

# BENEFITS AT A GLANCE 2025



## FOR PHYSICAL & EMOTIONAL WELLBEING

| BENEFIT   | WHAT DO YOU PAY?   | WHO IS ELIGIBLE?  | WHEN ARE YOU ELIGIBLE?  |
|---|--|---|---|
| <b>Medical:</b><br><b>CIGNA Local Plus PPO (In-Network Only)</b><br><b>CIGNA OAP PPO 500 (In-Network Only)</b><br><b>CIGNA OAP PPO H.S.A. 4400/100%</b><br><a href="http://www.cigna.com">www.cigna.com</a> | Please see the tables below to review the applicable bi-weekly employee contributions for the available plans. | <b>Regular Full-Time</b> (40 hours/week)<br><b>Regular Part-Time</b> (32 hours/week)<br><b>OB Panel</b> (24 hours/week) | <b>Providers – New Hires:</b><br>1st of the month following date of hire<br><b>Non-Providers – New Hires:</b><br>1st of the month following 30 days of hire |

| CIGNA Local Plus PPO (In-Network Only) |                            |                            |
|--|----------------------------|----------------------------|
| Coverage Level                         | Salary Band                | Bi-weekly Employee Premium |
| EE Only                                | \$0.00 - \$50,000.00       | \$12.50                    |
| EE + Spouse                            | \$0.00 - \$50,000.00       | \$204.12                   |
| EE + Children                          | \$0.00 - \$50,000.00       | \$150.87                   |
| Employee + Family                      | \$0.00 - \$50,000.00       | \$257.37                   |
| EE Only                                | \$50,000.01 - \$100,000.00 | \$15.00                    |
| EE + Spouse                            | \$50,000.01 - \$100,000.00 | \$222.96                   |
| EE + Children                          | \$50,000.01 - \$100,000.00 | \$164.80                   |
| Employee + Family                      | \$50,000.01 - \$100,000.00 | \$281.13                   |
| EE Only                                | \$100,000.01+              | \$17.50                    |
| EE + Spouse                            | \$100,000.01+              | \$241.80                   |
| EE + Children                          | \$100,000.01+              | \$178.73                   |
| Employee + Family                      | \$100,000.01+              | \$304.88                   |

| CIGNA OAP PPO 500 (In-Network Only) |                            |                            |
|-------------------------------------|----------------------------|----------------------------|
| Coverage Level                      | Salary Band                | Bi-weekly Employee Premium |
| EE Only                             | \$0.00 - \$50,000.00       | \$32.50                    |
| EE + Spouse                         | \$0.00 - \$50,000.00       | \$317.95                   |
| EE + Children                       | \$0.00 - \$50,000.00       | \$235.01                   |
| Employee + Family                   | \$0.00 - \$50,000.00       | \$400.89                   |
| EE Only                             | \$50,000.01 - \$100,000.00 | \$37.50                    |
| EE + Spouse                         | \$50,000.01 - \$100,000.00 | \$341.50                   |
| EE + Children                       | \$50,000.01 - \$100,000.00 | \$252.42                   |
| Employee + Family                   | \$50,000.01 - \$100,000.00 | \$430.59                   |
| EE Only                             | \$100,000.01+              | \$42.50                    |
| EE + Spouse                         | \$100,000.01+              | \$376.83                   |
| EE + Children                       | \$100,000.01+              | \$278.53                   |
| Employee + Family                   | \$100,000.01+              | \$475.13                   |

| CIGNA OAP PPO H.S.A 4400/100% |                            |                            |
|-------------------------------|----------------------------|----------------------------|
| Coverage Level                | Salary Band                | Bi-weekly Employee Premium |
| EE Only                       | \$0.00 - \$50,000.00       | \$62.50                    |
| EE + Spouse                   | \$0.00 - \$50,000.00       | \$322.95                   |
| EE + Children                 | \$0.00 - \$50,000.00       | \$229.61                   |
| Employee + Family             | \$0.00 - \$50,000.00       | \$417.51                   |
| EE Only                       | \$50,000.01 - \$100,000.00 | \$67.50                    |
| EE + Spouse                   | \$50,000.01 - \$100,000.00 | \$342.36                   |
| EE + Children                 | \$50,000.01 - \$100,000.00 | \$244.16                   |
| Employee + Family             | \$50,000.01 - \$100,000.00 | \$443.59                   |
| EE Only                       | \$100,000.01+              | \$72.50                    |
| EE + Spouse                   | \$100,000.01+              | \$353.27                   |
| EE + Children                 | \$100,000.01+              | \$258.72                   |
| Employee + Family             | \$100,000.01+              | \$469.06                   |

# BENEFITS AT A GLANCE 2025



## FOR PHYSICAL & EMOTIONAL WELLBEING

| BENEFIT   | WHAT DO YOU PAY?   | WHO IS ELIGIBLE?   | WHEN ARE YOU ELIGIBLE?  |
|---|--|--|---|
| <b>Dental: CIGNA HMO</b><br><a href="http://www.cigna.com">www.cigna.com</a>  | Employee only: \$0.00<br>Employee + 1 Dep: \$6.02<br>Employee + 2 or more Dep: \$12.46<br>(amounts are deducted <b>bi-weekly</b> )   | <b>Regular Full-Time</b> (40 hours/week)<br><b>Regular Part-Time</b> (32 hours/week)<br><b>OB Panel</b> (24 hours/week)  | <b>Providers – New Hires:</b><br>1st of the month following date of hire<br><b>Non-Providers – New Hires:</b><br>1st of the month following 30 days of hire |
| <b>Dental: CIGNA PPO Low</b><br><a href="http://www.cigna.com">www.cigna.com</a>  | Employee only: \$7.49<br>Employee + 1 Dep: \$21.43<br>Employee + 2 or more Dep: \$46.13<br>(amounts are deducted <b>bi-weekly</b> )  | <b>Regular Full-Time</b> (40 hours/week)<br><b>Regular Part-Time</b> (32 hours/week)<br><b>OB Panel</b> (24 hours/week)  | <b>Providers – New Hires:</b><br>1st of the month following date of hire<br><b>Non-Providers – New Hires:</b><br>1st of the month following 30 days of hire |
| <b>Dental: CIGNA PPO High</b><br><a href="http://www.cigna.com">www.cigna.com</a>   | Employee only: \$16.84<br>Employee + 1 Dep: \$39.34<br>Employee + 2 or more Dep: \$77.09<br>(amounts are deducted <b>bi-weekly</b> )   | <b>Regular Full-Time</b> (40 hours/week)<br><b>Regular Part-Time</b> (32 hours/week)<br><b>OB Panel</b> (24 hours/week)  | <b>Providers – New Hires:</b><br>1st of the month following date of hire<br><b>Non-Providers – New Hires:</b><br>1st of the month following 30 days of hire |
| <b>Vision: Eyemed</b><br><a href="http://www.eyemed.com">www.eyemed.com</a>   | Employee only: \$0.00<br>Employee + Spouse: \$2.40<br>Employee + Child(ren): \$2.40<br>Employee + Family: \$6.35<br>(amounts are deducted <b>bi-weekly</b> )   | <b>Regular Full-Time</b> (40 hours/week)<br><b>Regular Part-Time</b> (32 hours/week)<br><b>OB Panel</b> (24 hours/week)  | <b>Providers – New Hires:</b><br>1st of the month following date of hire<br><b>Non-Providers – New Hires:</b><br>1st of the month following 30 days of hire |
| <b>Acupuncture &amp; Chiropractic Care</b><br><b>Landmark Health plan</b><br><a href="http://www.lhp-ca.com">www.lhp-ca.com</a>             | No Cost: paid 100% by Eisner Health.<br>Up to 30 visits per year at \$0 copay.   | <b>Regular Full-Time</b> (40 hours/week)<br><b>Regular Part-Time</b> (32 hours/week)<br><b>OB Panel</b> (24 hours/week)<br><i>*Must be enrolled in Eisner Health employer offered medical plan to be eligible. *</i> | <b>Providers – New Hires:</b><br>1st of the month following date of hire<br><b>Non-Providers – New Hires:</b><br>1st of the month following 30 days of hire |
| <b>Employee Assistance Plan (EAP)</b><br><b>Mutual of Omaha</b><br><a href="http://www.mutualofomaha.com/EAP">www.mutualofomaha.com/EAP</a> | No Cost: paid 100% by Eisner Health.<br>Assists employees and their eligible dependents with personal or job-related concerns, including: emotional well-being, family and relationships, legal and financial matters, healthy lifestyles, and work or life transitions. | <b>All Employees</b>   | <b>Upon Hire</b>  |
| <b>Health Insurance Subsidy</b>   | All benefits-eligible employees who choose not to participate in one of Eisner Health's group medical insurance plans will receive a monthly opt-out payment of \$237.36/month. Signed Opt-Out Waiver form and proof of other coverage are required every year.          | <b>Regular Full-Time</b> (40 hours/week)<br><b>Regular Part-Time</b> (32 hours/week)<br><b>OB Panel</b> (24 hours/week)<br><i>*Must NOT be enrolled in an individual policy or Medicaid*</i>                         | <b>Providers – New Hires:</b><br>1st of the month following date of hire<br><b>Non-Providers – New Hires:</b><br>1st of the month following 30 days of hire |

# BENEFITS AT A GLANCE 2025



## FOR FINANCIAL WELLBEING

| BENEFIT   | DESCRIPTION  | WHO IS ELIGIBLE?  | WHEN ARE YOU ELIGIBLE?  |
|---|--|---|---|
| <b>401K</b>   | Employees may choose to make contributions to the 401k plan up to \$23,000 per year. *If you are 50 or over, you may contribute an additional \$7,500. Eisner Health will contribute 3% on behalf of eligible employees.   | All employees.  | Upon completion of 416 hours of work  |
| <b>Flexible Spending Account (FSA)<br/>Commuter Spending Account (CSA)<br/>Flex Facts<br/>www.flexfacts.com</b>   | FSA/CSA plans provide you with an important tax advantage that can help you pay for health care and dependent care expenses on a pretax basis.<br><b>Annual Maximum Contribution Limits:</b><br>Health Care FSA –\$3,300/year<br>Dependent Care FSA–\$5,000/year<br>Transit/Commuter Account–\$325/month   | <b>Regular Full-Time</b> (40 hours/week)<br><b>Regular Part-Time</b> (32 hours/week)<br><b>OB Panel</b> (24 hours/week) | <b>Providers – New Hires:</b><br>1st of the month following date of hire<br><b>Non-Providers – New Hires:</b><br>1st of the month following 30 days of hire |
| <b>Transportation</b>   | Parking is provided at no cost to you at Eisner Health Center’s designated parking lots and structures. A reimbursement of up to <b>\$100/month</b> for Metro Transit, Ride Sharing Services, or if you choose to secure your own parking arrangement.   | <b>Regular Full-Time</b> (40 hours/week)<br><b>Regular Part-Time</b> (32 hours/week)<br><b>OB Panel</b> (24 hours/week) | <b>Upon Hire</b>  |
| <b>Employer Sponsored<br/>Basic Life/AD&amp;D<br/>Long Term Disability<br/>Mutual of Omaha<br/>www.mutualofomaha.com</b>  | <b>No Cost: paid 100% by Eisner Health.</b><br>Basic Life/AD&D – 2x annual salary up to \$600,000 <u>OR</u> \$50,000 coverage levels.<br>Long-term Disability–66.67% of monthly income up to \$7,500   | <b>Regular Full-Time</b> (40 hours/week)<br><b>Regular Part-Time</b> (32 hours/week)<br><b>OB Panel</b> (24 hours/week) | <b>Providers – New Hires:</b><br>1st of the month following date of hire<br><b>Non-Providers – New Hires:</b><br>1st of the month following 30 days of hire |
| <b>Voluntary Short Term Disability<br/>Voluntary Life/AD&amp;D (EE)<br/>Voluntary Life/AD&amp;D (DEP)<br/>Mutual of Omaha<br/>www.mutualofomaha.com</b>   | <b>Voluntary Plans:</b><br><b>Employee Responsible for 100% of premiums</b><br><b>Short Term Disability:</b> enhances CA SDI benefit with 10% additional income replacement (up to \$1500/week), if you are not able to work for more than seven (7) days due to a disabling condition.<br><b>*Life/AD&amp;D (EE):</b> optional coverage in \$10,000 increments up to \$500,000<br><b>*Life/AD&amp;D (DEP):</b> optional coverages up to \$250,000 (spouse) and \$10,000 (children). | <b>Regular Full-Time</b> (40 hours/week)<br><b>Regular Part-Time</b> (32 hours/week)<br><b>OB Panel</b> (24 hours/week) | <b>Providers – New Hires:</b><br>1st of the month following date of hire<br><b>Non-Providers – New Hires:</b><br>1st of the month following 30 days of hire |
| *Voluntary Life Insurance Guaranteed Issue Amounts:<br><b>Life/AD&amp;D (EE):</b> \$150,000<br><b>Life/AD&amp;D (SP):</b> \$50,000<br><br>Elections past the GI amount will require completion of an EOI. |  |   |   |

# BENEFITS AT A GLANCE 2025



## FOR FINANCIAL WELLBEING

| BENEFIT   | DESCRIPTION  | WHO IS ELIGIBLE?  | WHEN ARE YOU ELIGIBLE?  |
|---|--|---|---|
| <b>Voluntary Critical Illness</b><br><b>Voluntary Accident/Injury</b><br><b>Mutual of Omaha</b><br><a href="http://www.mutualofomaha.com">www.mutualofomaha.com</a>   | <b>Voluntary Plans:</b><br><b>Employee Responsible for 100% of premiums</b><br><b>Critical Illness:</b> helps provide financial relief from medical expenses associated with a serious illness.<br><b>Accident/Injury:</b> helps provide financial relief by paying direct cash reimbursement based on the injury and the medical treatment you receive for a covered accident or injury.                    | <b>Regular Full-Time</b> (40 hours/week)<br><b>Regular Part-Time</b> (32 hours/week)<br><b>OB Panel</b> (24 hours/week) | <b>Providers – New Hires:</b><br>1st of the month following date of hire<br><b>Non-Providers – New Hires:</b><br>1st of the month following 30 days of hire |
| <b>Legal Plan: Legal Shield</b><br><b>ID Theft Plan: Norton Life Lock</b><br><a href="http://www.legalshield.com">www.legalshield.com</a><br><a href="http://www.nortonlifelock.com">www.nortonlifelock.com</a> | <b>Voluntary Plans:</b><br><b>Employee Responsible for 100% of premiums</b><br><b>Legal Plan:</b> this plan provides direct access to a team of attorneys that can provide legal advice, consultation, and representation on a wide variety of legal matters, as needed.<br><b>ID Theft:</b> offers identity theft protection, privacy monitoring, security monitoring, and full identity recovery services. | <b>Regular Full-Time</b> (40 hours/week)<br><b>Regular Part-Time</b> (32 hours/week)<br><b>OB Panel</b> (24 hours/week) | <b>Providers – New Hires:</b><br>1st of the month following date of hire<br><b>Non-Providers – New Hires:</b><br>1st of the month following 30 days of hire |
| <b>Veterinary Savings Program</b><br><b>United Pet Care</b><br><a href="http://www.unitedpetcare.com/enroll">www.unitedpetcare.com/enroll</a>   | <b>Voluntary Plan:</b><br><b>Employee Responsible for 100% of premiums</b><br>Offers instant savings of 20-50% off certain veterinary services with in-network veterinarians. No age, pre-existing or breed-specific condition exclusions.<br><br><i>*This is <b>not</b> a pet insurance plan, it is a discount program. *</i>   | <b>Regular Full-Time</b> (40 hours/week)<br><b>Regular Part-Time</b> (32 hours/week)<br><b>OB Panel</b> (24 hours/week) | <b>Providers – New Hires:</b><br>1st of the month following date of hire<br><b>Non-Providers – New Hires:</b><br>1st of the month following 30 days of hire |

# BENEFITS AT A GLANCE 2025



## FOR SOCIAL & FAMILY WELLBEING

| BENEFIT                  | DESCRIPTION  | WHO IS ELIGIBLE?   | WHEN ARE YOU ELIGIBLE?                         |
|--------------------------|--|--|--|
| Holidays                 | New Year's Day, President's Day, Memorial Day, Juneteenth, Independence Day, Labor Day, Thanksgiving, Day After Thanksgiving, Christmas Day.   | Regular Full-Time (40 hours/week)<br>Regular Part-Time (32 hours/week)<br>OB Panel (24 hours/week)   | Upon Hire                                      |
| Jury Duty                | Eligible full-time employees may be granted paid leave of absence for up to five (5) business days per calendar year for jury duty service. All other employees may use available paid time off balances.  | Regular Full-Time (40 hours/week)<br>Regular Part-Time (32 hours/week)<br>OB Panel (24 hours/week)   | Upon Hire                                      |
| Paid Time Off            | <p>Paid Time Off (PTO) hours accrue automatically, based on length of service and work status. These hours may be used for vacation, holidays, sick days or personal matters. PTO must be requested and approved in advance. Employees working less than 40 hours per week, will accrue PTO at a rate proportionate to their hours worked. The accrual amounts listed below apply to 40-hour/week employees (PTO1).</p> <p><b>Accrual Schedule (Pay Period/Annual Accrual/Max Accrual Allowed):</b></p> <ul style="list-style-type: none"> <li>•0 -5 years –7.08 hours / 184.08 hours (annual) / 360 hours (max)</li> <li>•6 -10 years –8.62 hours / 224.12 hours (annual) / 440 hours (max)</li> <li>•11+ years –10.16 hours / 264.16 hours (annual) / 520 hours (max)</li> </ul> | Regular Full-Time (40 hours/week)<br>Regular Part-Time (32 hours/week)<br>OB Panel (24 hours/week)   | Upon Hire                                      |
| Family Medical Leave Act | Leave of absence for the serious health condition of you or a family member  | All employees who have worked at least 1,250 hours in the last 12 month, and employed at a worksite that has 50 or more employees within 75 miles. | Worked at Eisner Health for at least 12 months |

# BENEFITS AT A GLANCE 2025



## FOR PROFESSIONAL DEVELOPMENT

| BENEFIT   | DESCRIPTION   | WHO IS ELIGIBLE  | WHEN ARE YOU ELIGIBLE   |
|---|---|--|---|
| <b>Tuition Reimbursement</b>                          | Tuition reimbursement for approved coursework up to <b>\$500 per year</b>   | <b>Regular Full-Time</b> (40 hours/week)<br><b>Regular Part-Time</b> (32 hours/week)<br><b>OB Panel</b> (24 hours/week)                          | <b>Providers – New Hires:</b><br>1st of the month following date of hire<br><b>Non-Providers – New Hires:</b><br>1st of the month following 30 days of hire |
| <b>Continuing Medical Education Stipend</b>           | CME funds of <b>\$500 per year</b> must be applied for and approved on an individual basis and are not able to be carried over to the following year  | <b>Providers Only</b><br><b>Regular Full-Time</b> (40 hours/week)<br><b>Regular Part-Time</b> (32 hours/week)<br><b>OB Panel</b> (24 hours/week) | <b>Providers Only</b><br>Upon Hire  |
| <b>Continuing Medical Education &amp; Development</b> | Up to <b>5 CME</b> days per calendar year<br>Reimbursement for Board Certification or Re-certification fee*   | <b>Providers Only</b><br><b>Regular Full-Time</b> (40 hours/week)<br><b>Regular Part-Time</b> (32 hours/week)<br><b>OB Panel</b> (24 hours/week) | <b>Providers Only</b><br>Upon Hire  |
| <b>License and/or DEA Reimbursement</b>               | All healthcare professionals whose job requires a state or federal license requiring renewal can submit for license and/or DEA reimbursement. A healthcare professional may include but is not limited to physicians, dentists, nurse practitioners, physician assistants, nurse midwives, mental health therapists, and pharmacists. | <b>Regular Full-Time</b> (40 hours/week)<br><b>Regular Part-Time</b> (32 hours/week)<br><b>OB Panel</b> (24 hours/week)                          | <b>Providers Only</b><br>After 6 months of service  |

**\*This “Benefits at a Glance” document is intended as a source for reference only and does not guarantee benefits. Please email [HRSupport@eisnerhealth.org](mailto:HRSupport@eisnerhealth.org) with any benefits related questions.**