



St. Francis Convent

Benefits Summary

Full-Time Employees (Min. 30 hours per week)

❖ **MEDICAL INSURANCE** – Administered by United Healthcare (UHC)
Benefits are effective on the first day of the month following 30 days of employment (from date of hire).

- **Option 1: Choice Plus Premier PROformance - Traditional Copay Plan**

Calendar Year Deductible In-network: \$5,000/Single, \$10,000/Family
Coinsurance: 20%

Employee cost per pay period:

Employee Only:	\$137.64
Employee + Spouse:	\$278.72
Employee + Child(ren):	\$250.78
Family:	\$410.57

- **Option 2: Choice Plus HSA Plan (HDHP)**
Eligible to enroll in HSA (Health Savings Account)

Calendar Year Deductible In-network: \$5,000/Single, \$10,000/Family
Coinsurance: 20%

Employee cost per pay period:

Employee Only:	\$75.25
Employee + Spouse:	\$172.95
Employee + Child(ren):	\$155.61
Family:	\$254.77

❖ **HRA** – A Health reimbursement Arrangement, is a benefit funded by St. Francis Convent, Inc. that reimburses you for out-of-pocket healthcare expenses incurred by you and your family members. It is administered by DBS Benefits.

Eligibility: Employees enrolled in both the PPO plan and the HDHP HSA Plan

Option 1: PPO Plan:

In-network Deductible Level \$5,000(max 2 per family)

Reimbursement Levels for the plan year:

\$5,000 per in-network deductible: Reimbursed to the participant at 75% (Up to \$3,750)

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Option 2: HDHP HSA Plan:

Single Reimbursement levels for the plan year:

First \$1,600 of in-network deductible Employee Responsibility**
 Next \$3,400 of in-network deductible: Reimbursed to the participant at 75% (Up to \$2,550)

Family Reimbursement Levels for the Plan Year:

First \$3,200 of in-network deductible: Employee Responsibility**
 Next \$6,800 of in-network deductible: Reimbursed to the participant at 75% (Up to \$5,100)

**** Employees may expense this portion under their HSA but may not expense the next portion that is reimbursed by the HRA.**

VISION Reimbursement - It is administered by DBS Benefits.

- Must be enrolled in one of the medical plans

Eligibility Expenses: Eye exams, contact lenses, and eyeglasses (including lenses and frames)

Reimbursement maximum per plan year: \$150 per covered person

❖ **DENTAL** – Administered by Delta Dental of WI

- Benefits are effective the first day of the month following 30 days of employment (from date of hire).

Calendar year maximum per individual: \$1,500

Networks:	<u>Delta Dental PPO</u>	<u>Delta Dental Premier</u>
Calendar Year Deductible:		
Individual	\$50	\$100
Family	\$150	\$300

Employee cost per pay period:

Employee Only: \$4.69
 Family: \$16.43

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- ❖ **VOLUNTARY BENEFITS** - Administered by Guardian Life
 - Benefits are effective the first day of the month following 30 days of employment (from date of hire).
 - Voluntary Life and Accidental Death & Dismemberment
 - Voluntary Short-Term Disability: Benefit duration is 13 weeks.
 - Voluntary Accident
 - Voluntary Critical Illness

- ❖ **RETIREMENT** – Administered by Mutual of America Life Insurance Company
 - **403(b) Thrift Plans:** Roth (post tax) and Traditional Plan (pre-tax)
There is no minimum service requirement to make salary reduction contributions to this plan.

- ❖ **PTO** – Paid Time Off, See Employee Handbook for accrual rates.

- ❖ **HOLIDAYS** – 6 paid holidays annually, see Employee Handbook for details.

- ❖ **CHILDCARE DISCOUNT** – A childcare discount of 20 percent off tuition at St. Ann’s Center for Intergenerational Care is available for all employees of St. Francis Convent and Franciscan Shore. This discount is only for privately paying staff of St. Francis Convent and Franciscan Shore. If you receive a subsidy from the state, you will not be eligible for the discount.