



Benefits Information Summary Plan Year 10/01/2016 – 09/30/2017

Employee Eligibility

Category A Employees: Employees who work 75% of available hours (30 hours per week) or more. Employees are eligible for full benefits the first day of the month following date of hire.

Category B Employees: Employees who are part-time branch social workers. Employees are eligible for dental, the limited flexible spending account, and the employee assistance plan at the beginning of Holt’s benefit plan year (October 1st) when the employee’s annual earnings for the prior year exceed \$10,000. The prior year’s earnings are for the twelve month period running from September 1st through August 31st.

1. **MEDICAL (Category A Employees) – Group# 909229:** Holt provides two plan options for the employee’s medical insurance coverage. Following are some highlights of the plans. Please refer to the benefit summaries located in your benefit enrollment packet for detailed information.

United Health Care Option 1: Open Option/PPO Medical Insurance – Buy-Up Plan

- Preventive Care: Paid in full, no copay or deductible
- Office Visit Copay: Preferred Provider \$25; Non-preferred Provider – deductible then 40% coinsurance
- Individual Annual Deductible: \$750; Family Annual Deductible: \$1,500
- Individual Annual Out Of Pocket Maximum (includes deductible, coinsurance and co-pays): \$4,500
- Coinsurance: 80% after deductible
- Prescription Benefits: Tier 1 - \$25; Tier 2 - \$50; Tier 3 - \$75; Tier 4 - \$250
- Chiropractic & Acupuncture Benefit: \$15 Copay; \$1,500 maximum per person per year

RATES	Employee Pays Semi-Monthly	Holt Pays Semi-Monthly	Total Monthly Premium
Employee	\$25.00	\$284.37	\$618.74
Employee & Spouse	\$243.82	\$365.65	\$1,217.70
Employee & Children	\$178.85	\$343.99	\$1,045.68
Employee & Family	\$348.23	\$400.45	\$1,497.36

United Health Care Option 2: High Deductible/HSA Medical Insurance – Base Plan

- Preventive Care: Paid in full, no copay or deductible
 - Office Visit: 80% after deductible
 - Individual Annual Deductible: \$1,500 * Family Annual Deductible: \$3,000
 - Individual Annual Out Of Pocket Maximum (includes deductible and coinsurance): \$4,500
 - *Family Annual Out of Pocket Maximum (includes deductible and coinsurance): \$6,850
 - Coinsurance: 80%
 - Prescription Benefits: meet deductible; then Tier 1 - \$25; Tier 2 - \$50; Tier 3 - \$75; Tier 4 - \$250
 - Chiropractic and Alternative Care: 80% after deductible; \$1,500 maximum per person per year
- *Employees with dependents must meet family deductible & out of pocket maximum**

RATES	Employee Pays Semi-Monthly	Holt Pays Semi-Monthly	Holt's Semi-Monthly HSA Cont.	Total Monthly Premium
Employee	\$0.00	\$238.51	\$46.00	\$477.02
Employee & Spouse	\$173.51	\$296.36	\$69.50	\$939.74
Employee & Children	\$123.43	\$279.66	\$64.50	\$806.18
Employee & Family	\$254.01	\$323.19	\$77.50	\$1,154.40

2. **DENTAL (Category A & B):** Holt provides employees with a choice of dental insurance coverage through Lincoln Financial (nationwide) or Willamette Dental (Oregon employees only).

Lincoln Financial Insurance (HOLTINTRN2):

RATES	Employee Pays Semi-Monthly	Holt Pays Semi-Monthly	Total Monthly Premium
Employee	\$0.00	\$18.90	\$37.80
Employee & Spouse	\$13.96	\$23.55	\$75.02
Employee & Children	\$14.69	\$23.80	\$76.99
Employee & Family	\$32.35	\$29.67	\$124.04

-OR-

Willamette Dental Insurance (Oregon Category A & B Employees Only) – Group# OR202:

RATES	Employee Pays Semi-Monthly	Holt Pays Semi-Monthly	Total Monthly Premium
Employee	\$0.00	\$18.50	\$37.00
Employee & Spouse	\$13.65	\$23.05	\$73.40
Employee & Children	\$14.39	\$23.30	\$75.38
Employee & Family	\$31.65	\$29.05	\$121.40

3. **VISION (Category A) – Group# 300514120001:** Employees have the option to sign up for vision insurance through Vision Service Plan (VSP). The premium is completely employee paid. Please see the VSP summary for detailed information.

RATES	Employee Pays Semi-Monthly	Total Monthly Premium
Employee	\$6.04	\$12.08
Employee & Spouse	\$9.66	\$19.32
Employee & Children	\$9.86	\$19.72
Employee & Family	\$15.90	\$31.80

FLEXIBLE BENEFITS (Section 125) Employee Contribution (Category A & B Employees) – Group #PPDB0249:

Holt provides a Flexible Benefits Expense Account Plan for employees to set aside a portion of their salary (through payroll deduction), before taxes, to spend on certain eligible expenses. *Eligible expenses may include, but are not limited to, uninsured out-of-pocket medical, dental, and vision expenses and dependent care expenses. The Flexible Benefits Expense Account Plan is not subject to Federal and State income taxes, Social Security and Medicare taxes, nor any other payroll taxes. Our annual FSA maximum is \$2,550. If you are interested in participating, now is the time to do so. You must make an election to participate even if you currently participate. If you choose not to enroll at this time, you must wait until our next open enrollment period that will be the month of September for an October 1 effective date.

GROUP LIFE INSURANCE (Category A Employees): Holt provides group term life insurance through Lincoln Financial according to the following schedule:

Pay grades 1-6 = \$40,000

Pay grades 7-Leadership = \$50,000

GROUP LONG-TERM DISABILITY (Category A Employees): Holt provides group disability insurance through Lincoln Financial for employees who have worked at Holt for two years and work 30 hours or more per week.

PENSION (Category A Employees): Holt provides a pension benefit for employees who are over 21 years old and who have worked over 1,000 hrs/yr for Holt for two years consecutively. Holt contributes 7% of monthly gross wages to an employee defined contribution plan with Lincoln Financial. See HR-26.

EMPLOYEE ASSISTANCE PROGRAM (EAP) (Category A & B Employees): Holt provides an Employee Assistance Program (EAP) through Cascade Health Solutions' DIRECTION. This program is designed to provide assessment and short term counseling for problems that you or any dependents living in your household may have.

PAID TIME OFF – PTO (Category A): Holt provides 17 PTO days per year for the first 2 years of employment with gradual increases to 27 days per year after 15 years. PTO is earned and accrued monthly. The maximum amount allowed is 320 hours. PTO may be used for any purpose an employee chooses such as vacation, personal days, sick leave, bereavement and inclement weather. See Holt policy HR-41 for more details and the increments of accruals.

EXTENDED ILLNESS BENEFIT – EIB (Category A): Holt provides 8 days of EIB per year. The maximum amount allowed is 280 hours. EIB hours may be used for extended illness or other medical leave protected under FMLA beginning the third consecutive day of work missed. Sixteen consecutive hours of PTO must be used prior to utilizing EIB. See HR-41.

PAID HOLIDAYS (Category A): Holt provides 10 paid holidays per year. The ten paid holidays observed are: New Year's Day, Martin Luther King Jr. Day, Good Friday, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and following Friday, Christmas Day and a Floating Holiday, to be designated by the President and CEO at the beginning of each calendar year. See HR-17.

Benefits Provided to ALL Holt Employees:

Holt participates in the following statutory benefit plans: Workers Compensation Insurance, State Disability Insurance where required, State Unemployment Insurance where required, and Social Security.

403B PLAN: Holt employees are eligible to set aside a portion of salary into a qualified tax deferred annuity account. This can be done through payroll deductions and is exempt from Federal or State taxes.

VOLUNTARY GROUP LIFE INSURANCE: Holt employees are eligible to purchase additional Group Life Insurance with Accidental Death and Dismemberment. This can be done through payroll deductions.

OTHER PLAN PROVISIONS:

Member Services, Participating Providers & On-Line Resources: Speak with a Member Service Representative or access benefit information, look up providers and consult online tools to get the most out of your Employee Benefits Package.

Benefit	Member Services	Website – Provider Look Up & Member Tools
Medical Plan – United Health Care	1-866-633-2446	https://www.myuhc.com
Dental/Life/AD&D/LTD – Lincoln Financial	1-800-423-2765	www.lincolnfinancial.com
Dental – Willamette Dental	1-855-433-6825, Option 1 for appointments, Option 3 for Member Services	https://www.willamettedental.com
Vision Service Plan – VSP	1-800-877-7195	https://www.vsp.com
Flexible Spending Plan – PacificSource Administrators	1-541-485-7488 1-800-422-7038	http://psa.pacificsource.com/PSA/
Employee Assistance Program – Cascade Health Solutions	1-541-345-2800 1-866-293-4327	http://www.cascadehealth.org/direction-for-employee-assistance/direction-for-employee-assistance-2

EMPLOYEE BENEFITS CENTER - EBC

We will continue to offer an Employee Benefits Center. To access the EBC, go to <http://ebc.ubabenefits.com/holtint> and enter the username **holtbc** and password **benefits**.

If you have questions, you may refer to HR-10 in the policy manual or contact Human Resources.