



**SUMMARY OF BENEFITS
For Full-time Employees
(2010-2011)**

- A. **ASSURANT LIFE INSURANCE (DOH) (Pd. by Agency)**
 - 1. Life Insurance \$15,000
 - 2. Accidental Death & Dismemberment \$15,000

- B. **SUMMACARE Health Insurance* (DOH)**

Rates effective 10/1/2010		
Employee Contribution per pay (24 pays)	SummaCare PPO 5620	SummaCare PPO 5420
Employee Only	\$64.92	\$36.07
Employee & Spouse**	\$243.15	\$212.32
Employee & Child(ren)	\$125.62	\$69.80
Employee & Spouse & Child(ren)**	\$368.27	\$321.58

	<u>Your responsibility (In-Network):</u>	
Calendar Year Deductible (In-Network)	None	\$250/500
Primary Office Visit Co-Pay	\$20	\$20
Specialist Co-Pay	\$20	\$20
Outpatient Surgery	0%	20% after deductible
Inpatient Care	0% after \$250 co-pay	20% after deductible
Emergency Room	\$75 co-pay	20% after \$50 co-pay
Urgent Care	\$35 co-pay	20% after \$25 co-pay
Mental Health Outpatient	\$20 co-pay	\$20 co-pay
Prescription (Retail)	\$10/20/40	\$12/30/50
Prescription (Mail Order-90 day supply)	\$20/40/80	\$24/60/100
Out of Pocket Maximum	None	\$1500/3000
Lifetime Maximum Benefit	\$3,000,000	\$3,000,000
Dependent Eligibility Age	19/25 FT Student	19/25 FT Student

Co-payments do not apply to out of pocket maximum

***Health benefits become effective upon date of hire (DOH). Open enrollment period during month of September for health & dental benefits that are effective October 1 – September 30.**

****If employee's spouse has health coverage available through his or her employer, the spouse is required to take coverage under that plan and will not be eligible for or be covered by the Agency health plan (effective 10/1/09).**

C. Dental Plan (Employee paid) Effective first of month after 30 days

Rates per pay (24) are:

Single - \$6.04

Couple - \$ 9.77

Family - \$ 14.96

United Dental Care/Heritage Plan under Assurant is a dental plan that arranges for the provision of comprehensive dental services through its panel of conveniently located private practice dentists. Coverage under this plan includes: no deductibles, no annual maximum limitations, no claim forms, and no pre-existing condition exclusions.

D. Premium Conversion Plan (Optional)

This plan permits your co/pay portion of the health premiums to be made as a pre-tax payment. This reduces your out of pocket costs increasing your take home income.

E. Flexible Spending Account (Optional)

This plan allows an employee to designate specific amounts to be deducted from payroll earnings to fund a reimbursement account to pay qualified expenses with gross earnings instead of paying them with after-tax take home pay.

- Eligible to enroll after six months from date of hire. Open Enrollment is in December. Plan effective on calendar year basis.

F. Defined Benefit Pension/Retirement Plan (Pd. by Agency)

1. Eligibility: First day of month coinciding with or immediately following the date you reach age 21 and have completed one year of service and 1000 hours.
2. Vesting: Upon completion of three (3) years of eligible service.
3. Normal Retirement Benefit: Based on three factors: ▪ Final Average Earnings ▪ Benefit Accrual Service and ▪ Social Security Annual Wage (See Plan Summary for details)

G. Group Life Insurance and Accidental Death and Dismemberment Insurance (Pd by Agency): Unum

1. Amount = Twice your annual salary.
2. Eligibility: First day of month following one year of service.

H. Group Disability Insurance (Pd by Agency): Unum

1. Amount = 60% of Reg. Annual Salary.
2. Eligibility: First day of month following one year of service
3. Payment: After you are unable to work for 3 consecutive months.

I. Thrift Plan/403B (Employee Option w/match funds after 1 yr. svc)

Employee Funds: No minimum age or service requirement for Employee funds.

Agency Matching Funds: Eligible first day of month following 12 months of employment and 1000 hours of service. Agency match is equal to 50% of the first 6% of the salary reduction amount employee is contributing at pre-tax levels.

J. Workers Compensation (Employer paid)

Provides for medical care and limited compensation for accidental injuries suffered in the course of the day's work. Administered by the State of Ohio.

- K. **Unemployment Insurance (Employer paid)**
Provides for unemployment benefits according to the laws of the State of Ohio.
- L. **Social Security (Employer paid) Rate is 15.3% (1/2 paid by employer) of salary.**
Provides protection against loss of income caused by retirement, disability, or death.
Medicare health insurance is also provided.
- M. **Sick Leave**
Sick leave is accrued at a rate of one day per month of employment. Unused sick leave may be accumulated from year to year up to 120 days. Two days may be used for personal business each year. Employees are not permitted to use sick days during the first ninety (90) days of employment.
- N. **Vacation Leave**
All regular full time employees shall be granted vacation leave as follows:
- Starting calendar year -- none
 - 1st full calendar year - grant **pro rata** based on service starting year (something less than 10 working days)
 - 2nd full calendar year - 10 working days
 - 3rd calendar year - 15 working days
 - 10th calendar year - 20 working days
 - 20th + calendar year – 25 working days
- O. **Paid Holidays**
There are eleven paid holidays for regular full-time employees as follows: ▪ New Year's Day ▪ Martin Luther King Day ▪ Memorial Day ▪ Independence Day ▪ Labor Day ▪ Thanksgiving two (2) days ▪ Christmas two (2) days ▪ Two (2) Agency designated floating holidays.
- P. **Tuition Reimbursement**
Full-time employees eligible after one year of service.
Reimbursement for 75% of tuition and general service fees upon obtaining a grade of "C" or better based on the credit hour rate at the University of Akron. Limited to two courses per semester at any accredited school of your choice. (See Employee Handbook for further information.)