



2020 Lansing Board of Water & Light Benefits – Salaried/Non-Union Employees

Health Care Benefits begin on the first day of the month, following date of hire

→ **Medical**

Benefit provided by Physicians Health Plan (PHP). PHP is a PPO plan, and is in network with Cofinity, PHCS and MultiPlan. The plan provides for in-network and out-of-network benefits. Medical has a 20% employee premium share and is 80% employer paid.

GREEN PLAN – (In-Network)

- Deductible - \$1,000 per member, \$2,000 per family
 - Percent Coinsurance – 10% up to a maximum \$1,000 per member, \$2,000 per family
 - Co-pays - \$30 in office visit, \$40 urgent care, \$200 emergency room
 - Annual out of pocket - \$4,100* per member \$8,200 per family*
- *Deductible, co-insurance and all fixed co-pays count toward annual Out-of-Pocket maximum of \$4,100/\$8,200.

BLUE PLAN – (In-Network)

- Deductible - \$250 per member, \$500 per family
 - Co-pays - \$15 in office visit, \$25 urgent care, \$200 emergency room
 - Annual out of pocket - \$4,100* per member \$8,200 per family*
- *Deductible and all fixed co-pays count toward annual Out-of-Pocket maximum of \$4,100/\$8,200.

→ **Prescriptions Drugs**

Benefit provided by Express Scripts. Bundled with medical, benefit has a 20% employee premium and is 80% employer-paid.

GREEN PLAN – (In-Network)

- Co-pays - \$15 generic, \$30 preferred brand name, \$60 non-preferred & specialty drugs (90 day supplies/mail order x2 copays)
 - Annual out of pocket - \$3,050* per member \$6,100 per family*
- *All fixed co-pays count toward Annual Out-of-Pocket maximum of \$3,050/\$6,100.

BLUE PLAN – (In-Network)

- Co-pays - \$5 generic, \$25 preferred brand name, \$25 non-preferred & specialty drugs (90 day supplies/mail order x2 copays)
 - Annual out of pocket - \$3,050* per member \$6,100 per family*
- *All fixed co-pays count toward Annual Out-of-Pocket maximum of \$3,050/\$6,100.

→ **Dental**

Benefit provided by Delta Dental via its PPO and Premier Networks. This benefit is paid 100% by the employer.

PPO Network Providers

- Diagnostic & Preventative Services covered at 100% without deductible
- Deductible - \$25 per member, \$75 per family maximum
- Co-pays – 10% for basic services, 20% for major services

- Up to \$1,500 Maximum Payment for basic and major services annually
- Orthodontic Services – 50% up to \$2,600 per person total per lifetime (no age limit)

PREMIER Network Providers

- Diagnostic & Preventative Services covered at 100% without deductible
- Deductible - \$100 per member, \$200 per family maximum
- Co-pays – 20% for basic and major services
- Up to \$1,500 Maximum Payment for basic and major services annually
- Orthodontic Services – 50% up to \$2,500 per person total per lifetime (no age limit)

→ **Vision**

Benefit provided by EyeMed. This benefit is paid 100% by the employee and is deducted monthly.

This plan provides a Well Vision Exam and other service at various copays and discounts, along with an allowance for prescription glasses OR contacts every 12 months.

- Single \$6.96
- 2-Person \$13.23
- Family \$19.42

→ **Additional Benefits Options**

AFLAC (various health care plans including Short Term Disability), LifeLock (Identity and Anti-Theft Protection), LifeSecure (Long Term Care)

→ **Flexible Spending Account**

- Pre-tax benefit
- Dependent Care up to \$5,000 annually
- Medical expenses up to \$2,750 annually

→ **Company-paid Life and AD&D Insurance**

Benefit provided by MetLife. This benefit is paid 100% by the employer. Group Term Life (GTL) coverage amount is 1.5 times annual salary rounded to next highest thousand. Enrollment the first day of the month after four (4) months following your date of hire. Accidental Death and Dismemberment (AD&D) Insurance benefit of \$100,000 for eligible employees traveling on approved company business.

→ **Voluntary Supplemental Life Insurance**

- Employee – Purchased in \$10,000 increments to a maximum of the lesser of five times your base annual earnings or \$500,000. Guarantee Issue of \$120,000.
- Spouse – If you elect supplemental life insurance for yourself, you may choose to purchase spouse supplemental life insurance in \$5,000 increments to a maximum of your purchase for yourself. Guarantee Issue of \$75,000.
- Children – If you elect supplemental life insurance for yourself, you may choose to purchase children supplemental life insurance in \$2,000 increments to the maximum of \$10,000. This covers all children who are over 6 months of age for one rate per \$2,000.

→ **Company-paid Long-Term Disability**

Benefit provided by MetLife. This benefit is 100% employer paid. The benefit amount is 60% of your pre-disability earnings to a monthly maximum of \$6,000. The benefit elimination period is 90 days. Enrollment is the first day of the month following full time status of 40 hours/week.

→ **Retirement Benefits**

To the extent the active employee, who is hired after January 1,2009, is eligible for benefits under the Post Retirement Benefit Plan, their respective level of coverage, co-pays and health care premium sharing as a retiree through retirement shall be at the same level as active employees.

→ **401(a) Defined Contribution Plan (DC)**

100% employer paid. Enrollment the first pay period after 6-month probation following your date of hire. Contributions: 9.5% of base salary (vested); additional 0.5% for non-exempt employees; additional 3% for exempt employees.

→ **DC Vesting for 401(a)**

<u>Number of Service Years</u>	<u>Percentage Vested</u>
Less than 1 year	-0- thereof
3 years but less than 4 years	25% thereof
4 years but less than 5 years	50% thereof
5 years but less than 6 years	75% thereof
6 years or more	100% thereof

→ **457 Deferred Compensation**

100% employee paid. Enrollment first pay period for employee savings

- Employee Match Program - \$1,000 annual employer contribution (every January after hire date); additional \$1,500 employer match can be obtained with \$1,500 employee contribution (\$1 for \$1).
- Employees meeting criteria outlined within company policy and procedures are eligible for post-retirement medical and life insurance benefits.

→ **Time off Benefits**

- **Holidays – 11 Days/88 Hours per calendar year**

○ New Year’s Day	Labor Day	Christmas Eve
MLK Jr’s Birthday (observed)	Veteran’s Day	Christmas Day
Memorial Day	Thanksgiving Day	New Year’s Eve
Independence Day	Friday after Thanksgiving Day	

- **Vacation – Used in full and half day increments, ability to roll over 10 days/80 hours of unused time into the following year**

○ 0-1 year	Prorated based on hire date
1-8 years	10 days/80 hours
9-14 years	15 days/120 hours
15-19 years	20 days/160 hours
20-29 years	25 days/200 hours
30 years	26 days/208 hours
31 (+) years	27 days/216 hours

- **Free Choice - Used in one-hour increments, up to a full day. Ability to roll over 2 days/16 hours of unused time into the following year**

○ 0-1 year	Prorated based on hire date
On Jan. 1 after hire date	6 days/48 hours per year

- **Sick Leave – Unused time rolls over to a maximum of 186 days/1,488 hours**

Hired in first year	6 sick days/48 hours available
13 th month and each calendar month thereafter	1 sick day/8 hours earned

- **Additional Time Off based on company policy**

→ **Company- paid training and education**

- Tuition Reimbursement – approved qualified educational expense (\$5,250 annual maximum)
- Technical training and employee development as approved

→ **Additional Benefits**

- Diverse Workplace, Equal Access to Opportunities, Inclusive Work Environment
- Work Life Balance Program (including remote and flexible schedules, and part-time options)
- Employee Assistance Program through Ulliance
- Parental Leave
- Two Fitness Centers
- HOPE – Home Purchase Plan – Forgivable \$5,000 Loan for Lansing Home
- Employee Excellence and Safety Awards
- Service Awards to Recognize Length of Service
- Safety Shoes/Safety Eye-Glass Program (for qualified positions)