

2023-2024

BENEFITS Guide



December 1, 2023—November 30, 2024



Welcome! Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, your family and your way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

Eligibility

You are eligible for benefits if you work **20 hours** a week or more. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- Your legally married spouse
- Your registered domestic partner (RDP) and/or their children, where applicable by state law
- Your children who are your natural children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

When Coverage Begins

- **New Hires:** You must complete the enrollment process within 30 days of your date of hire. If you enroll on time, coverage is effective on the first of the month following your date of hire.

If you fail to enroll on time, you will NOT have benefits coverage (except for company-paid benefits).

- **Open Enrollment:** Changes made during Open Enrollment are effective December 1, 2023—November 30, 2024.

Choose Carefully!

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualified life event during the year. Following are examples of the most common qualified life events:

- Marriage or divorce
- Birth or adoption of a child
- Child reaching the maximum age limit
- Death of a spouse, RDP, or child
- You lose coverage under your spouse's/RDP's plan
- You gain access to state coverage under Medicaid or CHIP

Making Changes

To make changes to your benefit elections, you must contact Human Resources within 31 days of the qualified life event (including newborns). Be prepared to show documentation of the event such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

Medical

We're proud to offer you a choice of medical plans through Kaiser.

Key Medical Benefits	\$2,500 HDHP	\$2,000 HMO	\$750 HMO
	In-Network Only	In-Network Only	In-Network Only
Deductible (per calendar year)			
Individual / Family	\$2,500 / \$5,000 ¹	\$2,000 / \$6,000	\$750 / \$2,250
Out-of-Pocket Maximum (per calendar year)			
Individual / Family	\$5,000 / \$7,500 ²	\$5,500 / \$11,000	\$3,250 / \$9,750
Covered Services			
Office Visits (physician/specialist)	50% after deductible	\$25 / \$35	\$20 / \$30
Routine Preventive Care	Covered in full	Covered in full	Covered in full
Outpatient Mental Health	50% after deductible	\$25	\$20
Outpatient Diagnostic (lab/X-ray)	50% after deductible	\$25 / \$25	\$20 / \$20
Complex Imaging	50% after deductible	\$100	\$100
Urgent Care Facility	50% after deductible	\$45	\$40
Emergency Room	50% after deductible	20% after deductible	20% after deductible
Outpatient Surgery	50% after deductible	20% after deductible	20% after deductible
Inpatient Hospital Stay	50% after deductible	20% after deductible	20% after deductible
Alternative Care (12 chiro/12 acu)	Included	Included	Included
Prescription Drugs (Tiers)			
Retail Pharmacy (30-day supply)	\$10 / \$20 / \$40	\$10 / \$20 / \$40	\$10 / \$20 / \$40
Mail Order (90-day supply)	\$20 / \$40 / \$80	\$20 / \$40 / \$80	\$20 / \$40 / \$80

Coinurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs. See the plan documents for full details.

1. If you enroll one or more family members, you must meet the full FAMILY deductible before the plan starts to pay expenses for any one individual.
2. If you enroll one or more family members, you must meet the full FAMILY out-of-pocket maximum before the plan starts to pay eligible covered services

Employees enrolled in the Medical Plan \$2,500 HDHP are eligible for a Health Savings Account (HSA). YWCA Clark County sponsors an HSA platform through your payroll provider, Paylocity. YWCA Clark County will make a monthly contribution into your Paylocity HSA.

Dental

We are proud to offer you a choice of dental plans through Kaiser.

Key Dental Benefits	HMO	PPO	
	In-Network Only	In-Network Only	Out-of-Network ¹
Deductible (per calendar year)			
Individual / Family	\$0 / \$0—\$5 office visit copay		\$50 / \$150
Benefit Maximum (per calendar year; Preventive, Basic and Major services combined)			
Per Individual	Unlimited		\$1,500
Covered Services			
Preventive Services	Covered in full	Covered in full	Covered in full
Basic Services	Covered in full	20% after deductible	20% after deductible
Major Services	See Schedule	50% after deductible	50% after deductible

Coinurance percentages shown in the above chart represent what the member is responsible for paying.

*Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

Vision

We are proud to offer you a vision plan that is only included under the Kaiser Medical Plan.

Key Vision Benefits	In-Network
Exam (once every 12 months)	\$25 Copay—Waived for Pediatrics
Lenses (once every 24 months)	
Single Vision	
Bifocal	
Trifocal	
Frames (once every 24 months)	\$150 hardware allowance
Contact Lenses (once every 24 months; in lieu of glasses)	

Life and AD&D

Life Insurance provides your named beneficiary(ies) with a benefit in the event of your death.

Accidental Death and Dismemberment (AD&D) Insurance provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot, or eye). In the event that your death occurs due to a covered accident, both the Life and the AD&D benefit would be payable.

Benefit Amount	
Employee	Flat \$25,000 benefit

Long Term Disability

Disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness.

Long-Term Disability	
Provided at NO COST to you through Mutual of Omaha	
Benefit Percentage	60%
Monthly Benefit Maximum	\$6,000
When Benefits Begin	After 90th day of disability
Maximum Benefit Duration	Social Security Retirement Age

Employee Assistance Program (EAP)

Life is full of challenges, and sometimes balancing it is difficult. We are proud to provide a confidential program dedicated to supporting the emotional health and well-being of our employees and their families. The employee assistance program (EAP) is provided at **NO COST** to you through Guardian.

The EAP can help with the following issues, among others:

- Assistance for you and your household members
- Up to three in-person sessions with a counselor per issue, per year, per individual
- Unlimited toll-free phone access and online resources
 - Mental health
 - Relationships or marital conflicts
 - Child and eldercare
 - Substance abuse
 - Grief and loss
 - Legal or financial issues



YOUR JOURNEY TO WELLBEING

Spring Health EAP

Whatever you're experiencing, there's no need to carry it alone. You now have Spring Health, mental wellness benefits available at no cost to you.

To activate your account visit: benefits.springhealth.com

TELEMEDICINE

Your life is an adventure, and Telemedicine affords you the convenience of receiving medical care while on the go. Instead of spending your day and dollars at an Urgent Care facility, connect with a board-certified doctor over the phone or video chat to receive immediate and cost-effective care wherever life's journey may take you.

KAISER VALUE ADDS & DISCOUNTS

As a Kaiser member, you have access to hundreds of discounts through value add programs such as ClassPass, ChooseHealthy and even free self-care app subscriptions! Check out these resources to take advantage of discounts on fitness centers, alternative care, health classes, and more!

WELLBEING

If you think your physical health alone is related to your overall performance, think again. Total Wellbeing as a whole is comprised of 5 elements: physical, financial, communal, emotional, and purpose. To build your overall wellbeing, you have to make sure all of these elements are being "exercised".

HEALTH SAVINGS ACCOUNT

Take advantage of triple tax savings through an HSA. Reduce your taxable income by contributing into this account, purchase qualified healthcare items free of tax, and earn tax-free interest on HSA investment dollars. Unused funds will roll over from year to year.

Employees enrolled in the Medical Plan \$2,500 HDHP are eligible for a Health Savings Account (HSA).

2023 HSA Maximum Contributions

Individual: \$3,850 per year

Family: \$7,750 per year

2023 Employer HSA Contributions

Individual: \$121.88 per month

Family: \$221.88 per month

PAID TIME OFF

PERSONAL DAYS

Regularly scheduled staff members working 20 hours or more per week will receive up to 7 personal days per year.

VACATION DAYS

Regularly scheduled staff members working 20 hours or more per week will accrue vacation days as outlined below

YEARS OF SERVICE	ACCRUAL RATE PER HOUR PAID	ACCRUAL CAP IN HOURS	ACCRUAL CAP IN DAYS	ACCRUAL CAP IN WEEKS
0-4	.0577 Hours	120 Hours	15 Days	3 Weeks
5-9	.0769 Hours	160 Hours	20 Days	4 Weeks
10+	.0961 Hours	200 Hours	25 Days	5 Weeks



Cost of Benefits



Your contributions toward the cost of benefits are automatically deducted from your pay check before taxes. The amount will depend upon the plan you select and if you choose to cover eligible family members. **Please refer to the Rate Sheet for more information.**



<https://acrobat.adobe.com/2023YWCA-CostSheet>

Coverage Tier	2500 HDHP Total	Employees 20-29 Hours	Employees 30 + Hours
Employee Only	\$393.34	\$208.47	\$0.00
Employee + Spouse	\$786.68	\$416.94	\$392.34
Employee + Child(ren)	\$708.01	\$375.25	\$312.67
Employee + Family	\$1,180.02	\$625.41	\$783.68

Coverage Tier	2000 HMO Total	Employees 20-29 Hours	Employees 30 + Hours
Employee Only	\$664.65	\$226.05	\$18.68
Employee + Spouse	\$1,329.70	\$452.10	\$661.56
Employee + Child(ren)	\$1,196.73	\$406.89	\$532.96
Employee + Family	\$1,994.55	\$678.15	\$1,304.37

Coverage Tier	750 HMO Total	Employees 20-29 Hours	Employees 30 + Hours
Employee Only	\$727.22	\$283.62	\$79.19
Employee + Spouse	\$1,454.44	\$567.23	\$782.34
Employee + Child(ren)	\$1,309.00	\$510.51	\$641.72
Employee + Family	\$2,181.66	\$850.85	\$1,485.49

Coverage Tier	PPO Dental Total	Employees 20-29 Hours	Employees 30 + Hours
Employee Only	\$56.71	\$23.25	\$15.31
Employee + Spouse	\$113.42	\$79.96	\$72.02
Employee + Child(ren)	\$102.08	\$68.62	\$60.68
Employee + Family	\$170.13	\$136.67	\$128.73

Coverage Tier	HMO Dental Total	Employees 20-29 Hours	Employees 30 + Hours
Employee Only	\$93.47	\$40.27	\$27.65
Employee + Spouse	\$186.94	\$133.74	\$121.12
Employee + Child(ren)	\$168.25	\$115.05	\$102.43
Employee + Family	\$280.41	\$227.21	\$214.59

Contact Information



Please see the required health plan notices here or via the QR code:

<https://acrobat.adobe.com/2023HealthPlanNotices>

Please feel free to contact the carriers or representative below. We are here to support with any questions!

Coverage	Carrier	Group #	Phone #	Website/Email
Medical	Kaiser	4246	800-813-2000	www.kp.org
Dental	Kaiser	4246	800-813-2000	www.kp.org
Vision– included in medical	Kaiser	4246	800-813-2000	www.kp.org
Life/AD&D	Guardian	00043357	888-482-7342	www.guardianlife.com
Long Term Disability	Guardian	00043357	888-482-7342	www.guardianlife.com
Embedded (EAP)	Guardian	00043357	888-482-7342	www.guardianlife.com
Spring Health (EAP)	Spring Health	00043357	855-629-0554	careteam.springhealth.com

Questions?

If you have additional questions, you may also contact:

Benefits Broker—HUB International
Kaya Efimov
503-496-1919
kaya.efimov@hubinternational.com

HR Team
Jasmine Tolbert
360-906-9107
jtolbert@ywcaclarkcounty.org



DISCLAIMER: The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern. **Annual Notices:** ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The company will distribute all required notices annually.

