



2021 EMPLOYEE BENEFITS SUMMARY

January 1, 2021 – December 31, 2021

Care Design NY is pleased to offer the following benefits package to its employees. This document is intended to provide a brief summary of Employee Benefits, including eligibility requirements and effective dates. Additional information regarding these benefits will be available in the Employee Handbook.

Definitions:

Regular Full-Time (RFT) – Scheduled for and working 35-40 hours per week (exclusive of lunch). Note: Full-time for health insurance benefit is defined at 30 hours or more per week.

Regular Part-Time (RPT) with Benefits – Scheduled for and working between 20 and 34 hours per week.

Part-Time, Non-Benefit Eligible – Scheduled for and working 19 hours or less per week; employees are eligible only for those benefits required by law, as well as benefits universally available through Care Design NY, as outlined.

Temporary Employees – Employees hired for a period of time, determined to be temporary in nature, generally less than 6 months. Such employees are eligible for only those benefits required by law, as well as benefits universally available through Care Design NY as outlined.

Pro-rated time-off benefits – For purposes of time off accruals, 40 hours per week is full time. Employees working less than 40 hours (but at least 20) will accrue time-off on a pro-rated basis. For example, an employee who works 35 hours per week will accrue 35 hours for each week of time-off and 7 hours for each holiday.

Health and Wellness

Health Insurance

Choice of three medical plans with Empire BlueCross. The effective date of insurance for benefit eligible employees is the first of the month following their date of hire; employee's portion of the premium will be deducted on a pre-tax basis (Premium Only Plan) through Section 125 Plan regulations. Care Design NY is providing a significant payment toward the plans offered. In addition to Individual coverage, we are offering Employee + Spouse, Employee + Child(ren), and Family coverage levels. Payroll deduction costs and detailed benefit summaries for each plan will be provided during the benefit enrollment process. A comparison of the medical plans offered, along with a preview of the employee rates are included the end of this benefit guide.

Additional benefits are included in each of the Empire BlueCross medical plans such as telemedicine - "Live Health Online" and the "Blue Card", which provides access to their national network of providers.

Dental Insurance

Provided through Delta Dental; dental insurance is available to both full-time and part-time-with-benefits employees on the first of the month following their date of hire. There are three plan levels available – Gold, Silver and Bronze. The employee payroll deduction for dental insurance is deducted on a pre-tax basis (Premium Only Plan) through Section 125 plan regulations. Payroll deduction costs and detailed benefit summaries for each plan will be provided during the benefit enrollment process. A comparison of the dental plans offered, along with a preview of the employee rates are included the end of this benefit guide.

Vision Insurance

Care Design NY offers vision Insurance through Empire Blue View Vision to both full-time and part-time with benefits employees on the first of the month following their date of hire. The employee's cost for the vision insurance is payroll deducted on a pre-tax basis (Premium Only Plan) through Section 125 plan regulations. Costs and a detailed benefit summary for this plan will be provided during the benefit enrollment process. A summary of the vision benefit, along with a preview of the employee rates are included the end of this benefit guide.

Employee Assistance Program (EAP)

ESI Total Care provides employee assistance in the form of 24-hour telephone consultation, up to three face-to-face counseling appointments for employee or immediate family; training for employees and supervisors; and assistance with financial, legal matters, family work and life issues, etc. This benefit is 100% of the premium is paid by Care Design NY.

Group Life Insurance

A Basic Life and Accidental Death & Dismemberment policy in the amount of \$50,000 is provided through First Reliance Standard Life Insurance Company; benefit eligible employees working 30 hours or more per week are eligible on the first of the month following their date of hire. Care Design NY pays 100% of the group life and AD&D premium. Coverage reductions occur beginning at age 65. This group term coverage terminates when employment ends or upon retirement, whichever occurs first.

Supplemental and Dependent Life Insurance

Supplemental Life Insurance coverage is also available on a voluntary basis; benefit eligible employees working 30 hours or more per week are eligible on the first of the month following their date of hire. Employees have the option of \$10,000 to \$500,000 in increments of \$10,000. The guaranteed issue amount is \$120,000 for employees under age 70. The employee's spouse has the option of \$10,000 to \$500,000 in increments of \$10,000 and a guaranteed issue amount of \$40,000. Dependent Children can be covered by increments of \$1,000 up to age 6 months and in increments of \$2,500 up to \$10,000 for children ages 6 months to age 26. These voluntary benefits also have coverage reductions that begin at age 76. This coverage terminates when employment ends or upon retirement, whichever occurs first. Evidence of insurability must be completed and is subject to review and approval by First Reliance Insurance for amounts over the guarantee issue amount. This voluntary benefit is paid 100% by the employee. Premiums are deducted post-tax making the benefit non-taxable to the employee.

New York State Short Term Disability Insurance (NYS STD)

Provides benefit of 50% of average weekly wages up to a maximum of \$170/week for up to 26 weeks; Employees are eligible following 30 days of employment. Employees contribute 0.5% of their gross pay towards the bi-weekly cost of this insurance, not to exceed \$1.20 per bi-weekly pay period.

Voluntary Short-Term Disability (VSTD)

Available to all benefit eligible employees, an employee may purchase voluntary supplemental short-term disability coverage which can provide additional income benefits. This plan works in conjunction with other state mandated plans, such as NYS Disability or Workers' Compensation. The additional voluntary short-term disability benefit helps supplement the employee's pay to bring them closer to their current weekly earnings. The cost of the voluntary short-term disability coverage is based on the employee's age and can be elected for a 13-week or 26-week period.

This weekly benefit will be payable beginning with the 8th consecutive day of disability due to a non-occupational injury or illness. This benefit is paid 100% by the employee. Premiums are deducted after tax making the benefit non-taxable to the employee.

Group Long-Term Disability (LTD)

Provided through First Reliance Standard Life Insurance Company; Group Long Term Disability insurance provides replacement income when you are unable to work due to a non-work related accident or illness. This benefit provides a portion of your lost income beginning after the employee has been out of work for a period of 180 days. The benefit is equal to 40% of your regular monthly earnings up to a maximum monthly benefit of \$4,000 for full-time and part-time-with-benefits employees to age 65. This benefit is paid in full by Care Design NY.

Voluntary Long-Term Disability (VLTD)

Also provided through First Reliance Standard Life Insurance Company, this insurance is offered to enhance the employer-paid Group Long-Term Disability benefit provided by Care Design. Employees may purchase an additional Voluntary LTD benefit which enhances the Group LTD to a monthly benefit of 60% of their regular monthly earnings up to a maximum monthly benefit of \$8,000. This benefit is paid 100% by the employee.

Retirement and Financial Benefits

401k Retirement Plan

Care Design NY offers a 401k Retirement Plan through Vanguard to employees who work 20 hours or more per week and who have completed one year of service. Employees are eligible to participate at the beginning of the quarter following their one-year anniversary (January 1, April 1, July 1, October 1). The Plan allows for both 401k contributions (tax deferred) AND ROTH (post tax) contributions. Employees may choose to contribute to the plan up to the maximum allowed by the IRS (\$19,500 in 2021 plus \$6,500 for those over age 50).

Three Sources of CDNY Contributions

- 3% “Automatic” Contribution
 - Upon eligibility, CDNY will make a non-contributory (automatic) contribution equal to 3% of an employee’s salary. An eligible employee does not have to contribute to the plan in order to receive this contribution. The contribution is made at the end of each quarter.
- 1% Matching Contribution (if employee contributes 4%)
 - CDNY will provide a 25% match on employee contributions of up to 4%. This contribution is made each pay period.
- Variable Annual Contribution
 - CDNY will evaluate its ability to make a “discretionary” contribution to the plan at year-end based upon the financial ability of the organization to do so. All eligible employees who are actively employed as of 12/31 of a calendar year will be eligible to receive a contribution based upon a percentage of annual salary.

Flexible Spending Account (FSA) / Dependent Care FSA

A Flexible Spending Account is a great way to pay for out-of-pocket medical, dental and dependent care expenses with your tax-free income. Available to benefit eligible employees for qualifying Medical, Dental (FSA) or Dependent Care expenses. Salary Reduction Agreements are required upon hire date and annually during open enrollment. This benefit is funded by employees through payroll deduction. The maximum amount allowed for use for medical and dental expenses is \$2,750 and the maximum for dependent care expenses is \$5,000. Deductions are made on a pre-tax basis. Confidential claims administration is handled by Rose and Kiernan Insurance.

Commuter Transit and Parking Reimbursement Benefits

Commuter Transit and Parking Reimbursement accounts allow employees to set aside funds to pay for qualified work-related transportation and parking expenses. Employees may elect up to \$270 per month for the purchase of transit vouchers, commuter highway vehicle fares and/or parking fees. Contributions are payroll deducted on a pre-tax basis. These funds will continue to rollover month to month, year to year, as long as you are employed with Care Design NY.

Time Off

Holidays

Care Design NY provides 15-holidays to employees who work at least 20 hours per week. We recognize the religious and personal preferences of our employees and that there is variation within each work location of whether the office is open or closed on certain days. As such, some holidays will be fixed, in that CDNY will not have any expectation that an employee work on that day. They are as follows:

- New Year's Day
- Martin Luther King Day
- Memorial Day
- Juneteenth
- 4th of July
- Labor Day
- Thanksgiving Day
- The day after Thanksgiving
- Christmas Day

If a fixed holiday falls on a Saturday, the holiday will be observed on the Friday before. If the fixed holiday falls on a Sunday, the holiday will be observed on the Monday following.

The remaining six holidays will be floating holidays and are able to be used for any reason. Three floating holidays are earned twice a year. The floating holidays will be awarded in the pay period that includes the first day of each six-month period (January 1 and July 1). To be eligible for the floating holidays, an employee must be an active employee* with Care Design on the 1st day of January and/or July.

Pro-rating: Employees who work 40 hours per week earn 8 hours per holiday. Employees who work less than 40 hours, but at least 20 hours per week earn holiday time on a pro-rated basis. For example, an employee who works 30 hours per week will earn 6 hours for each holiday. (30 hours are 75% of 40 hours; 8 hours x 75% = 6 hours).

Paid Time Off (PTO)

Employees of Care Design NY who work 20 or more hours per week are eligible to accrue time off. Accruals are pro-rated for schedules that fall between full-time (40 hours) and part-time (20 hours). PTO is accrued according to the schedule below.

Paid Time Off (PTO) is available to be used for all types of eligible absences including vacation, sick time, funeral leave, personal leave, etc.

- Accrues bi-weekly after the pay period ends and is available for use in the following pay period.
- Rate of accrual increases with length of service, up to the maximum.
- PTO may be used to supplement the employee's work week due to absence. Use of PTO cannot cause the total hours paid for the week to exceed the employee's regularly scheduled hours.
- RFT employees regularly scheduled to work 40 hours per week may accrue up to 280 hours (pro-rated for RPT working at least 20 hours per week and less than 40 hours). Once the accrual cap is reached, the PTO accrual will cease until the employee's accrued time falls below the cap.

*An active employee is actively working and not in a pre-hire status, on an unpaid leave of absence, or in an inactive status.

PTO ACCRUAL RATES

Based on a 40-hour week / 26 pay periods per year

Years of Service	PTO Earning Rate
Up to 1 Year	6.77 Hours
After 1 Year	7.16 Hours
After 2 Years	7.54 Hours
After 3 Years	7.92 Hours
After 4 Years	8.31 Hours
After 5 Years	9.08 Hours
After 6 Years	9.85 Hours

New York State Sick Leave

Under the New York State Sick Leave act, employers with 100 or more employees are required to provide up to 56 hours of paid sick leave per calendar year. CDNY's existing Paid Time Off policy meets and exceeds the accrual, carryover and use requirements under this law. Part-time employees, who work less than 20 hours per week and therefore are not eligible for PTO, will earn one hour of Sick Leave for every 30 hours worked in a pay period up to the maximum of 56 hours per year.

NYC and Westchester Sick Time

All employees who regularly work 20 or more hours per week are now covered under the New York State Sick Leave Policy, the benefits of which are provided through CDNY's PTO policies.

Westchester County Safe Time Act

In compliance with the Westchester County Safe Time Act, employees are permitted to use their PTO to take time off for safe time as described below:

An absence from work when an employee or an employee's family member has been the victim of domestic violence, a family offense, sexual offense, stalking, or human trafficking, including leave to:

1. Obtain services from a domestic violence shelter, rape crisis center, or other services program;
2. Participate in safety planning, temporarily or permanently relocate, or take other actions to increase the safety of the employee or the employee's family members;
3. Meet with an attorney or social services provider to obtain information and advice on, and prepare for and participate in, any criminal or civil proceeding relating to a family offense matter, custody, visitation, matrimonial issues, orders of protection, immigration, housing, discrimination in employment, housing, or consumer credit;
4. File a complaint or domestic incident report with law enforcement;
5. To enroll children at a new school;

6. Meet with a district attorney's office; and
7. Take any other actions necessary to maintain, improve, or restore the physical, psychological or economic ensure the health or safety of the employee or the employee's family member, or to protect those who associate or work with the employee.

**An employee who has committed domestic violence, a family or sexual offense, stalking, or human trafficking is not eligible for leave under 3(a)-(f), nor may this leave be used on behalf of an employee's family member who has engaged in any of these.

Westchester County employees who do not have 40 hours of PTO available and who need to take time for qualified purposes under the Westchester County Safe Time Law should contact Human Resources to request leave in accordance with the applicable law.

NYS Paid Family Leave (PFL)

Effective January 1, 2021, NYS Paid Family Leave (PFL) provides a benefit of 67% of average weekly wages up to a maximum of \$971.61/week for up to 12-weeks of leave during a rolling 12-month period in accordance with the NYS Paid Family Leave Act. Employee pays 100% of premium as established by New York State. Employees who work a regular schedule of 20 or more hours per week are eligible after 26 consecutive weeks of employment. Employees who work less than 20 hours per week are eligible after working 175 days, which do not have to be consecutive.

Jury Duty

Employees are supported by Care Design in their civic duty to serve on a jury. Employees must present any summons for jury duty to their supervisor as soon as possible after receiving the notice to allow advance planning for an employee's absence. If an employee is released from jury duty after 4 hours or less of service, he or she must report to work for the remainder of that workday.

Military Leave

Leave is provided under the Uniformed Services Employment and Reemployment Act of 1994; benefit time does not accrue; PTO time may be used.

Miscellaneous

Workers' Compensation Insurance

Care Design NY provides workers' compensation insurance for all work-related injuries and accidents. This coverage would apply for lost work time in excess of seven calendar days and/or medical payments for injuries that occur on the job, including motor vehicle accidents that occur while working.

Employment Practice Liability Insurance

Employment practice liability insurance coverage is provided for all employees; this insurance does not cover consultants or independent contractors.

Professional Development

Paid leave may be granted to attend conferences and seminars and requires prior supervisory approval. If attending under the sponsorship of Care Design NY, legitimate expenses will be paid for that conference. In some cases, Care Design NY may not be able to sponsor attendance of employee but may allow an employee to use paid leave. Employees are responsible for all costs related to the conference, travel, etc.

Payroll Distribution

Bi-Weekly every other Friday.

Direct Deposit

Available with any bank or credit union.

This document is intended to provide a brief summary of Employee Benefits offered by Care Design NY. Employees with questions regarding these benefits may speak with a Benefits representative from Human Resources or email questions to employeebenefits@caredesignny.org.

Health Insurance:

Your Health Insurance

What is the difference between and EPO and PPO?

An EPO (Exclusive Provider Organization) has a network of healthcare providers that it works with exclusively. There are no out-of-network benefits under this plan.

A PPO (Preferred Provider Organization) is generally more flexible than an EPO plan as it offers both in- and out-of-network services. When using in-network services, members are required to use a healthcare provider within the network. Out-of-network services can be obtained by any provider, but tend to be more expensive as there is no agreed fee schedule between the provider and Empire.

What does an Embedded deductible mean vs. an Aggregate Deductible?

Embedded Deductible: Each covered family member only needs to satisfy his or her individual deductible, not the entire family deductible, prior to receiving plan benefits.

Aggregate Deductible: For Family coverage, the entire family deductible must be met before co-pay or coinsurance is applied for any individual family member.

Deductibles reset annually on January 1st. The below chart compares the medical plans offered as of January 1, 2021.

	Empire Blue Cross Premier EPO Plan	Empire Blue Cross Enhanced EPO Plan	Empire Blue Cross Standard PPO HSA Plan	
In-Network/General Provisions	In-Network ONLY	In-Network ONLY	In-Network	Out-of-Network
Annual Deductible: Individual	\$0	\$1,500 (Embedded)	\$3,000 (Aggregate)	\$6,000 (Aggregate)
Annual Deductible: Family	\$0	\$3,000 (Embedded)	\$6,000 (Aggregate)	\$12,000 (Aggregate)
Max Out-of-Pocket: Individual	\$5,850	\$7,150 (Embedded)	\$5,250 (Embedded)	\$10,500 (Embedded)
Max Out-of-Pocket: Family	\$11,700	\$14,300 (Embedded)	\$10,500 (Embedded)	\$21,000 (Embedded)
Copays & Coinsurance				
Preventative Care	No Charge	No Charge	No Charge	Deductible, then 30% Coinsurance
Primary Care Physician	\$35 Copay	\$35 Copay; Deductible does not apply	Deductible, then Covered in Full	Deductible, then 30% Coinsurance
Specialist Physician	\$35 Copay	\$35 Copay; Deductible does not apply	Deductible, then Covered in Full	Deductible, then 30% Coinsurance
Live Health Online	No Charge	No Charge	Deductible, then Covered in Full	Deductible, then 30% Coinsurance
Laboratory Services	Office: No Charge; OP Hospitalization: \$35 Copay	Office/OP Hosp: Ded, then 20% Coins; Labs: \$35 Copay, Ded N/A	Deductible, then Covered in Full	Deductible, then 30% Coinsurance
Chiropractic Care	\$35 Copay	\$35 Copay; Deductible does not apply	Deductible, then Covered in Full	Deductible, then 30% Coinsurance
Urgent Care Facility	\$35 Copay	\$50 Copay; Deductible does not apply	Deductible, then Covered in Full	Deductible, then 30% Coinsurance
Hospitalization: Inpatient (Including Mental Health)	\$500 Copay per Admission	Deductible, then 20% Coinsurance	Deductible, then Covered in Full	Deductible, then 30% Coinsurance
Hospitalization: Outpatient	\$250 Copay	Deductible, then 20% Coinsurance	Deductible, then Covered in Full	Deductible, then 30% Coinsurance
Emergency Room	\$250 Copay	\$300 Copay; Deductible does not apply	Deductible, then Covered in Full	Covered as In-Network
Mental Health: Outpatient	\$35 Copay	Office: \$35 Copay, Deductible N/A; Facility: Ded, then 20% Coins	Deductible, then Covered in Full	Deductible, then 30% Coinsurance
Other Services / Prescriptions				
Prescription Deductible	N/A	N/A	Subject to Medical Deductible	No Out-of-Network Benefit
Supply Limit per Rx	30 Day Supply	30 Day Supply	30 Day Supply	No Out-of-Network Benefit
Generic	\$10 Copay	\$15 Copay	Deductible, then \$10 Copay	No Out-of-Network Benefit
Formulary Brand Name	\$35 Copay	\$40 Copay	Deductible, then \$35 Copay	No Out-of-Network Benefit
Non-Formulary Brand Name	\$70 Copay	\$60 Copay	Deductible, then \$70 Copay	No Out-of-Network Benefit
Mail Order Rx Cost / Supply	2.5 x Copay / 90 Day Supply	2.5 x Copay / 90 Day Supply	2 x Copay / 90 Day Supply	No Out-of-Network Benefit
M.O. Generic	\$25 Copay	\$37.50 Copay	Deductible, then \$20 Copay	No Out-of-Network Benefit
M.O. Formulary Brand	\$87.50 Copay	\$100 Copay	Deductible, then \$70 Copay	No Out-of-Network Benefit
M.O. Non-Formulary Brand	\$175 Copay	\$150 Copay	Deductible, then \$140 Copay	No Out-of-Network Benefit

Health Insurance Continued:

Your Health Insurance Cost Full-Time Employees (30+ Hours Per Week)

Please select the region associated with the county of your current work location. The below costs are effective on January 1, 2021 to December 31, 2021. These deductions are on a bi-weekly pay period basis.

Full-time Employee Medical Cost per Pay Period:

Metro Region (*Bronx, Kings, Nassau, New York, Queens, Richmond, Rockland, Suffolk, Westchester*)

	Empire BCBS Premier EPO Plan Copays	Empire BCBS Enhanced EPO Plan \$35/\$1500/20%	Empire BCBS Standard PPO HSA Plan \$3000/0%
Individual	\$62.23	\$1.51	\$21.24
Employee + Spouse	\$182.58	\$61.48	\$100.77
Employee + Child(ren)	\$154.38	\$52.53	\$85.56
Family	\$257.96	\$88.00	\$142.26

Capital Region (*Albany, Columbia, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington*)

	Empire BCBS Premier EPO Plan Copays	Empire BCBS Enhanced EPO Plan \$35/\$1500/20%	Empire BCBS Standard PPO HSA Plan \$3000/0%
Individual	\$47.64	\$1.17	\$19.20
Employee + Spouse	\$139.10	\$46.73	\$82.51
Employee + Child(ren)	\$118.23	\$39.92	\$70.14
Family	\$197.48	\$66.87	\$117.12

Northern Region (*Clinton, Essex, Franklin, Hamilton, Jefferson, St. Lawrence*)

	Empire BCBS Premier EPO Plan Copays	Empire BCBS Enhanced EPO Plan \$35/\$1500/20%	Empire BCBS Standard PPO HSA Plan \$3000/0%
Individual	\$52.98	\$1.29	\$18.57
Employee + Spouse	\$155.19	\$52.26	\$85.58
Employee + Child(ren)	\$131.22	\$44.65	\$72.66
Family	\$219.27	\$74.80	\$120.81

Mid-Hudson Region (*Delaware, Dutchess, Orange, Putnam, Sullivan, Ulster*)

	Empire BCBS Premier EPO Plan Copays	Empire BCBS Enhanced EPO Plan \$35/\$1500/20%	Empire BCBS Standard PPO HSA Plan \$3000/0%
Individual	\$56.09	\$1.36	\$19.10
Employee + Spouse	\$164.32	\$55.33	\$90.61
Employee + Child(ren)	\$139.69	\$47.28	\$76.93
Family	\$232.16	\$79.20	\$127.92

Health Insurance Continued:

Your Health Insurance Cost Part-Time Employees (30-29 Hours Per Week)

Please select the region associated with the county of your current work location. The below costs are effective January 1, 2021 through to December 31, 2021. These deductions are on a bi-weekly pay period basis.

Part-time Employee Medical Cost per Pay Period:

Metro Region (Bronx, Kings, Nassau, New York, Queens, Richmond, Rockland, Suffolk, Westchester)

	Empire BCBS Premier EPO Plan Copays	Empire BCBS Enhanced EPO Plan \$35/\$1500/20%	Empire BCBS Standard PPO HSA Plan \$3000/0%
Individual	\$141.96	\$79.53	\$98.65
Employee + Spouse	\$381.06	\$256.69	\$294.15
Employee + Child(ren)	\$323.74	\$218.18	\$249.88
Family	\$541.94	\$365.77	\$418.01

Capital Region (Albany, Columbia, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington)

	Empire BCBS Premier EPO Plan Copays	Empire BCBS Enhanced EPO Plan \$35/\$1500/20%	Empire BCBS Standard PPO HSA Plan \$3000/0%
Individual	\$109.31	\$61.23	\$75.89
Employee + Spouse	\$293.41	\$197.65	\$226.28
Employee + Child(ren)	\$249.28	\$168.00	\$192.23
Family	\$417.29	\$281.65	\$321.57

Northern Region (Clinton, Essex, Franklin, Hamilton, Jefferson, St. Lawrence)

	Empire BCBS Premier EPO Plan Copays	Empire BCBS Enhanced EPO Plan \$35/\$1500/20%	Empire BCBS Standard PPO HSA Plan \$3000/0%
Individual	\$120.67	\$67.60	\$83.77
Employee + Spouse	\$323.90	\$218.18	\$249.79
Employee + Child(ren)	\$275.17	\$185.45	\$212.20
Family	\$460.65	\$310.91	\$354.98

Mid-Hudson Region (Delaware, Dutchess, Orange, Putnam, Sullivan, Ulster)

	Empire BCBS Premier EPO Plan Copays	Empire BCBS Enhanced EPO Plan \$35/\$1500/20%	Empire BCBS Standard PPO HSA Plan \$3000/0%
Individual	\$127.77	\$71.57	\$88.70
Employee + Spouse	\$302.76	\$231.02	\$264.49
Employee + Child(ren)	\$257.35	\$196.36	\$224.69
Family	\$431.44	\$329.20	\$375.86

Dental Insurance:

Your Dental Insurance

Care Design offers three dental plans with four enrollment tier options. This provides employees with the ability to customize their enrollment elections and enroll in either individual, employee plus spouse, employee plus child(ren) or employee plus family coverage.

In addition to protecting your smile, dental insurance helps pay for dental care and usually includes regular checkups, cleanings and X-rays. Several studies suggest that oral diseases, such as periodontitis (gum disease), can affect other areas of your body—including your heart. Receiving regular dental care can protect you and your family from the high cost of dental disease and surgery.

Benefits	Delta Dental								
	GOLD			SILVER			BRONZE		
	PPO	Premier	Out-of-Network	PPO	Premier	Out-of-Network	PPO	Premier	Out-of-Network
Calendar Year Deductible	\$50			\$50			\$50		
Deductible Per Family	\$150			\$150			\$150		
Maximum Benefit	\$2,000	\$1,500	\$1,500	\$1,500	\$1,000	\$1,000	\$1,000	\$750	\$750
Preventative Services - Exams, cleanings, x-rays & sealants	100%	100%	100%	100%	100%	100%	100%	80%	80%
Basic Services -Fillings	90%	80%	80%	80%	80%	80%	80%	60%	60%
Endodontics -Root canals	90%	80%	80%	80%	80%	80%	80%	60%	60%
Periodontics -Gum treatment	90%	80%	80%	80%	80%	80%	80%	60%	60%
Oral Surgery	90%	80%	80%	80%	80%	80%	80%	60%	60%
Major Services - Crowns, inlays, onlays & cast restorations	60%	50%	50%	50%	50%	50%	N/A	N/A	N/A
Prosthodontics - Bridges, dentures & implants	60%	50%	50%	50%	50%	50%	N/A	N/A	N/A
Orthodontia (<i>children only</i>)	50%	50%	50%	50%	50%	50%	N/A	N/A	N/A
Orthodontia Lifetime Max	\$2,000			\$1,000			N/A	N/A	N/A
Temporomandibular Joint Benefits	60%	50%	50%	50%	50%	50%	50%	50%	50%
Deductible Waived	Preventive and Orthodontia Services			Preventive and Orthodontia Services			Preventive Services		
Reimbursement Based On	PPO Contracted Fee Schedule	Premier Contracted Fee Schedule	80th Percentile of UCR	PPO Contracted Fee Schedule	Premier Contracted Fee Schedule		PPO Contracted Fee Schedule		
Dependent Age	To age 26								

Cost for All Employees (Working 20+ Per Week)

The below costs are effective January 1, 2021 to December 31, 2021. These deductions are on a bi-weekly pay period basis.

Dental Rates for FT & PT Employees Working 20 or More Hours Per Week (Cost per Pay Period)

	Delta Dental GOLD PPO	Delta Dental SILVER PPO	Delta Dental BRONZE PPO
Individual	\$8.55	\$1.85	\$0.00
Employee + Spouse	\$32.95	\$18.90	\$1.32
Employee + Child(ren)	\$45.70	\$27.75	\$4.61
Family	\$77.53	\$50.53	\$15.85

Vision Insurance:

Your Vision Insurance

Care Design’s vision plan is a voluntary, employee-paid benefit for you and your family. The plan covers you for specific eye care benefits such as routine eye exams. Additionally, it provides specified dollar amounts or discounts for the purchase of eyeglasses (frames and lenses) and contact lenses.

Employees must elect the vision insurance during open enrollment if they want to enroll, continue their coverage, change their current coverage or opt out of the dental plan

Empire Blue View Vision		
Vision Exam	In-Network	Out-of-Network
Frequency	Once every 12 months	
Copay/Allowance	\$20 Copay	Up to \$40 Allowance
Lenses		
Frequency	Once every 12 months	
Single Vision	\$0 Copay	Up to \$40 Allowance
Bifocal	\$0 Copay	Up to \$60 Allowance
Trifocal	\$0 Copay	Up to \$80 Allowance
Frames		
Frequency	Once every 12 months	
Copay/Allowance	\$130 Allowance <i>20% off balance</i>	Up to \$45 Allowance
Contact Lenses		
Frequency	Once every 12 months	
Conventional	\$130 Allowance <i>15% off balance</i>	Up to \$105 Allowance
Disposable	\$130 Allowance	Up to \$105 Allowance
Medically Necessary	Covered in Full	Up to \$210 Allowance
Additional Benefits		
Additional Benefits	Eyewear Accessories: 20% off retail price	
Dependent Age		
Dependent Age	To Age 26	

Cost for All Employees (Working 20+ Per Week)

The below costs are effective January 1, 2021 to December 31, 2021. These deductions are on a bi-weekly pay period basis.

**Vision Rates for FT & PT Employees
Working 20 or More Hours Per Week**

	Empire Blue View Vision (Cost per Pay Period)
Individual	\$2.28
Employee + Spouse	\$4.57
Employee + Child(ren)	\$4.68
Family	\$6.97