

BENEFITS AT A GLANCE

BENEFITS OFFERED TO FULL-TIME ASSOCIATES				SUMMARY INFORMATION		
MEDICAL UnitedHealthcare (UHC) HDHP w/ HSA and UHC PPO	COST PER PAY PERIOD	UHC HDHP w/ HSA	UHC PPO	UHC High Deductible Health Plan w/ /HSA	UHC PPO	
	Associate	\$20.88	\$149.48	Deductible: In Network - Associate Only \$2,800; Family \$5,600 Out of Network - Associate Only \$5,400; Family \$11,200. Out-of-Pocket: In Network - Associate Only \$5,000; Family \$10,000 Out of Network - Associate Only \$10,000; Family \$20,000 Coinsurance: You are responsible for most covered services until you reach the deductible. Then UHC will pay 90% and you will pay 10%.	Deductible: In Network - Associate Only \$500; Family \$1,000 Out of Network - Associate Only \$1,500; Family \$3,000 Out-of-Pocket: In Network - Associate Only \$2,500; Family \$5,000 Out of Network - Associate Only \$7,500; Family \$15,000 Coinsurance: You are responsible for some covered services until you reach the deductible. Then UHC will pay 90% and you will pay 10%. Co-Pay: In Network - Office Visit \$15, Specialist \$30	
	Associate+Spouse	\$64.75	\$384.37			
	Associate+Child(ren)	\$55.62	\$344.02			
	Family	\$108.61	\$576.57			
MEDICAL UnitedHealthcare (UHC) HMO and Kaiser HMO	COST PER PAY PERIOD	UHC HMO	Kaiser HMO	UHC HMO	Kaiser HMO	
	Associate	\$39.73	\$41.74	Deductible: In Network - Associate Only \$1,000; Family \$2,000 Out-of-Pocket: In Network - Associate Only \$3,000; Family \$6,000. Coinsurance: You are responsible for some covered services until you reach the deductible. Then UHC will pay 80% and you will pay 20%. Co-Pay: Office visit/Specialist \$30/45	Deductible: In Network - Associate Only \$1,500; Family \$3,000 Out-of-Pocket: In Network - Associate Only \$4,000; Family \$8,000. Coinsurance: You are responsible for some covered services until you reach the deductible. Then Kaiser will pay 70% and you will pay 30%. Co-Pay: Office visit/Specialist \$40	
	Associate+Spouse	\$115.28	\$121.09			
	Associate+Child(ren)	\$99.03	\$104.02			
	Family	\$193.36	\$201.89			
DENTAL MetLife	COST PER PAY PERIOD	DHMO	DPPO	DHMO	DPPO	
	Associate	\$1.39	\$23.74	Office Visit: \$5 All other services vary by type.	Deductible: In Network - \$50 individual / \$150 family. Out of network - \$100 individual / \$300 family Co-insurance: In Network - Preventive 100%, Basic 80%, Major 60%; Out of Network - Preventative 100%, Basic 80%, Major 50% Orthodontia max \$1,000 (child up to age 19) Adult fluoride will be covered at 100%	
	Associate+Spouse	\$2.14	\$56.45			
	Associate+Child(ren)	\$1.90	\$51.31			
	Family	\$4.12	\$83.81			
VISION VSP	COST PER PAY PERIOD			WellVision Exam: \$10 Copay; Frequency - 12 months	Prescription Glasses: \$180 allowance for a wide selection of frames	
	Associate	\$2.22		Frames: Frequency - 24 months	Contact lenses (in lieu of glasses): Contact lens exam copay up to \$60 applies \$130 allowance for contacts Single vision, lined bifocal, and lined trifocal lenses are covered	
	Associate + Spouse	\$4.44		Lenses: Frequency - 12 months		
	Associate + Child(ren)	\$4.76		Contact Lenses: Frequency - 12 months		
	Family	\$7.61				
HEALTH SAVINGS ACCOUNT Optum Bank	Associates enrolled in the UHC HDHP Medical Plan are automatically enrolled in the Optum HSA account. ESSC will make contributions based on your coverage level. Voluntary pre-tax HSA contributions can be made at any time.			Coverage Level	Employer Annual Contribution	Employer Per Paycheck Contribution
				Associate Only	\$1,000	\$38.46
				Associate + 1 or more dependents	\$2,000	\$76.92

BENEFITS OFFERED TO FULL-TIME ASSOCIATES (CONTINUED)		SUMMARY INFORMATION (CONTINUED)
FLEXIBLE SPENDING ACCOUNTS <i>Healthcare Optum/Dependent Care</i>	FSA HealthCare: Allows you to put money aside on a pre-tax basis for unreimbursed healthcare expense. This program is available to all Full Time associates. If you elected the UHC HDHP plan, you are not eligible for the FSA HealthCare. Annual maximum = \$2,850	FSA Dependent Care: Allows you to put money aside on a pre-tax basis for dependent care expenses. If you work and have an eligible child that needs care during the day, the Dependent Care FSA may be right for you. The child(ren) have to be under the age of 13. Annual maximum = \$5,000
LIFE AND AD&D <i>Prudential</i>	Employer paid for full-time associates.	The benefit is equal to two times the associate's annual earnings up to \$500,000.
LTD <i>Prudential</i>	Employer paid for full-time associates.	The benefit is equal to 67% of your base salary up to \$15K monthly maximum.
401(K) <i>Lincoln Financial Group</i>	All associates are eligible to contribute to the plan upon their date of hire. Employer matching contributions begin upon plan entry date.	Associates will be automatically enrolled at 3% of salary unless they opt out. ESSC provides an employer match of 100% of the first 1%, 50% of the next 5%.
FINANCIAL ADVISORY SERVICES <i>CAPTRUST</i>	Employer paid for all associates.	Provides FREE professional, unbiased investment advice and comprehensive planning tools tailored to your individual needs.

ADDITIONAL BENEFITS		SUMMARY INFORMATION
VOLUNTARY BENEFITS <i>through Farmington</i>	Full-time and part-time associates are eligible while regularly working a minimum of twenty (20) hours per week.	Available policies are: Critical Illness, Accident, Hospital, Term Life, Legal Services, and Pet Savings Plan. Cost varies depending on the amount of coverage the associate selects.
EMPLOYEE ASSISTANCE PROGRAM (EAP) <i>Optum</i>	Employer paid for all associates.	Up to five (5) visits per year, per incident. Also available: interactive tools, planning tools, expert assistance, referrals, and unlimited telephone interactions.
PERKSPOT <i>Discount Program</i>	All associates are eligible to participate	A member only discount marketplace that provides you with access to hundreds of brand name retailers in your area and throughout the United States.

PAID TIME OFF (PTO) PROGRAMS

PTO PLAN	At hire and anniversary	FULL-TIME	PART-TIME
		Full-time: 30+ hours per week	Part-time: 20 < 30 hours per week
Staff	At hire	15	5
	1	16	6
	2	17	7
	3	18	8
	4	19	9
	5	20	10
	7	21	11
	10	22	12
	15	23	13
	20	24	14
	25	25	15

Eligibility	Associates scheduled to work 20+ hours per week
PTO accrued?	Yes, per pay period
PTO for part-time?	Yes, part-time schedule for associates scheduled to work 20 < 30 hours per week
Cap	225 hours—accrual stops when cap is met
Directors and above	Eligible to participate in Flexible PTO Plan



Questions/Comments

If you have any questions or comments, please contact a member of the benefits team at benefits@essc.org or (657) 207-5364 for Lydia Nhem or (657) 207-5775 for Lorraine Mills.