

## HopeWorks Summary of Employee Benefits

**December 1, 2020-November 30, 2021**

HopeWorks makes reasonable efforts to provide employee benefits that are competitive with the local market. Benefits are reviewed annually and are subject to change at any time at the discretion of the management and/or Board of Directors of HW. The following is a summary of the employee benefits available. *More details about all benefits programs may be found in the employee handbook and in the Personnel Policies Manual located on the share drive. (FTE's=Full Time Employees)*

<b>BENEFIT</b>	<b>ELIGIBILITY</b>	<b>DESCRIPTION</b>	<b>ELIGIBILITY Waiting Period</b>	<b>EMPLOYEE COST/PAY DAY</b>
Health Insurance Blue Net EPO 0090 B	Reg FTE's with a status of 30 hours or greater/week	Blue Cross/Blue Shield -\$35 Office Co-Pay In & Out patient 20% after deductible + Use of HRA	60+ days. Effective the 1st day of the month after 60 days employment. Termination occurs end of month following termination.	Emp. Only: <b>\$19.84</b> Emp. + Spouse: <b>\$138.88</b> Emp. + Child(ren): <b>\$109.12</b> Emp. + Family: <b>\$208.32</b> <i>Premiums deducted PRE-TAX</i>
HRA (Health Reimbursement Plan)	Reg FTE's with a status of 30 hours or greater/week	Through the Cafeteria Plan, The HRA will reimburse you up to a maximum of \$3,000 during the plan year for: Inpatient Hospitalization (deductible), Outpatient procedure (up to \$1,000). Diagnostic labs, x-rays, and CT/MRI/Pet-scan(coinsurance)	60+ days. Effective the 1st day of the month after 60 days employment.	NONE Cost-paid by HW
Dental Insurance	Regular FTE's with a status of 30 hours or greater/week	Delta Dental With some orthodontic services. VSP included (vision)	60+ days. Effective the 1st day of the month after 60 days employment. Coverage terms end of month following termination.	Emp. Only: <b>\$1.61</b> Emp + spouse: <b>\$9.74</b> Emp. + child(ren): <b>\$10.14</b> Family: <b>\$20.60</b> <i>Premiums deducted PRE-TAX</i>
Life Insurance	Regular FTE's with a status of 30 hours or greater/week	Dearborn Life Insurance \$25,000 Life Benefit	60+ days. Effective the 1st day of the month after 60 days employment. Terms day after termination	Cost paid by HW
Pension Plan 403(b)	Regular Employees with status of .5 or greater (20+hrs/week)	403(b) Principal Employer match: 100% of salary deferral; up to 1% of annual income if eligible	NONE for salary deferral /1 Year for Match/semi-annual	100% vested <i>Contributions deducted PRE-TAX</i>
Annual Leave Paid Time Off	Regular Employees with status of .5 or greater (20+ hrs/week)	Regular FTE (30 hours or more per week) accrue <b>6.46</b> hours per pay period (Pro-Rated for Part Time).	NONE	NONE
Holidays	Regular Employees with status of .5 or greater.(20 hrs/wk)	Up to 11 Holidays per year. See Employee Handbook for listing and essential/non-essential programs.	NONE Prorated according to hours worked	NONE
Extended Illness Benefit	Regular Employees with status of .5 or greater.(20 hrs/wk)	FT (30 hours or more per week) accrue 1.8 hrs/pay period=6 days/year. Pro-rated for PT.	NONE	NONE
Birthday Leave Day	Regular Employees with status of .5 or greater (20 hrs/wk)	Day off w/ pay. Must be taken within 2 weeks of birthday.	NONE	NONE
EAP	All employees	Up to 3 counseling sessions per incident/year	Employee Assistance Program	NONE – fully paid by SM