



Benefits Information Summary Plan Year 10/01/2018 – 09/30/2019

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, vision, 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.

MEDICAL (Category A) – Holt provides employees a choice of medical insurance coverage through Providences Preferred Provider Organization (PPO) Plan or Providence’s High Deductible Health Savings Account (HSA) Plan. Following are some highlights of these plans. Please refer to the benefit summaries or Summary of Benefits & Coverage (SBC) for detailed information on these medical plans.

Option 1: PPO Medical Insurance

- Preventive Care: In Network paid in full, no copay or deductible
- Office Visit Copay: In Network \$25
- Individual Annual Deductible: \$750; Family Annual Deductible: \$1,500
- Individual Annual Out Of Pocket Maximum (includes deductible, coinsurance and co-pays): \$4,000
- Coinsurance: 80%
- Prescription Benefits: Tier 1 - \$10; Tier 2 - \$15; Tier 3 - \$45; Tier 4 - \$75 Specialty 50% up to \$200
- Chiropractic & Acupuncture Benefit: \$25 Copay; \$1,500 maximum per person per year

RATES	Employee Pays Semi-Monthly	Holt Pays Semi-Monthly	Total Monthly Premium
Employee	\$27.23	\$301.46	\$657.38
Employee & Spouse	\$265.52	\$382.00	\$1295.04
Employee & Children	\$192.56	\$362.92	\$1,110.96
Employee & Family	\$379.22	\$416.21	\$1,590.86

Option 2: High Deductible/HSA Medical Insurance

- Preventive Care: In Network paid in full, no copay or deductible
 - Office Visit: In Network 80% after deductible
 - Individual Annual Deductible: \$1,500 * Family Annual Deductible: \$3,000
 - Individual Annual Out Of Pocket Maximum (includes deductible and coinsurance): \$4,000
 - *Family Annual Out of Pocket Maximum (includes deductible and coinsurance): \$8,000
 - Coinsurance: 80%
 - Prescription Benefits: meet deductible; 80% or 50% for Specialty and Compounded Drugs
 - 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 contribution	Total Monthly Premium
Employee	\$0.00	\$253.40	\$50.00	\$506.80
Employee & Spouse	\$188.95	\$310.25	\$75.00	\$998.40
Employee & Children	\$134.41	\$293.84	\$72.00	\$856.50
Employee & Family	\$276.61	\$336.62	\$84.00	\$1,226.46

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

CIGNA DENTAL RATES:

RATES	Employee Pays Semi-Monthly	Holt Pays Semi-Monthly	Total Monthly Premium
Employee	\$0.00	\$20.76	\$41.52
Employee & Spouse	\$15.59	\$25.62	\$82.42
Employee & Children	\$16.41	\$25.87	\$84.56
Employee & Family	\$36.13	\$32.01	\$136.28

WILLAMETTE DENTAL RATES (Oregon employees only):

RATES	Employee Pays Semi-Monthly	Holt Pays Semi-Monthly	Total Monthly Premium
Employee	\$0.00	\$19.75	\$39.50
Employee & Spouse	\$14.15	\$25.03	\$78.36
Employee & Children	\$14.90	\$25.33	\$80.46
Employee & Family	\$32.81	\$31.97	\$129.56

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	\$5.85	\$11.70
Employee & Spouse	\$9.35	\$18.70
Employee & Children	\$9.55	\$19.10
Employee & Family	\$15.39	\$30.78

FLEXIBLE SPENDING ACCOUNT (Category A employees) and LIMITED FLEXIBLE SPENDING ACCOUNT* (Category B employees):

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, group health premiums, uninsured out-of-pocket medical and dental 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. Annual FSA maximum is \$2,650 for 2018-2019 plan year. *Limited Flexible Spending Account covers items such as dental, vision or over-the-counter dental and vision

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

Pay grades A - E = \$80,000

Pay grades F - N, President & CEO = \$100,000

GROUP LONG-TERM DISABILITY (Category A Employees): Holt provides group disability insurance through CIGNA for benefit eligible employees.

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 DIRECTION at Cascade Health. 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. Two days of PTO or unpaid time must be used prior to accessing your EIB bank.

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.

SUPPLEMENTAL BENEFITS: Holt offers several supplemental benefits, such as accident insurance and short term disability, at the employee’s cost from both Colonial and AFLAC. See Human Resources for more information.

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.

<i>Plan - Vendor</i>	<i>Contact Phone #</i>	<i>Website – Provider Look Up & Member Tools</i>
Medical – Providence	1-800-878-4445	https://healthplans.providence.org/members/
Dental, Life/AD&D & LTD Cigna	1-800-244-6224	https://www.cigna.com/individuals-families/
Dental – Willamette Dental	1-855-433-6825, Opt 1 for appointments, Opt 3 for Member Services	https://www.willamettedental.com
Vision – Vision Service Plan	1-800-877-7195	https://www.vsp.com
Flexible Spending Plan	1-541-485-7488 1-800-422-7038	http://psa.pacificsource.com/PSA/