### **Connections Credit Union**

### **Employee Benefits Summary**

**January 2024 - December 2024 Customer Service: (877) 734-5932** 

To make/change elections log onto employeenavigator.com

### **Medical Plan Options - Blue Cross of Idaho**

### **Traditional \$5,000**

Plan Feature	In-Network	Out-of-Network
	Individual/Family	Individual/Family
Deductible	\$5,000/\$10,000	
Co-Insurance (paid by carrier)	100%	80%
Primary Care/Specialist Office Visit	\$20-\$40 / \$40-\$60	20% After Deductible
Preventive Care (specifically listed services)	\$0	20% After Deductible
Out-of-Pocket Max (includes deductible)	\$5,000/\$10,000	\$6,500/\$13,000
Prescription Drug	\$250 Brand Deductible \$5/\$15/\$30/\$50/20%/30% (Separate \$3,000 OOPM)	

Total Employee Cost	<u>Monthly</u>	Per-Pay Period
Employee	\$0.00	\$0.00
Employee & Spouse	\$757.82	\$378.91
Employee & Child	\$256.78	\$128.39
Employee & Children	\$638.84	\$319.42
Employee & Family	\$1,359.06	\$679.53

#### **Medical Deductible Reimbursement Plan**

(Note) While our Traditional Medical Plan has a \$5,000 deductible, Connections Credit Union will reimburse employees 100% of in-network deductible expenses incurred after the first \$3,000 in a calendar year. This is for employee coverage only. For more information, see the enclosed Medical Deductible Reimbursement Plan Document.

## **Dental Plan Option - Equitable**

### **Traditional**

Plan Feature	PPO Network	Out-Of-Network	
	Individu	Individual/Family	
Deductible	\$50/	\$50/\$150	
Preventive Services	100% (Deductible Waived)	100% (Deductible Waived)	
Basic Services	80%	80%	
Major Services	50%	50%	
Waiting Period	None		
Ortho (for Children under 19)	\$1,000 (Total Lifetime Max at 50% Co-Ins)		
Annual Max (per family member)	\$1,750		

<b>Total Employee Cost</b>	<b>Monthly</b>	Per-Pay Period
Employee	\$0.00	\$0.00
Employee & Spouse	\$33.55	\$16.78
Employee & Child	\$45.77	\$22.89
Employee & Children	\$45.77	\$22.89
Employee & Family	\$90.22	\$45.11

# Vision Plan - VSP through Equitable

Plan Feature	In-Network	Out-of-Network
Eye Exam every 12 months	\$10 co-pay	\$10 co-pay up to \$45
Hardware	\$25 co-pay	
Lenses	Every 12 Months	
Single Vision	Covered in Full	Up to \$30
Lined Bifocal	Covered in Full	Up to \$50
Lined Trifocal	Covered in Full	Up to \$65
Frames every 24 Months	\$130 allowance	Up to \$70
Contacts every 12 months (In lieu of glasses)	\$130 allowance	Up to \$105

<b>Total Employee Cost</b>	<b>Monthly</b>	Per-Pay Period
Employee	\$0.00	\$0.00
Employee & Spouse	\$6.04	\$3.02
Employee & Child	\$6.88	\$3.44
Employee & Children	\$6.88	\$3.44
Employee & Family	\$14.62	\$7.31

## <u>Life Plan - Equitable</u>

Employer Paid Life Insurance	Voluntary Supplemental Life Insurance	
	At initial enrollment, employees may purchase up to	
Four times annual earnings up to \$100,000 of Basic Term	\$125,000 of additional life insurance and AD&D up to	
Life & four times annual earnings up to \$100,000 of	\$30,000 on spouse and up to \$10,000 on children,	
Accidental Death & Dismemberment (AD&D)	at discounted group rates	
	without answering any medical questions	

Total Employee Monthly CostTotal Employee CostMonthlyPer-Pay PeriodEmployee\$0.00EmployeeEmployee & SpouseEmployee & ChildSee Employee Navigator for RatesEmployee & ChildrenEmployee & Family

## **Short Term Disability - Equitable**

Employer Paid Short Term Disability		
After 1st day of accident or 4th day of illness (including pregnancy),		
pays 66.67%, up to \$1,500 of basic weekly earnings for up to 13 weeks.		

Total Employee CostMonthlyPer-Pay PeriodEmployee\$0.00\$0.00

# **Long Term Disability Plan - Equitable**

Employer Paid Long Term Disability	
After 90 days of disability, pays 66.67% of basic monthly earnings until Social Security normal retirement age	

<b>Total Employee Cost</b>	<u>Monthly</u>	Per-Pay Period
Employee	\$0.00	\$0.00

### Flexible Spending Account (FSA) - Universal Plan Administrators

A Flexible Spending Account (FSA) is an employee benefit which results in tax savings for most employees. The plan reduces your taxable income by allowing you to pay for health care expenses and dependent care expenses with pre-tax dollars. This savings applies to Federal, State and Social Security Taxes. Refer to the Flexible Spending Plan Election Page in the enrollment system for contribution limits and more information.

### **EAP - Employee Assistance Program through Equitable**

#### **Employee Assistance Program**

EAP is included with your Basic Life Insurance Plan and administered by Equitable. Your program includes up to 3 face to face counseling sessions for you and your eligible dependents or household members at no cost to you. For more information, see attached flyer.

For more information or to schedule an appointment call 1-833-256-5115

### 401K - TruStage

Connections Credit Union will make matching contibutions equal to 100% of your elective deferrals, up to 3% of compensation for less than 5 years of service, 4% of Compensation for 5 years of service but less than 10 years of service, 5% of Compensation for 10 years but less than 15 years, and for Participants with 15 or more years, 7% of Compensation. You must be 19 years of age and complete 1 year of service. Eligible employees may join the Plan on the earlier of the first day of the Plan year or the first day of the seventh month of the Plan year coinciding with or next following the date on which the eligibility requirements are met. Through payroll deduction, you can make elective deferrals up to the maximum allowed by law. The dollar limit is \$23,000 for 2024. If you have an existing qualified retirement plan (pre-tax), Roth account or qualified retirement plan (after-tax) with a prior employer or hold a taxable IRA account, you may transfer or roll over that account into the Plan anytime. If you are over age 50 a catch up contribution is available for you to make up to an additional \$7,500 for 2024.