



2023 Benefits Overview

Eligibility

◆ Full-Time

● Part-Time

▲ Seasonal

■ Casual

◆ LTE

Paid Time Off ◆ ●

During your first year of employment (one you pass your introductory period), you will accumulate PTO at a rate of 4 hours per week prorated to hours worked (approximately 5 weeks per year).

Holidays ◆ ●

We observe 120 hours (three weeks) of paid holidays for full-time employees, prorated to hours worked.

Retirement Plan ◆ ● ▲ ■

The first of the month following 90 days of employment, you are eligible to participate in the 401k and Roth 401k (after tax) retirement plan.

FCPC will match 50% of the first 6% of salary contribution, PLUS an additional 10% for contributions over 6%. You will be 100% vested in matching contributions after one (1) year of service (minimum of 1000 hours).

Flexible Spending Accounts ◆

Health Care Flexible Spending Account (FSA) and Dependent Care Reimbursement Accounts (DCRA) can be used for a variety of out-of-pocket health care expenses.

Short Term Disability ◆

After one (1) year of employment, you are eligible for Short Term Disability for up to 13 weeks, at 60% of your pay, for your own illness or injury.

Life Insurance ◆

Following 90 days of employment, you will have Life Insurance equal to 4 times your salary, to a maximum of \$250,000, at no cost to you. You are also eligible to purchase optional coverages:

- ❖ Basic Dependent Life allows you to purchase \$15,000 on your spouse and \$10,000 on each of your children.
- ❖ Supplemental Life allows you to purchase up to 5 times your salary, up to a maximum of \$500,000, and one half (1/2) as much coverage on your spouse as you purchase for yourself..

Health Insurance ◆

- ❖ Eligible employees include new hires and employees who are regularly scheduled to work for FCPC at least thirty (30) hours per week.
- ❖ There is a 90-day waiting period for eligible new hires and current employees who become eligible after their hire date.
- ❖ Annual Plan Year begins on January 1, 2022.
- ❖ The following is a selected summary. For more information about available coverage, contact Forest County Potawatomi Insurance Department at (715) 478-7448.
- ❖ One plan is available for Crandon employees, and one for Milwaukee employees as outlined below.

Medical Plan

Covered Medical Expenses	Crandon location	Milwaukee location
	In Network / Out of Network	In Network / Out of Network
Preferred Provider Network	Aspirus www.aspirus.org	HealthEOS www.multiplan.com
Calendar Year Deductible	\$200 /\$2,000 Individual \$600 / \$6,000 Family	\$200 /\$2,000 Individual \$600 / \$6,000 Family
Coinsurance (Payment after Deductible)	95% / 40%	90% / 40%
Out-of-Pocket Maximum (OOPM) (100% payment after Reaching OOPM)	\$6,600 Individual / No Maximum \$13,200 Family / No Maximum	\$6,600 Individual / No Maximum \$13,200 Family / No Maximum
Preventive Care	100% / No Benefit	100% / No Benefit
Physician's Office Visits	\$60 Co-pay then 100% / 40%	\$40 Co-pay then 100% / 40%
Physician's Office Visits @ FCP HWC	\$30 Co-pay then 100%	
Urgent Care Clinic	\$60 Co-pay then 100% / 40%	\$40 co-pay then 100% / 40%
Inpatient Hospital Expenses	95% / 40%	90% / 40%
Outpatient Hospital Expenses	95% / 40%	90% / 40%
Outpatient X-Ray and Lab	95% / 40%	90% / 40%
Ambulance Service	\$500 Co-pay then 100%	\$500 Co-pay then 100%
Emergency Room (No Deductible, non-emergency penalty may apply)	\$500 Co-pay then 95%	\$500 Co-pay then 90%

Prescription Drug Plan (both Crandon and Milwaukee)

Mandatory generic, cover a 34-day supply	Pharmacy	FCP Health & Wellness Prescription
Over the Counter	\$7.50 Co-pay then paid at 100%	\$5 Co-pay then paid at 100%
Generic Drugs	\$15 Co-pay then paid at 100%	\$10 Co-pay then paid at 100%
Formulary	\$30 Co-pay then paid at 100%	\$15 Co-pay then paid at 100%
Non Formulary and Sleep Medications	\$60 Co-pay then paid at 100%	\$30 Co-pay then paid at 100%
Specialty Drugs	10% of cost, up to \$250	10% of cost, up to \$250

Dental Plan (both Crandon and Milwaukee)

All dental claims are paid as in-network	FCP Health & Wellness Center	All Other Providers
Calendar Year Deductible	\$50 / Individual	\$50 / Individual
Maximum Dental Benefit	\$1,000 / calendar year	\$1,000 / calendar year
Preventative Services	100%	100%
Basic Services	100% after Deductible	80% after Deductible
Major / Restorative / Prosthodontic Services	100% after Deductible	50% after Deductible

Vision (both Crandon and Milwaukee)

Per Covered Person / one exam per 12-month period	FCP Health & Wellness Center	All Other Providers
Vision Exam (Includes Refraction)	\$30 Co-pay then 100%	\$40 Co-pay then 100% / \$60 Co-pay then 100%
Frames and Lenses	100%, up to \$250 per year	90%, up to \$250 per year

*Deductibles, Coinsurance and Co-pays are applied to the Out-of-Pocket Expense Maximum.