



## Benefits Overview

### Eligibility

◆ Full-Time

● Part-Time

▲ Seasonal

■ Casual

### 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, of every calendar year.
- ❖ Spousal insurance is available for \$25.00 per week, some exclusions apply.
- ❖ Teladoc-This service provides access to care 24/7 via phone or video call at no cost to you for general medical, dermatology, nutrition, and behavioral health care.
- ❖ Any employee who shows proof of coverage under another health plan and elects not to enroll in this plan will be eligible for monetary payment at the end of the year. The monthly payment is \$25.00.

- ❖ 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 <a href="http://www.aspirus.org">www.aspirus.org</a>	HealthEOS <a href="http://www.multiplan.com">www.multiplan.com</a>
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.