

## EMPLOYEE ASSISTANCE PROGRAMS

KTCH offers you a Employee Assistance Program (EAP) through Principal . This programs offer a variety of services to you to assist with eliminating health, family issues, alcohol and drug problems, legal issues, financial worries and work life balances stressors. Your EAP services are confidential and many of their services are at NO COST to you!

## 403B RETIREMENT

We should all be aware of our financial security when it comes to retirement. All full-time employees are offered to participate in a 403B plan through American Funds. Your 403B plan has the following features:

- Pre and Post-tax contribution deductions
- A 50% match of up to 4% of your payroll deduction
- Eligible for enrollment on 1st day of employment

## EDUCATION REIMBURSEMENT

As a full-time employee you are offered an education benefit to pursue additional formal education. This benefit offers:

- \$500 per employment year
- Must have been employed a minimum of 6 months
- Must have a minimal grade of “B” or its equivalent numerical grade/score

## PAID TIME OFF

The following paid time off after completing 90 days of service:

- **Holidays:** Up to seven (7) days during the calendar year
- **PTO:** Full-time non-exempt staff may earn up to 112 hours in their first year of service. With a maximum accrual of 240 hours. Part-time non-exempt employees may earn up to 56 hours in their first year with a maximum accrual of 120 hours.
- **Extended Illness Bank:** Up to 40 hours a year. This benefit carries over from year to year until the bank maxes at
- **Bereavement Leave:** Three (3) days are granted to both full and part-time employees to grieve the loss of their family member.
- **Civic Leave:** As needed to perform jury duties.

For additional details see Time Off and Leave of Absence section of Personnel Policies.

**OUR MISSION**

**Quality Care  
+ Meaningful Partnerships  
= Healthy Communities**

Our **mission statement** is who you are, what you do, and why you do it. The mission statement focuses everyone in the organization on a single purpose.

Katy Trail Community Health



Welcome to Katy Trail Community Health! We are excited to have you join our federally recognized quality leader health center.

This brochure is an overview of your applicable benefits. As a newly eligible employee you are available to enroll in a comprehensive benefit package. Please note, that if coverage is declined at this time there must be a qualified status change to enroll in a plan. We do have an annual enrollment period where you may at that time elect coverage for the upcoming plan year.

We ask that you review your options and make choices that will make a healthier you , a healthier family and a healthier community!

Katy Trail Community Health  
*Putting People First*

## MEDICAL PLAN COVERAGE

Provided through Evolution HealthCare  
Utilizing the Cigna PPO Network, Choice Plus



### Plan Highlights:

- KTCH pays for 75% of employee only cost on the base plan with an opportunity to earn a premium discount for wellness activities
- Routine preventative Care covered at 100%
- Contraceptives covered at 100%
- Physician Office visit only— copay required. **No Co-Pay if using a KTCH Provider**
- Urgent Care visit—copay required
- Prescription Drug coverage available
- Health & Wellness Program
- Virtual Visits
- Tele-health visits

Note: Deductibles are higher and there is a loss of coverage level if you go to a provider outside of the network.

See plan information for employee payroll premiums.

## DENTAL COVERAGE

Dental coverage is available through the Principal Plan Network. We offer a Low plan with a \$750/year benefit and a High plan with a \$2000/year benefit. In network services offer:

- No waiting period for services
- Type I Services covered at 100% (example: oral exam and routine cleaning)
- Type II services covered at 90% (example simple fillings or extractions)
- Type III services covered at 60%\* (example root canal, crowns and dentures)
- High Plan offers an orthodontia benefit

\*Note: In-Network coverage listed. Your co-insurance rate is higher when you visit outside the network.

## VISION COVERAGE

Vision coverage is administered by Principle. Our vision network is the Vision Service Plan, VSP. The plan offers the following features\*:

- \$10 copay for one (1) eye exam every 12 months
- \$25 copay for lenses and frames every 12 months with a \$130 allowance towards frames
- \$130 allowance towards contact lenses every 12 months
- 15% discount of regular price for laser vision correction

\*Note: In-Network coverage listed. Your coverage is significantly reduced if you use a Non- VSP provider.

## FLEXIBLE SPENDING

This is a pre-tax deduction that allows you to help pay for eligible medical expenses or dependent child care services.

### LIFE AND AD&D INSURANCE

KTCH provides employees with a basic life and AD&D insurance policy valued at \$20,000 for those under the age of 70. You may purchase additional voluntary coverage in the increments of \$10,000 up to \$150,000 without having an evidence of insurability. You may purchase voluntary life for your spouse and child(ren).

### SHORT-TERM DISABILITY

Short-term disability is an income replacement plan that will provide you with 60% of your weekly pay to maximum weekly benefit of \$1000. The plan features include:

- Benefits on the 1st day of disabling accident
- Benefits on the 8th day of disability to sickness or pregnancy
- Pre-existing condition clause applies if you have seen a medical provider or taken medication in the 3 months prior to your coverage effective date.

### OTHER PRODUCTS:

- Critical Illness with Cancer
- Accident Expense
- Whole Life Insurance
- Long-Term Disability (Providers Only)