



Employee Benefits Summary for Eligible Employees

2024 Plan Year: January 1, 2024 – December 31, 2024

There are 26 pay periods per year.

Blue Cross & Blue Shield (BCBS) Health Insurance Plan Options

ASSOCIATED BENEFIT CORPORATION (ABC) High Deductible Plans (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

HD Plan #1	In Network	Out-of-Network
Single Deductible	\$1,600	\$1,600
Family Deductible	\$3,200	\$3,200
% Coinsurance	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 Deductible	Deductible then co-pay	

Premium (Bi-weekly)	Non-Wellness	Wellness
Single	\$131.04	\$107.96
Employee+1	\$308.22	\$262.06
Family	\$310.76	\$264.60

HIGHER DEDUCTIBLE - HIGHER PREMIUM

HD Plan #2	In Network	Out-of-Network
Single Deductible	\$3,200	\$3,200
Family Deductible	\$5,000	\$5,000
% Coinsurance	80/20	70/30
Single Out-of-pocket	\$5,000 max	\$5,000
Family Out-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	\$120.84	\$97.76
Employee+1	\$283.43	\$237.27
Family	\$285.56	\$239.40

HIGHER DEDUCTIBLE - HIGHER PREMIUM

ASSOCIATED BENEFIT CORPORATION (ABC) Preferred Provider Organization Plans (PPO)

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

PPO Plan #1	In Network	Out-of-Network
Single Health Deductible	\$1,000	\$1,000
Family Health Deductible	\$2,000	\$2,000
% Coinsurance	80/20	70/30
Single Out-of-pocket	\$3,000	\$3,000
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 (Bi-weekly)	Non-Wellness	Wellness
Single	\$181.55	\$158.47
Employee+1	\$402.20	\$356.04
Family	\$466.50	\$420.34

SAME DEDUCTIBLE - HIGHER PREMIUM

PPO Plan #2	In Network	Out-of-Network
Single Health Deductible	\$2,000	\$2,000
Family Health Deductible	\$4,000	\$4,000
% Coinsurance	80/20	70/30
Single Out-of-pocket	\$4,000	\$4,000
Family Out-of-pocket	\$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	\$172.83	\$149.75
Employee+1	\$379.18	\$333.02
Family	\$442.49	\$396.33

SAME DEDUCTIBLE - HIGHER PREMIUM

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	\$500 / Year	\$750 / Year
EE + 1	\$0	\$750 / Year	\$1,000 / Year
Family	\$0	\$1,000 / Year	\$1,500 / Year

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.

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

Tier	Benefit	Payroll WH
Plan 1	\$400/wk	\$6.68
Plan 2	\$500/wk	\$8.35
Plan 3	\$600/wk	\$10.02
Plan 4	\$700/wk	\$11.69
Plan 5	\$800/wk	\$13.36
Plan 6	\$900/wk	\$15.03
Plan 7	\$1000/wk	\$16.70

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
0 to 1 Year	80	10	3.08	80
1+ to 6 years	144	18	5.54	224
6+ to 11 Years	168	21	6.46	248
11+ Years	192	24	7.39	272

Observed Holidays

New Year's Day
Memorial Day
4th of July
Labor Day
Thanksgiving
Christmas Day

* 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

- 2024 Max Employee Contributions \$23,000
- 2024 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.