

2024-25 Employee Benefits Summary



MEDICAL Asuris Platinum 250 PPO Plan + Vision

PPO Plan - In Network:

Calendar year deductible: \$250 / \$500
Out-of-pocket max: \$4,000 / \$8,000 per calendar year
Office Visit Co-pay: \$20 Primary Care / \$30 Specialist
No charge for Preventive / screening / immunization visits
Coinsurance: Deductible, then member pays 10%

EHF pays 100% of the employee and dependent premiums.

Out-of-Network:

Calendar year deductible: \$3,000 / \$6,000 per calendar year
Out-of-pocket max: \$10,000 / \$20,000 per calendar year
Coinsurance: Deductible, then 50%

No Referrals for a **Specialist**.

Prescription Coverage:

Preferred generic: \$8 copay
Generic: \$30 copay
Preferred brand name: \$30 copay
Brand name: 50%
Preferred Specialty: 20%
Specialty: 50%

Adult Vision:

1 exam per calendar year, covered in full
\$200 allowance for frames or contacts
Lenses: covered in full

Employee Assistance Program (EAP) – support and assistance for a wide variety of issues, including up to four free confidential counseling sessions

DENTAL Delta Dental of Washington

PPO Plan – In Network:

Annual Deductible: \$50 / \$150 per calendar year
100% covered: Preventive care (i.e., exams, cleanings, fluoride, x-rays, sealants).
90% covered after deductible: In-network Basic services (i.e., fillings, restorations, endodontics, periodontics, oral surgery).
60% covered after deductible: In-network Major care services (i.e., crowns, dentures, partials, bridges, implants).

EHF pays 100% of the employee and dependent premiums.

Annual Benefit Max \$2,000

Lifetime Orthodontia Max for Adults & Children \$2,000

2024-25 Employee Benefits Summary

FLEXIBLE SPENDING ACCOUNTS Rehn & Associates, Inc.

Healthcare Expense Reimbursement – 2025

Contribution Limit \$3,300

Allows reimbursement of qualifying out-of-pocket medical, dental, and vision expenses.

Dependent Care Reimbursement – 2025

Contribution Limit \$5,000

Allows reimbursement of qualifying dependent care expenses, such as daycare, or adult care incurred by eligible dependents.

This is a “use it or lose it” benefit. If you do have remaining funds after the Plan Year and subsequent run-out period have ended, they will be forfeited per IRS regulation.

LIFE INSURANCE PRODUCTS Principal Life Insurance Company

Group Life Insurance

\$100,000 life insurance coverage.

You may qualify to have your life insurance amount increased to double the amount of your annual salary, if you complete the *Principal Health Statement* and you are determined to be in good health.

EHF Paid

Group Life Insurance Accidental Death & Dismemberment (AD&D)

\$100,000 AD&D coverage

You may qualify to have your AD&D insurance amount increased to double the amount of your annual salary, if you complete the *Principal Health Statement* and you are determined to be in good health.

EHF Paid

Short Term Disability (STD)

Covers 60% of your pre-disability earning up to \$1,500 / week up to 11 weeks with a 2-week wait period. Includes: Rehabilitation Plan, Rehabilitation Incentive Benefit, and Mandatory Rehabilitation.

EHF Paid

Long Term Disability (LTD)

Covers 60% of your pre-disability earnings up to \$6,000 / month up to social security retirement age with a 90-day wait period. Includes: Work Incentive Benefit, Survivor Benefit, Accelerated Survivor Benefit, Rehabilitation Plan, Rehabilitation Incentive Benefit, and Mandatory Rehabilitation

EHF Paid

Voluntary Life Insurance

You may elect additional coverage for yourself or dependents.

Employee
Paid

401(k) PLAN T. Rowe Price

EHF matches contributions up to 6%.

The 2025 Contribution maximum is \$23,500 + \$7,500 catch-up for employees aged 50 +; \$11,250 catch-up for employees ages 60 to 63.

There is no vesting schedule for individual or company contributions.

PAID TIME OFF (PTO)

Full time employees accrue 10 hours of PTO per pay period for a total of 240 hours per year (30 days). A maximum of 120 hours may roll over to the following year. PTO is used for all regular time off, including vacation, sick time, and holidays.

2024-25 Employee Benefits Summary

Paid Time Off (PTO) continued:

Part time employees accrue pro-rated PTO based on the number of hours worked within each pay period.

PAID FAMILY AND MEDICAL LEAVE

Up to 16 weeks of paid leave per 12-month period, compensated at 100% of the employee's rate of pay. Employees are eligible immediately upon hire.

YEAR-END WEEK OFF

EHF recognizes a year-end week off, between the holidays of Christmas and New Year's Day, as a collective opportunity for rest and rejuvenation. Staff do not use PTO for this week.

CELL PHONE REIMBURSEMENT

Regular full time employees receive a \$75 monthly cell phone reimbursement.

Regular part time employees receive a pro-rated reimbursement amount based on the number of scheduled hours worked.

OTHER BENEFITS

Annual Professional development stipend & staff learning opportunities

Team-building activities

Volunteer opportunities

Birthday & Anniversary shout-outs

If you have questions regarding the benefits provided by EHF, please contact Rebecca Johnston, Sr People & Culture Manager, at (509) 309-3447 or rebeccaj@empirehealthfoundation.org.