**Full Time Employee Benefits Options**

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| **Employee Name:** | **Position:** | **Signature/Date:**  |
|  |  |  |

I accept the above position and understand that it is my responsibility to maintain all aspects of the position in order to retain my active employment status with the agency. I have read and understand that I can choose to receive the following benefits and may make changes to these benefits only during open enrollment periods or within 30 days of a qualifying event. I wish to learn more about the indicated plans below. I understand that I will be required to complete full insurance enrollment forms prior to my month of eligibility to be fully enrolled and that the items below are for informational purposes only until I’ve participated in an upcoming FT benefits informational meeting. **No indication below and/or the failure to complete and submit the required enrollment forms by the 15th of the month before eligibility will be viewed as a waiver of participation.**

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| ***Plan Type*** | ***No interest/waive*** | ***More information please!*** |
| **Health plan 4**Anthem Blue Access Choice (PPO) |  |  |
| **Health plan 3**Anthem Blue Preferred Select PPO (BJC hospitals/doctors out of network) |  |  |
| **Health plan 2**Anthem Blue Access Choice (HSA) |  |  |
| **Health plan 1** Anthem Blue Preferred Select (HSA)(BJC hospitals/doctors out of network) |  |  |
| **Dental plan:** Anthem  |  |  |
| **Vision plan:** Anthem  |  |  |
| AFLAC supplement insurance plans including dental, cancer, accidental and rider options |  |  |
| **Legal Shield** / **ID Shield** protection for employee and/or family |  |  |

**Safe Harbor 401(k) retirement plan.**  Employees are eligible after **one year of continuous employment** and while working a minimum of 1000 hour in that year. BIS will match 100% of employee contributions up to 3% and 50% of employee contribution of 4% and 5%. (Total match available = 4%)

**Accrued Paid Time Off (PTO)** will accrue after 30 days in a full-time position at a rate of 3.07 hours per pay period for the first year. Time must be taken in either 4 or 8 hour increments and unused time of up to 160 hours may be rolled over into the next year. \*\*As an hourly employee, I am required to work a minimum of 32 – 40 hour per week, either through direct support hours or use of PTO. A failure to meet the minimum expectation of hours for any week will subject me to 2 warnings with loss of position on the final occurrence. If full-time hourly, my hours cannot exceed 40 hours in any given week without the written consent of the Executive Director.

**For the exempt- salaried employee**, I understand that my role and the expectations therein may require me to work more than the minimum expectation of hours each week (40) in order to complete the requirements of my position.

***I acknowledge that should I violate these or any related policies governing my position, I may be subject to loss of full time status and benefits, in addition to disciplinary action up to and including a probationary period or termination.***

I have reviewed this information with the HR Director, have had the opportunity to ask questions and understand the expectations and responsibilities of my position.

**Paid Time Off Request and Approval Policy**

As a full time, employee in good standing, I will accrue the following schedule of Paid Time Off (PTO) time based on my total time as a full-time employee. (Accrual rates are based on a 40 hour work week and PTO time will be used in minimum increments of 4 hours (1/2 day) or 8 hours (full day) when requested).

**After 30 days of employment:** Employee have the ability to accrue time at a rate of 3.07 hours per pay period.

**1-4 years of full-time service:** Employees have the ability to accrue time at the rate of 3.07 hours per pay period.

**5-9 years of full time service:** Employees have the ability to accrue time at the rate of 4.61 hours per pay period.

**10+ years of full time service:** Employees have the ability to accrue time at the rate of 6.15 hours per pay period.

PTO time may roll over into another year but accrual of PTO time stops once an employee has reached 160 hours in their “bank” and no more hours will be accrued at any rate until the employee utilizes time off. I should review policy # 315 Paid Time Off (PTO) in my employee manual for more detailed information.

To request PTO time I must

* Confirm available PTO hours by logging into payroll system and/or contacting my immediate supervisor.
* submit a Requested Time Off (RTO) stating my request to utilize PTO time (enter “PTO” in comments section) through the When to Work website
* Complete and submit a PTO request form by logging into the BIS website at [www.bis-stl.com](http://www.bis-stl.com) for review, approval and submittal to the Payroll Department for processing.
* Receive a notice of an approval or denial of the PTO request.

Should I wish to take time off without charging my PTO accrual, I must

* Submit a Requested Time Off (RTO) through the When to Work website for review by my immediate supervisor and denote my intent to make up the hours before the end of the week in which it is requested.
* Receive a tentative approval of this request with a reminder that I am responsible for finding coverage for any missed shifts.
* Inform my immediate scheduling supervisor and client family (if applicable) of my RTO, the coverage found for any missed shifts and my expected return.
* Pick up additional shifts during that pay period to maintain my minimum hours for continued full time employment.

***Failure to follow these or related policies could negate the approval of my requested time off and subject me to disciplinary action which may include loss of full time status, a probationary period or termination.***

**Employee Printed Name & Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_**

Anthem Health plan options – full list of SBC and plan coverage will be provided and reviewed during your FT benefits enrollment meeting, which is scheduled for the:

**1st Wednesday of every even-numbered month from 930 – 1030a at the BIS office.**

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|  | **OPTION 1** | **OPTION 2** | **OPTION 3** | **OPTION 4** |
|  | **BLUE ACCESS CHOICE** | **BLUE ACCESS CHOICE HSA** | **BLUE PREFERRED (NO BJC)** | **HSA option** **(NO BJC)** |
|  | In Network | Out of Network | In Network | Out of Network | In Network | Out of Network | In Network | Out of Network |
| *Deductible: Employee* | $3,000 | $9,000 | $3,000 | $9,000 | $3,000 | $9,000 | $3,000 | $9,000 |
| *Deductible: Family* | $6,000 | $18,000 | $6,000 | $18,000 | $6,000 | $18,000 | $6,000 | $18,000 |
| *Out of pocket max: Employee* | $7,900 | $23,700 | $4,000 | $12,000 | $7,900 | $23,700 | $4,000 | $12,000 |
| *Out of pocket max: Family* | $15,800 | $47,400 | $8,000 | $24,000 | $15,800 | $47,400 | $8,000 | $24,000 |
| *Inpatient Hospitalization* | 80% AD | 50% AD | 100% AD | 70% AD | 80%AD | 50% AD | 100% AD | 70% AD |
| *Services:**Surgery* | 80% AD | 50% AD | 100% AD | 70% AD | 80%AD | 50% AD | 100% AD | 70% AD |
| *Laboratory* | 80% AD | 50% AD | 100% AD | 70% AD | 80%AD | 50% AD | 100% AD | 70% AD |
| *Radiology* | 80% AD | 50% AD | 100% AD | 70% AD | 80%AD | 50% AD | 100% AD | 70% AD |
| *Office Visit Copay* | $30  | Ded. + Coins | Ded. + Coins | Ded. + Coins | $30 | Ded. + Coins | Ded. + Coins | Ded. + Coins |
| *Emergency Room* | Ded, then $300 copay | Ded, then $300 copay | Ded. + Coins | Ded. + Coins | Ded, then $300 copay | Ded, then $300 copay | Ded. + Coins | Ded. + Coins |
| *Urgent Care* | $50.00 | Ded. + Coins | Ded. + Coins | Ded. + Coins | $50.00 | Ded. + Coins | Ded. + Coins | Ded. + Coins |
| *Prescription Drugs (ded, Tier 1, Tier 2, Tier 3, Tier 4/Spec, Tier 5/Spec, Mail order)* | $0 $15 $40 $80 25%, $350 Maxn/a       |  | $0 $10 aft Ded $35 aft Ded $75 aft Ded Ded, then 25%, $350 Max n/a |  | $0 $15 $40 $80 25%, $350 Maxn/a        |  | $0 $10 aft Ded $35 aft Ded $75 aft Ded Ded, then 25%, $350 Max n/a   |  |
| *Mail Order* | $37.50/$100/$187.50/ $500 | Not covered | $10/$90/ $180 25% $300 max | Not covered | $15/$112$22525%$300 max | Not covered | $10/$90/ $180 25% $300 max | Not covered |