group

Gap Plan **For Full Time and Part III**

*In Hospital Benefit = \$1500 Per Occurrence

*Outpatient Benefit= \$200 Per Occurrence

*Office Visit= \$25.00 (Max of 5 per family per year)

*Prescription Drug Benefit not covered under GAP plan

Gap Plan Monthly Premiums

	Under 55	Ages 55-59	Ages 60 & Over
Employee	\$20.00	\$30.00	\$46.00
Employee/Spouse	\$37.00	\$54.00	\$83.00
Employee/Children	\$32.00	\$42.00	\$58.00
Family	\$49.00	\$66.00	\$95.00

American Fidelity Representative-Steve O'Kane 800-654-8489 ext. 2485

steve.okane@americanfidelity.com

ID THEFT & PRE-PAID LEGAL

For Full Time and Part III

This is a voluntary plan, which allows employees to begin payroll-deducted premiums for ID Theft &/or Pre-Paid Legal Coverage.

ID Shield Representative-Rich Ellerman-217-316-9729

rellerman@legalshieldassociate.com

	Semi Monthly Pay Period	
Coverage	EE	Family
Legal Shield	\$9.48	\$0.00
ID Shield	\$4.48	\$9.48
Both	\$13.95	\$16.95

125K Cafeteria Plan -

For Full Time and Part III

There are three ways in which to participate:

1. CHS Insurance Premiums - **We will automatically pre-tax your insurance premiums unless otherwise noted.**

The other 2 involve the Flex Benefit Plan (FSA)

Flexible Benefits Plan

This is a free, voluntary plan, which allows eligible employees to reduce their taxable income.

2. Unreimbursed Medical Expenses - (Any out-of-pocket expenses for medical care.)
3. Dependent Care Expenses - (Out-of-pocket expenses for dependent care.)

Credit Union

Enrollment can take place at any time.

This is a voluntary plan, which allows employees to begin a payroll-deducted savings account through Bothwell Regional Health Center's Employee Credit Union.

Bothwell Hospital Employees Credit Union
www.bhecu.com
660-827-9518 Open Monday-Friday 9am - 5pm.

Some examples of what they offer:

Kidz Club Savings	Maximum of \$2,650
Regular share Savings	Maximum of \$2500 Single or (spouse when married and filling separate tax returns or \$5000 per family when filling jointly).
New & Used Auto Loans	
Mobile Banking	

Employee Pension Plan The Center for Human Services has established a 403(b) annuity plan for eligible employees.

FT, PTIII, PTII, PTI excludes Temps

The plan year is from 07/01 to 06/30 of every year.

Open Enrollments in June with July 1 effective date or December with January 1 effective date.

The **Center** will contribute for employees that work at least **1000 hours & 90 days** in the plan year (see schedule below).

<u>Years of Service</u>	<u>Allocation Rate</u>	<u>Vesting Schedule</u>
0-5	3.5	1yr - 20%
6-10	5	2yrs- 40%
11-15	6.5	3yrs- 60%
16-20	8.45	4yrs- 80%
21-25	10.5	5yrs- 100%
26-up	12.15	

You may participate with your own money. If you elect to contribute to the pension plan, CHS will match .25% of the employees contribution up to an additional 1% (see below). You will be eligible to receive the matching contribution if you have met the eligibility requirements for employer contributions and have completed a Year of Service with the Company for the Plan Year. This means you must work 1000 hours to receive your employer contribution and to meet the vesting requirements.

<u>Employee Contribution</u>	<u>CHS Match</u>
1%	0.25%
2%	0.50%
3%	0.75%
4%	1.00%

You can participate with more than 4% but the Center will only Match up to 4%.

Ongoing individual support including financial and investment education is provided to employees by HORIZON CAPITAL ADVISORS.

Brock McClain and Brett Deuth also visits with employees on a Quarterly basis for one on one 15 minute sessions to help you grow your money.

You may also call them at 913-469-0033.

VOYA Customer Contact Center is 800-584-6001.

Paid Time Off Benefits see CHS policy CBD-P-003-Paid Time off for further information



Holidays

Eligible employees receive 11 paid holidays per year.

Included Holidays are:

New Year's Day, Martin Luther King Jr. Day, President's Day,
 Good Friday, Memorial Day, Fourth of July,
 Labor Day, Thanksgiving Day and the day after Thanksgiving,
 Christmas Eve and Christmas Day.

VACATION, SICK and PERSONAL LEAVE BENEFIT

Full Time Employees - 40 hours per pay week

	Max Hours	Hours
0 Years to less than 2 Years	100	6.67
2 Years to less than 5 Years	120	8
5 Years to less than 10 Years	150	10
10 Years to less than 15 Years	180	12
15 Years to less than 20 Years	210	14
20 Years to less than 25 Years	240	16
25 + Years	270	18



Part Time III Employees - 30 - 39 hours per pay week

	Max Hours	Hours
0 Years to less than 2 Years	75	5
2 Years to less than 5 Years	90	6
5 Years to less than 10 Years	112.5	7.5
10 Years to less than 15 Years	135	9
15 Years to less than 20 Years	157.5	10.5
20 Years to less than 25 Years	180	12
25 + Years	202.5	13.5

Part Time II Employees - 20 - 29 hours per pay week

	Max Hours	Hours
0 Years to less than 2 Years	50	3.34
2 Years to less than 5 Years	60	4
5 Years to less than 10 Years	75	5
10 Years to less than 15 Years	90	6
15 Years to less than 20 Years	105	7
20 Years to less than 25 Years	120	8
25 + Years	135	9

Once Accrual Maximums have been reached no new accruals will be granted until vacation time has been used.

Sick Leave - This time is accrued on the 15th of every month.

New employees are not allowed to use accrued time until after 90-day introductory period.

Full Time Employees - 40 hours per pay week

Sick leave time accrued monthly at the rate of 8 hours per month, with a max of 240 hours balance on the books.

Part Time III Employees - 30 - 39 hours per pay week

Sick leave time accrued monthly at the rate of 6 hours per month, with a max of 180 hours balance on the books.

Part Time II Employees - 20 - 29 hours per pay week

Sick leave time accrued monthly at the rate of 4 hours per month, with a max of 120 hours balance on the books.

Personal Leave You must get approval from your supervisor/director on scheduling this personal leave time. This time will be deducted from sick leave balance.

Full Time Employees - 40 hours per pay week

You are eligible for 8 hours of personal leave time in a calendar year as long as you have 96 hours of sick time accrued.

You may request an additional 8 hours if accrued sick leave balance is at least 144 hours.

Part Time III Employees - 30 - 39 hours per pay week

You are eligible for 6 hours of personal leave time in a calendar year as long as you have 72 hours of sick time accrued.

You may request an additional 6 hours if accrued sick leave balance is at least 108 hours.

Part Time II Employees - 20 - 29 hours per pay week

You are eligible for 4 hours of personal leave time in a calendar year as long as you have 48 hours of sick time accrued.

You may request an additional 4 hours if accrued sick leave balance is at least 72 hours.

Gym Membership Discounts available as well as Student Loan Forgiveness
