

# **IOWA ONLY OPTIONS**

#### 2024 Plan Year: January 1, 2024 - December 31, 2024

There are 26 pay periods per year.

Since these are only Blue Access plans, there are limitations on providers. Providers need to be within an HMO network, and you must be reside in the state of Iowa. Mayo Clinic is accepted with this plan.

#### **Blue Access Health Insurance Plan Options**

#### High Deductible Plans - HMO (HSA Eligible)

This coverage starts on the first day of the month following date of hire.

• 1 Combined Deductible for Health and Prescription

• Children covered to age 26

Iowa HMO HD Plan #	1	In Network	Out-of-Network	
Single   Deductib	ole	\$1,600	\$1,600	
Family   Deductib	ole	\$3,200	\$3,200	
% Coinsurance	ce	80/20	70/30	
Single   Out-of-pocket		\$3,200 max	\$3,200	
Family   Out-of-pocket		\$6,400 max	\$6,400	
Office Visits		Deductible plus 20% Co-ins	Deductible plus 30% Co-ins	
Emergency Services		Deductible plus 20% Co-ins		
Chiropractic Care (20 visits per year, per person)		Deductible, 20% Co-ins	Deductible, 30% Co-ins	
Prescription Deductib	le	Deductible	then co-pay	
Premium (Bi-weekly)		Non-Wellness	Wellness	
Single	\$120.84		\$97.76	
Employee+1	\$282.80		\$236.64	
Family		\$285.14	\$238.98	
HIGHER DEDUCTIBLE - SAME PREMIUM				

**HIGHER DEDUCTIBLE - SAME PREMIUM** 

lowa HMO HD Plan #2		In Network	Out-of-Network	
Single	Deductible	\$3,200	\$3,200	
Family	Deductible	\$5,000	\$5,000	
% Co	oinsurance	80/20	70/30	
Single   Out-of-pocket		\$5,000 max	\$5,000	
Family   O	ut-of-pocket	\$10,000 max	\$10,000	
Office Visits		Deductible plus 20% Co-ins	Deductible plus 30% Co-ins	
Emergency Services		Deductible plus 20% Co-ins		
Chiropractic Care (20 visits per year, per person)		Deductible, 20% Co-ins	Deductible, 30% Co-ins	
Prescription [	Deductible	Deductible then co-pay		
Premium (Bi-	weekly)	Non-Wellness	Wellness	
Single	<u>,</u>	\$111.74	\$88.66	
Employee	e+1	\$260.52	\$214.36	
Family		\$262.44 \$216.28		

#### **HIGHER DEDUCTIBLE - SAME PREMIUM**

#### **Blue Access Plans (HMO)**

This coverage starts on the first day of the month following date of hire. • Separate Deductibles for Health and Prescription

Children covered to age 26

lowa HMO Plan #1			In Network	Out-of-Network	
Single	Health Deductible		\$1,000	\$1,000	
Family   Health Deductible		\$2,000	\$2,000		
	% Coinsuran	се	80/20	70/30	
Single   Out-of-pocket		\$3,000	\$3,000		
Family	Family   Out-of-pocket		\$6,000	\$6,000	
Office Visits		\$25 plus 20% Co-ins	Deductible /\$25 plus 30% Co-ins		
Emergency Services		\$100 Co-pay + 20% Co-ins			
Chiropractic Care (20 visits per year, per person)		Deductible, 20% Co-ins	Deductible, 30% Co-ins		
Premium	ı (Bi-weekly)	١	Non-Wellness	Wellness	
Si	ngle		\$166.60	\$143.52	
Emplo	oyee+1	\$367.67		\$321.51	
Family		\$425.82	\$379.66		
SAME DEDUCTIBLE - SAME DEMILIM					

#### **SAME DEDUCTIBLE - SAME PREMIUM**

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lowa HMO Plan #2	2	In Network	Out-of-Network	
Single   Health Deductible		\$2,000	\$2,000	
Family   Health Deducti	Family   Health Deductible		\$4,000	
% Coinsuran	ice	80/20	70/30	
Single   Out-of-poo	ket	\$4,000	\$4,000	
Family   Out-of-poo	ket	\$8,000	\$8,000	
Office Visits		\$25 plus 20% Co-ins	Deductible /\$25 plus 30% Co-ins	
Emergency Services		\$100 Co-pay + 20% Co-ins		
Chiropractic Care (20 visits per year, per person)		Deductible, 20% Co-ins	Deductible, 30% Co-ins	
Premium (Bi-weekly)		Non-Wellness	Wellness	
Single		\$158.70	\$135.62	
Employee+1		\$347.03	\$300.87	
Family		\$403.79	\$357.63	

**SAME DEDUCTIBLE - SAME PREMIUM** 

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### Health Savings Account - "HSA"

- Pre-tax savings for medical, dental and vision expenses with High Deductible Plan only
- HSA only available if you choose a High Deductible Plan
- CVA will contribute between \$500-\$1,500 per year based on HDHP chosen
- HSA Maximum contributions:
  - \$4,150 | Single
  - \$8,300 EE+1/Family

Premium Level	Previous CVA Contributions to HSA Accounts	High Deductible Plan #1	High Deductible Plan #2	
Single	\$0 <b>•</b>	\$500 / Year	\$750 / Year	
EE + 1	\$0 •	\$750 / Year	\$1,000 / Year	
Family	\$0 •	\$1,000 / Year	\$1,500 / Year	

Benefit

\$400/wk

\$500/wk

\$600/wk

\$700/wk

\$800/wk

\$900/wk

\$1000/wk

Payroll WH

\$6.68

\$8.35

\$10.02

\$11.69

\$13.36

\$15.03

\$16.70

### Life Insurance

- Administered by The Standard
- Paid by CVA at 100% with no cost to employee
- Coverage of 2.5 times your annual salary for the term policy on an employee | \$10,000 on spouse | \$5,000 on each dependent child, birth up to age 26.

Tier

Plan 1

Plan 2

Plan 3

Plan 4

Plan 5

Plan 6

Plan 7

### Long Term Disability Insurance

- Administered by The Standard
- 100% Paid by CVA with no cost to employee
- Starts after 26 weeks of illness or injury
- 60% of wages with max of \$8,500/month (subject to base pay)
- Full-time status only

#### **Short Term Disability Insurance**

- Administered by The Standard
- Voluntary participation
- 100% paid by employee
- Starts after 14 days of illness or injury
- Max of 24 weeks of disability
- Full-time status only

### Accidental/Critical Illness

Accident, Critical Illness/Specified Disease, and Hospital Indemnity insurance are type of supplemental insurance provided by The Standard. These plans can help you pay bills that medical insurance does not cover. They pay a cash benefit directly to you for covered treatments or conditions.

- Voluntary participation 100% paid by employee
- Pays you directly
- Goes with you if you leave your employer
- Provides coverage without answering any medical questions
- Covers children at 50% of your benefit amount at no additional cost
- Gives you the option to cover your spouse

### Paid Time Off (PTO) Full-time Employees

Completed years of service	Annual hours that can be earned	Equivalent # of days	Accrued hours/pay period	Maximum hour accrual cap	Observe Holiday
0 to 1 Year	80	10	3.08	80	New Year's Do
1 + to 6 years	144	18	5.54	224	Memorial Da 4th of July Labor Day Thanksgiving Christmas Da
6+ to 11 Years	168	21	6.46	248	
11+Years	192	24	7.39	272	

\*1 Personal Day (Personal Day resets on January 1)

## Flexible Spending Account - "FSA"

- Pre-tax Health and Dependent Care
- Available to Full-time employees not participating in CVA, or other High Deductible Plan.
- Maximum carryover is projected \$640. Any funds remaining are forfeited.
  - IRS Annual maximum contributions apply:
  - \$3,200 (projected) Health Care
  - \$5,000 Dependent Care, Filing as Married
  - \$5,000 Dependent Care, Filing as Married Filing Separately

#### **Dental Insurance - Delta Dental**

This coverage starts on the first day of the month following date of hire. Children covered to age 26.

- Diagnostic and preventative paid at 100% (deductible waived)
- Basic services paid at 80% after deductible
- Major services paid at 50%
- Calendar year deductible \$50/\$150
- Rates per pay period (\*) are:
  - \$5.15 | Employee
  - \$7.97 | Employee + One
  - \$11.83 | Family
- Maximum dental benefit per year: \$1,000 per person
- Orthodontia-dependent children only Lifetime Max \$750

#### Vision Insurance - VSP

This coverage starts on the first day of the month following date of hire. Children covered to age 26.

- Rates per pay period (\*) are:
  - \$0.87 | Employee
  - \$1.25 | Employee + One
  - \$2.19 | Family
- \$130 every 24 months for frames/contacts
- Prescription Safety Glasses Plan To participate employee must be enrolled in CVA vision insurance.

### **Retirement Pension | Co-op Retirement**

- Administered by United Benefits Group
- Defined Benefit Plan
- Mandatory participation after 1,000 hours of employment (approximately 6 months)
- Employee currently contributes 3% of annual salary; CVA currently contributes 4.65% + .50% Admin fee = 5.15% ER total.
- 1.50 Accrual Rate
- 5 year vesting schedule

### **Retirement Savings | 401K**

- 2023 Max Employee Contributions \$23,000
- 2023 Max Catch-up Limit \$7,500 for employees age 50 and above.
- Administered by Milliman Inc.
- 401K pre-tax with Employer Match
- Roth post-tax with Employer Match
- CVA currently matches up to 5% of employee investment at \$0.25/dollar
- 6 year vesting schedule pro-rated
- Full-time employees eligible 1st day of month following 30 consecutive days of employment or with rollover
- Part-time/seasonal employees eligible 1st day of month following 180 consecutive days of employment

### **Employee Assistance Plan - EAP**

- Paid by CVA at 100% with no cost to employees or immediate family members
- Available through BestCare: www.BestCareEAP.org | 1.800.801.4182
- Provides three confidential, counseling sessions per year, per family member

For additional benefits & employee perks, visit cvacoop.com/benefits.

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