****

**2024 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 and you can purchase an additional $10,000 on your children.

**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, 2024.
* 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**  In Network / Out of Network | **Milwaukee location**  In Network / Out of Network |
| Preferred Provider Network | Aspirus [www.aspirus.org](http://www.aspirus.org) | HealthEOS [www.multiplan.com](http://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% | $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.