

Summary of Employee Benefits

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revised 2/2016

DISCLAIMER

This Benefit Summary highlights the main features of the benefit plans offered by OneEighty; it does not include all plan details or rules, including limitations and exclusions. The terms of the benefit plans are governed by legal plan documents which are the final authority. OneEighty reviews its policies, procedures, and benefits periodically and reserves the right to alter, modify, reduce or eliminate any policy or benefit at any time with or without advance notice.

OneEighty Department of Human Resources

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Health Benefits

General Information

Employees have up to 30 calendar days from the date of hire to enroll in medical, dental, vision coverage. Coverage is effective the first of the month following your date of hire as an eligible employee. Premiums for OneEighty's group medical insurance plan is a shared responsibility between OneEighty and the employee. Premiums for dental and vision plans are the employees responsibility.

Employees, their qualifying spouse or domestic partner and qualifying family members are eligible for insurance coverage; documents to substantiate eligibility will be required. The Medical, Dental and Vision Plans allow a qualified child to remain on a parent's insurance policy until the child reaches the age of 26.

Benefit elections remain in effect for the entire calendar year unless the employee experiences a qualifying life change event (marriage, divorce, birth/adoption of a child, etc.). In such cases, the employee must enroll I, discontinue, or make changes to insurance coverage within 30 days of the date of the qualifying event; changes must be consistent with the qualifying event. Otherwise, changes to health benefits may only be made during open enrollment periods, which are held annually prior to the beginning of each calendar year. Reenrollment in health benefits is required each year during open enrollment whether or not changes are requested.

Medical (Medical Mutual of Ohio)

Eligibility: Employees regularly scheduled to work 30 or more hours per week

Medical insurance coverage is offered through Medical Mutual of Ohio Super Med Plus Plan. The Super Med Plus Plan design is a network-based plan that encourages participants to receive covered services from preferred physicians, health care practitioners, or facilities but allows participants to use non-preferred physicians, health care practitioners, or facilities with higher out-of-pocket costs. Participants are required to meet an annual deductible, which is the amount a participants needs to pay before the plan starts paying benefits (copays do not apply to the deducible).

-		SuperMed Plus P2080-\$1,000 De RX2			
Network	Non-Network	Network	Non-Network		
\$3,000/\$9,000	\$6,000/\$18,000	\$1,000/2,000	\$2,000/\$4,000		
0%	20%	20%	40%		
\$3,000/\$9,000	\$12,000/\$36,000	\$3,500/\$7,000	\$5,000/\$10,000		
\$5,00	00,000	\$5,0	00,000		
\$20 copay	\$40, then 20%	\$20 copay	\$40, then 40%		
\$40 copay	\$40, then 40%	\$40 copay	\$40, then 40%		
0%	20%	0%	40%		
\$150, t	\$150, t	\$150, then 20%			
\$40 copay	\$60, then 20%	\$40 copay	\$60, then 40%		
\$10/\$20	/\$40/\$40	\$10/\$20)/\$40/\$40		
\$30/\$60/	\$120/\$120	\$30/\$60/	\$120/\$120		
 Mandatory Generic Both plans have a mandatory generic program. If you or your Doctor order a name brand drug when a generic is available, you will be responsible for the generic copay and the difference between the cost of the generic and name brand drug (not to exceed the cost of the drug). Mail Order Program Maintenance medication can be ordered through the mail order program. If you chose to use the retail pharmacy for your maintenance drugs, you will be charged the appropriate copay for the first 3 months. Thereafter, the cost of your copay will double for a 30 day cumply at the retail pharmacy. 					
	Network \$3,000/\$9,000 0% \$3,000/\$9,000 \$3,000/\$9,000 \$20 copay \$20 copay \$40 copay 0% \$150, t \$40 copay 0% \$150, t \$40 copay 0% \$10/\$20 \$30/\$60/ Both plans have a mand drug when a generic is difference between the c the drug). Maintenance medication use the retail pharmacy copay for the first 3 mo	\$3,000/\$9,000\$6,000/\$18,0000%20%\$3,000/\$9,000\$12,000/\$36,000\$5,000,000\$5,000,000\$20 copay\$40, then 20%\$40 copay\$40, then 40%0%20%\$150, then 20%\$40 copay\$40 copay\$60, then 20%\$150, then 20%\$30/\$60, \$120/\$120\$10/\$20/\$40/\$40\$30/\$60/\$120/\$120Both plans have a mandatory generic program. If drug when a generic is available, you will be res difference between the cost of the generic and nat the drug).Maintenance medication can be ordered through 	RX2RNetworkNon-NetworkNetwork $$3,000/$9,000$ \$6,000/\$18,000\$1,000/2,0000%20%20%\$3,000/\$9,000\$12,000/\$36,000\$3,500/\$7,000\$5,000,000\$5,00\$5,00\$20 copay\$40, then 20%\$20 copay\$40 copay\$40, then 40%\$40 copay0%20%0%\$150, then 20%\$150, t\$40 copay\$60, then 20%\$40 copay0%20%0%\$150, then 20%\$40 copay\$40 copay\$60, then 20%\$40 copay\$		

This summary of benefits is for informational purposes only. If there are any discrepancies between this summary and the Medical Mutual certificate booklet, the booklet will prevail.

SuperMed Plus P2080 - \$3,000 Deductible	Мо	nthly Rate	mployer ntribution	 vee Monthly tribution	 ee Twice Per Contribution
Employee	\$	576.82	\$ 490.30	\$ 86.52	\$ 43.26
Employee + Spouse	\$	1,153.64	\$ 830.62	\$ 323.02	\$ 161.51
Employee+1 Child	\$	758.83	\$ 546.36	\$ 212.47	\$ 106.24
Employee+2 Children	\$	940.84	\$ 677.40	\$ 263.44	\$ 131.72
Employee+3 or more Children	\$	1,194.64	\$ 860.14	\$ 334.50	\$ 167.25
Family w/1 Child	\$	1,335.65	\$ 961.67	\$ 373.98	\$ 186.99
Family w/2 Children	\$	1,517.66	\$ 1,092.72	\$ 424.94	\$ 212.47
Family w/3 or more Children	\$	1,771.46	\$ 1,275.45	\$ 496.01	\$ 248.00

SuperMed Plus P2080 - \$1,000 Deductible	Мо	nthly Rate	mployer ntribution	 vee Monthly tribution	 ee Twice Per Contribution
Employee	\$	652.07	\$ 490.30	\$ 161.77	\$ 80.89
Employee + Spouse	\$	1,304.14	\$ 830.62	\$ 473.52	\$ 236.76
Employee+1 Child	\$	857.60	\$ 546.36	\$ 311.24	\$ 155.62
Employee+2 Children	\$	1,063.13	\$ 677.40	\$ 385.73	\$ 192.86
Employee+3 or more Children	\$	1,349.85	\$ 860.14	\$ 489.71	\$ 244.85
Family w/1 Child	\$	1,509.67	\$ 961.67	\$ 548.00	\$ 274.00
Family w/2 Children	\$	1,715.20	\$ 1,092.72	\$ 622.48	\$ 311.24
Family w/3 or more Children	\$	2,001.92	\$ 1,275.45	\$ 726.47	\$ 363.23

Dental (Humana Life)

Eligibility: Employees regularly scheduled to work 30 or more hours per week

This network-based plan encourages participants to receive covered services from participating providers, but allows use of non-participating with some additional out-of-pocket costs. Refer to the chart below. There are two plan choices for which you choose to enroll.

Humana Dental PPO						
Benefit Description	Network	Non-Network				
Preventative Services	Paid at 100% no deductible	Paid at 100% no deductible				
Preventative Services	Oral Exams, X-Rays, Cleanings, Topical Fluoride Treatment, Sealants, Space Maintainers					
Basic Services	Paid at 100% after deductible Paid at 80% after deductible					
Individual \$50 Deductible Family \$150 Deductible	Emergency care for pain relief, Oral surgery, Amalgam fillings, Stainless steel crown Periodontics, Endodontics					
Major Services	Paid at 60% after deductible	Paid at 50% after deductible				
Individual \$50 Deductible Family \$150 Deductible	Crowns, Inlays and Onlays, Bridges, Dentures, Denture repair and adjustments,					
Annual Maximum	\$1,500 per person	\$1,500 per person				

Humana Dental Preventative Plus						
Benefit Description	Network	Non-Network				
Preventative Services	Paid at 100% no deductible	Paid at 100% no deductible				
	Oral Exams, X-Rays, Cleanings, Topical Fluoride Treatment, Sealants, Space Maintai					
Basic Services	Paid at 80% after deductible Paid at 80% after deductible					
Individual \$50 Deductible Family \$150 Deductible	Emergency care for pain relief, Oral surgery, Amalgam fillings					
Annual Maximum	\$1,000 per person	\$1,000 per person				

		PPO		Р	reventati	ve Pl	us Plan	
Dental Rates	-	Dental Twice Per Month Monthly Rate Contribution			ental thly Rate	Twice Per Month Contribution		
Employee	\$	27.50	\$	13.75	\$	11.30	\$	5.65
Employee + Spouse	\$	55.01	\$	27.51	\$	25.59	\$	12.80
Employee + Child	\$	70.13	\$	35.07	\$	30.03	\$	15.02
Employee+Child(ren)	\$	70.13	\$	35.07	\$	30.03	\$	15.02
Family	\$	97.63	\$	48.82	\$	47.29	\$	23.65

Vision (VSP)

Eligibility: Employees regularly scheduled to work 30 hours per week

This network-based plan encourages participants to receive covered services from participating providers, but allows use of non-participating with some additional out-of-pocket costs. Refer to the chart below.

Benefit Description for Network of Doctors
Exam—Paid in full minus copay every 12 months—Copay \$20
Prescription Glasses—Copay \$20
Lenses—Paid in full every 12 months—Single vision, lined bifocal and lined trifocal lenses
Scratch Resistant, Anti-Reflective, Progressives—20% off savings
Frames—Paid every 24 months—Frames up to \$130 plus 20% off any out-of-pocket
Contacts—Paid every 12 months when you choose contacts instead of glasses, your \$130 allowance applies to the cost of your lenses and the fitting and evaluation exam. This exam is in addition to your vision exam to ensure proper fit of contacts.
Contact Exam—15% off fitting and evaluation exam

-15% of fitting and evaluation exam Unitact Exam-

	M	VSP onthly Rates	VSP ce Per Month ontribution
Employee	\$	10.85	\$ 5.43
Employee + Spouse	\$	16.56	\$ 8.28
Employee + Child	\$	16.56	\$ 8.28
Employee+Child(ren)	\$	29.69	\$ 14.85
Family	\$	29.69	\$ 14.85

It's easy to register for an account on vsp.com.

Just follow these steps:

1. Visit vsp.com

- 2. Click on REGISTER at the top of the page
- Enter the member's SSN or Member ID Number
 Enter the member's first and last name
 - Follow the steps to create a user name and password

Once you register, you can review your benefit information, access personalized eligibility and plan coverage details, and print a Member Vision Card.

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Register Today!

JOB#19981CM 2/15

5. Enter the member's date of birth

6. Click CONTINUE

Flexible Spending Accounts

Eligibility: In order to participate in the flexible spending benefits program employees must be eligible for our medical insurance plan (not necessarily a participant, but eligible).

Flexible Spending Accounts allow employees to pay for certain medical, dental and dependent care expenses with pre-taxed dollars, which means that taxable earnings are reduced so the employee pays less taxes on earnings thereby increasing take home pay. The maximum amount that can be set aside for health care expense per calendar year is \$2,500; and the maximum amount that can be set aside per calendar year for dependent care is \$5,000.

Participants may carry over up to \$500 of unused funds from a their FSA to the immediate following plan year. The amount available for carryover is the amount unused after health expense have been reimbursed at the end of the plan's claim run-out period. This claim run out period is 90 days after the end of the plan year. Therefore carryover of the unused funds would be executed in April following the end of the Plan Year. The carryover may be used to pay or reimburse health expensed under the health FSA incurred during the entire plan year to which it is carried over. The carryover can apply even to Health FSA participants who do not elect to participate in subsequent plan years (but are still active employees).

Employees are eligible to participate upon hire and may enroll/reenroll each January 1. NEO Administration administers the program; OneEighty pays all administrative costs.



Retirement Benefit

General Information

All full-time and part-time employees receiving a regular biweekly paycheck are eligible to participate in the 401k retirement savings plan. Employees are eligible to enroll in the 401k plan immediately upon hire. Employee contributions toward retirement savings are made through payroll deduction.

401k (John Hancock)

After one year of service, OneEighty will contribute 2 percent of the employee's gross wages into this plan. OneEighty will also match 50 percent of your personal contributions of up to 6% of wages (maximum of 3%). Example:

Employee		ONEEIGHTY		ONEEIGHTY 2% Co	n-	Total	
			Match		tribution		
	2%	+	1%	+	2%	=	5%
	6%	+	3%	+	2%	=	11%

Your contributions (elective deferrals) are always 100% vested. Employer contributions are vested after 3 years of service.

Pay Dates & Direct Deposit

Employees are paid biweekly. The standard pay period begins at 12am on a Sunday and ends 14 calendar days later at 11:59pm on Saturday. Pay dates are on Friday of the week following the pay period. As a condition of employment, all employees of OneEighty will have their pay directly electronically transferred to an account or accounts selected by the employee. Direct deposit is fast and reliable, offering employees faster access to their pay and the additional security, convenience and flexibility of electronic banking.

Voluntary Short Term Disability Insurance (Assurant Employee Benefits)

Eligibility: Employees regularly scheduled to work 20 or more hours per week and annual pay is greater than or equal to \$12,000

Voluntary short term disability insurance is available to employees as a source of income protection if an employee is disabled by providing you a benefit for injuries and sicknesses that are not work related.

Each year prior to plan anniversary date (October 1) employees hired within the past year have the option to elect coverage and the newly hired employees are guaranteed issue with certain limits. All other employees have the option to elect coverage, but will be subject to underwriting approval.

Critical Illness Insurance (Assurant Employee Benefits)

Eligibility: Employees regularly scheduled to work 20 or more hours per week

Voluntary critical illness insurance is available to employees as a source of income protection if an employee suffers a covered critical illness which can expose an employee to an unexpected gap in protection. While health plans may help cover many of the direct costs associated with a critical illness, related expenses such as lost income, child care, travel to and from treatment, high deductibles and co-pays may quickly diminish savings. Critical illness insurance pays a fixed benefit upon initial diagnosis of a covered critical illness.

Each year prior to plan anniversary date (October 1) employees hired within the past year have the option to elect coverage and the newly hired employees are guaranteed issue with certain limits. All other employees have the option to elect coverage, but will be subject to underwriting approval.

Workers' Compensation Benefits

All employees are covered by Workers' Compensation insurance in the event they sustain a work related injury, illness or death that arises in the course of their employment with ONEEIGHTY. An injured employee may elect to use Paid Time Off prior to receiving payments from Worker's Compensation. Employees are prohibited; however, from receiving payment for Paid Time Off while simultaneously receiving payment for Worker's Compensation.

Survivor Benefits

Voluntary Life Insurance (Assurant Employee Benefits)

Eligibility: Employees regularly scheduled to work 20 or more hours per week

Voluntary life insurance is available to employees to protect your family in the event of your death. Employees may also add Accidental Death and Dismemberment Insurance (AD&D) to the life insurance. AD&D provides 24-hour coverage and a benefit in the event of your loss of life, limb or eyesight as a direct result of an accident.

Each year prior to plan anniversary date (October 1) employees hired within the past year have the option to elect coverage and the newly hired employees are guaranteed issue with certain limits. The guarantee issue amount for an employee is \$100,000; a spouse is \$25,000; a child is \$10,000. All other employees have the option to elect coverage, but will be subject to underwriting approval.

Time Off

Paid Time Off (PTO)

Full time and part time employees receiving regular biweekly paychecks begin accruing PTO hours immediately upon hire. PTO hours are earned each payroll period at the rate that corresponds to the employee's length of service:

Years of Service	Hours Accrued Per Pay Period
0-3	5.23*
3-5	6.77*
After 5 years	8.31*

*Part time employees (any employee working less than 40 hours a week) will earn hours at a pro-rated amount.

PTO leave may be used as it is accrued (after 90 days of employment), with prior supervisor approval. PTO is accrued based on your seniority date and will stop accruing at 160 hours. Employees who leave the agency will be paid for unused PTO time as outlined in the Personnel Policy Manual.

Extended Time Off (ETO)

Full time and part time employees receiving regular biweekly paychecks begin accruing ETO hours immediately upon hire and will be eligible to use ETO hours any time there is a qualifying Family and Medical Leave event (FMLA). Under FMLA, employees must be employed for at least a year; and have worked at least 1,250 hours during the 12 months prior to the start of the FMLA leave, before they are eligible for protected FMLA leave. Up to 3 days of ETO may be used for bereavement leave, with approval from the Executive Director and as outlined in the Personnel Policy.

ETO hours are earned each payroll period at the rate of 3.08 hours for a full time employee—this amount is prorated for a part time employee. The benefit will stop accruing at 480 hours.

Holiday Leave

Full time and part time employees receiving regular biweekly paychecks receive holiday paid time off. Instead of closing for all major holidays, OneEighty provides each full-time employee with 88 holiday hours each year so the employee is free to observe their own holiday. At the beginning of each year, OneEighty will announce which days Gault Liberty Center Main office will be closed. On those days, employees not working will be required to use their holiday hours. All other holiday hours can be taken any time during the year. Generally Gault Liberty Center will close on the following holidays: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Christmas Day.

There is no waiting period to be eligible for holiday hours other than the employee needs to start working prior to the holiday occurring. For example, if a holiday is on a Monday and an employee starts on Tuesday, the new employee will not be eligible for holiday pay. Full-time employees will receive 88 holiday hours (part-time employees receive an equivalent through prorating). Hours are placed in the employees holiday bank on January 1 of each year to be used on holidays throughout the calendar year. New hires starting mid-year will receive pro-rated holidays based on the number of full months left in the calendar year. If an employee is hired on or after the 15th of the month, the holiday hours will calculate after the first of the next month. Please refer to the personnel policy manual for a full description Holiday paid time off.

Miscellaneous

Time off is granted for jury duty, bereavement leave and military leave. Please refer to the personnel policy manual.

Employees are eligible to participate in these benefits or programs immediately upon hire, except where indicated. Contact HR for more details on any benefit or program.

Education Leave

If an employee is taking an academic course pertaining to their employment at OneEighty as determined by the Executive Director, the Executive Director may allow the employee to deduct one hour per class from their work week, up to a maximum of two hours. This will be prorated for part-time employees.

Licensing and Certification

Employees are expected to obtain education necessary to obtain or maintain required licenses/ certifications. The agency may through in-service or payment for workshops assist in this matter. OneEighty may pay for recertification/licensing fees, but are unable to pay for the initial application fees. Once an employee becomes certified, they may be eligible for an increase in salary. Fees for recertification/licensing are payable upon submission of recertification/licensure certificate.

Employee Referral Program

All full-time and part-time employees receiving regular biweekly paychecks are eligible to receive the Employee Referral Program Bonus. There is no waiting period to be eligible to refer a candidate for this program; however, the employee must still be employed with OneEighty in order to receive the bonus.

OneEighty will compensate any current employee for referring an individual to OneEighty for employment purposes as long as certain criteria are met. If the referral results in hiring an individual and the individual have been employed for 180 days with OneEighty, the current employee will receive the following compensation: Non-exempt positions \$250.00 and Exempt positions \$500.00. The employee receiving the compensation will receive it in cash, federal and state taxes withheld.

The Employee Referral Program procedure can be located in the personnel policies which provides step-by-step instructions.

Personal Cell Phone Program

Employees receive discounted equipment and service plans for personal cell phones through Verizon Wireless. Cost of the equipment and monthly service plan fees are paid by the employee directly to the service provider.

Health Club Memberships

OneEighty offers all employees Healthclub corporate memberships at a discounted rate through the YMCA of Wooster and HealthPoint.

Please attempt to resolve all claim issues by contacting the above Customer Service numbers. If you encounter any difficulties after speaking with the carrier customer service representative, please feel free to contact Executive Coordinator, Tammy Hart at 330-804-4217.

Medical Mutual of Ohio—Medical Insurance

Customer Service Representative—refer to your ID card Medical Mutual Website—www.medmutual.com Pharmacy Customer Service—refer to your ID card Pharmacy Mail Order Website—www.express-scripts.com

Humana Dental—Dental Carrier

Dental Customer Service Representative—1.800.979.4760 Dental Website—www.humana.com

Vision Service Plan (VSP) - Vision Carrier

Claims Address: VSP, 3333 Quality Drive, Rancho Cordova, CA 95670 Vision Customer Service Representative—1.800.877.7195 Vision Website—www.vsp.com

NEO Administration—Flexible Spending Account

Mailing Address: NEO, 1735 Merriman, Suite 225, Akron, OH 44313 Questions on your account—1.800.775.3539 NEO Website—www.FlexNEO.com

Assurant Employee Benefits—-Life Insurance; Short Term Disability; Critical Illness

Customer Service-1.800.877.2701

John Hancock—401k Pension Plan

Customer Service-1.800.395.1113