

ELGIBILITY
<p>All employees are eligible for benefits the first of the month following 60 days after your hire date. Insurance is available to Full Time employees. Full Time is defined as employees working at least thirty (30) hours per week.</p> <p>You must enroll in the benefit plans when you are first eligible, or if you have a Qualifying Event. Otherwise you will not be able to enroll until open enrollment, or if you have a change in family status. These “Qualifying Events” include the following changes in family status: Marriage, Divorce, Death, Birth, Adoption, Job Change.</p> <p>Enrollment and any change in family status must be done within <u>thirty (30) days</u> of the date of the Qualifying Event.</p>
VOLUNTARY SUPPLEMENTAL COVERAGES
<p>Colonial Life</p> <ul style="list-style-type: none">◆ Accident Insurance◆ Term Life Insurance◆ Whole Life Insurance◆ Cancer Insurance◆ Individual Shor Term Disability Insurance◆ (Specified) & Critical Illness Insurance◆ Hospital Indemnity Insurance <p>The benefits are paid directly to you and are portable if you ever leave Home of Hope. Premiums are paid by payroll deduction and participation is voluntary.</p>
FSA/HSA ACCOUNTS
<p>Home of Hope offers a Flexible Spending Account to eligible employees.</p> <p>Medical Care - You have the option of electing up to \$2,750 (pre-tax) per calendar year for qualified medical/dental/vision expenses. There is a 2 1/2 month grace period to claim the prior years money. You may rollover up to \$500 each year in pretax elections.</p> <p>Dependent Care - You also have the option to elect up to \$5,000 (pre-tax) for dependent care costs. No carry-over applies. Money is available as it is deposited into the account.</p> <p>All qualified claims must be turned in by Tuesday to receive reimbursement by Thursday.</p> <p><i>*Employees who did not elect the maximum contribution for the 2020 plan year, have a one-time opportunity to increase your election amount effective 7/1.</i></p> <p>HSA available with HDHP (Indiv \$3,600/Family \$7,200)</p>

MEDICAL INSURANCE BENEFITS	
<u>CommunityCare PPO ~ Fundamental 3 OE Lg</u> Network: PPO Standard Insure Oklahoma Qualified Plan	
Calendar Year Deductible	<u>Network</u>
Individual	\$2,000
Family	\$4,000
Coinsurance	70%
Out-of-Pocket Limit Per Calendar Year (Includes Deductible and Medical/RX copays)	
Individual	\$3,000
Family	\$6,000
Physician Services	
Office Visit (PCP)	\$25
Preventive Care	No Charge
Office Visit (Specialist)	\$40
Outpatient Therapy	30% after Ded
(limit 60 visits per disability, per year for speech, OT, PT)	
Emergency Room	30% after Ded
Urgent Care	\$50
Inpatient Hospital	30% after Ded
Outpatient Surgery	30% after Ded
Outpatient Lab/Radiology	\$0
MRI, CT Scan, Pet Scan	Ded
\$100 RX Calendar Year Deductible then:	
Preferred Generic	\$15
Preferred Brand	\$40
Non-Preferred Generic	\$70
Non-Preferred Brand	\$70
Specialty	\$160
Rx Mail Order 2 Co-pays for 90 Day Supply	
<i>* Premiums may be reduced if you qualify for Insure Oklahoma assistance. Please see Pam for details.</i>	

MEDICAL INSURANCE BENEFITS				
<u>CommunityCare HMO ~ CC 100/3000 OE CR17</u> Network: HMO Standard Insure Oklahoma Qualified Plan				
Calendar Year Deductible	<u>Network</u>			
Individual	\$3,000			
Family	\$6,000			
Coinsurance	100%			
Out-of-Pocket Limit Per Calendar Year (Includes Deductible and Medical/RX copays)				
Individual	\$3,000			
Family	\$6,000			
Physician Services				
Office Visit (PCP)	\$20			
Preventive Care	No Charge			
Office Visit (Specialist)	\$50			
Outpatient Therapy	Deductible (limit 60 visits per disability, per year for speech, OT, PT)			
Emergency Room	Deductible			
Urgent Care	\$50			
Inpatient Hospital	Deductible			
Outpatient Surgery	Deductible			
Outpatient Lab/Radiology	Deductible			
MRI, CT Scan, Pet Scan	Deductible			
\$100 RX Calendar Year Deductible then:				
Preferred Generic	\$15			
Preferred Brand	\$40			
Non-Preferred Generic	\$70			
Non-Preferred Brand	\$70			
Specialty	\$160			
Rx Mail Order 2 Co-pays for 90 Day Supply				
* Premiums may be reduced if you qualify for Insure Oklahoma assistance. Please see Pam for details.				
	Full Premium	HOH Pays	EE Pays Monthly	EE Per Check
EE	\$675.61	\$506.71	\$168.90	\$84.45
ES	\$1556.48	\$856.06	\$700.42	\$350.21
EC	\$1505.71	\$828.14	\$677.57	\$338.78
EF	\$1889.24	\$1039.08	\$850.16	\$425.08

MEDICAL INSURANCE BENEFITS				
<u>CommunityCare ~ CC 80/3500 HDHP</u>				
HSA Qualified Health Plans				
Calendar Year Deductible		<u>Network</u>		
Individual		\$3,500		
Family		\$7,000		
Coinsurance		80% after Ded		
Out-of-Pocket Limit Per Calendar Year				
(Includes Deductible and Medical/RX copays)				
Individual		\$6,000		
Family		\$12,000		
Urgent Care		\$50 after Ded		
Preventive Care		No Charge		
Outpatient Therapy		20% after Ded		
(limit 60 visits per disability, per year for speech, OT, PT)				
Network: HMO Standard				
Physician Services				
Office Visit (PCP)		\$25 after Ded		
Office Visit (Specialist)		\$35 after Ded		
	Full Premium	HOH Pays	EE Pays Monthly	EE Per Check
EE	\$562.15	\$421.61	\$140.54	\$70.27
ES	\$1,295.10	\$712.31	\$582.80	\$291.40
EC	\$1,252.85	\$689.07	\$563.78	\$281.89
EF	\$1,571.98	\$864.59	\$707.39	\$353.70
Network: PPO Standard				
Physician Services				
Office Visit (PCP)		\$30 after Ded		
Office Visit (Specialist)		\$40 after Ded		
	Full Premium	HOH Pays	EE Pays Monthly	EE Per Check
EE	\$635.68	\$476.76	\$158.92	\$79.49
ES	\$1,464.44	\$805.44	\$659.00	\$329.50
EC	\$1,416.72	\$779.20	\$637.52	\$318.76
EF	\$1,777.52	\$977.64	\$799.88	\$399.94