HopeWorks Summary of Employee Benefits

December 1, 2022-November 30, 2023

HopeWorks makes reasonable efforts to provide employee benefits that are competitive with the local market. Benefits are reviewed annually and are subject to change at any time at the discretion of the management and/or Board of Directors of HW. The following is

a summary of the employee benefits available. (FTE's=Full Time Employees, 30 hours or more per week)

BENEFIT	ELIGIBILITY	DESCRIPTION	ELIGIBILITY	ELIGIBILITY EMPLOYEE	
DENEFII	ELIGIBILITI	DESCRIPTION		COST/PAY DAY	
Haalth	Dog ETE's with	Divo Cross/Divo Shiold	Waiting Period		
Health Insurance	Reg FTE's with a status of 30	Blue Cross/Blue Shield	60+ days. Effective the 1st	Emp. Only: \$65.10	
		-\$35 Office Co-Pay	day of the month after 60	Emp. + Spouse: \$221.33	
Blue Net	hours or	In & Out patient 20% after	days employment. Termination occurs end of	Emp. + Child(ren): \$182.25	
EPO 0090 B	greater/week	deductible + Use of HRA		Emp. + Family: \$312.45 Premiums deducted PRE-TAX	
TIDA	D PTP 'd	Til 1 (1 C) C () DI Til	month following termination.		
HRA	Reg FTE's with	Through the Cafeteria Plan, The	60+ days. Effective the 1st	NONE	
(Health	a status of 30	HRA will reimburse you up to a	day of the month after 60	Cost paid by HW	
Reimburse-	hours or	maximum of \$3,000 during the	days employment.		
ment Plan)	greater/week	plan year for: Inpatient			
		Hospitalization (deductible),			
		Outpatient procedure (up to \$1,000).			
		Diagnostic labs, x-rays, and			
D 1	D 1 ETTEL	CT/MRI/Pet-scan(coinsurance)	50 1 F20 1 1 1		
Dental	Regular FTE's	Delta Dental	60+ days. Effective the 1st	Emp. only: \$3.23	
Insurance	with a status of	With some orthodontic services.	day of the month after 60	Emp. + Spouse: \$11.34	
	30 hours or		days employment. Coverage	Emp. + Child(ren): \$11.76	
	greater/week		terms end of month following	Emp. + Family: \$22.21	
			termination.	Premiums deducted PRE-TAX	
Life	Regular FTE's	Dearborn Life Insurance	60+ days. Effective the 1st	Cost paid by HW	
Insurance	with a status of	\$25,000 Life Benefit	day of the month after 60		
	30 hours or		days employment. Terms		
	greater/week		day after termination		
Pension Plan	Regular	403(b) Mutual of America	NONE for salary deferral /1	100% vested	
403(b)	Employees with	retirement account. Employer	Year for Match/semi-annual.	Contributions deducted PRE-	
	status of .5 or	match: 100% of salary deferral;	Automatically enrolled at	TAX	
	greater	up to 1% of annual income if	hire, must notify if you don't		
	(20+hrs/week)	eligible	want to participant.		
Annual	Regular	Regular FTE (30 hours or more	NONE	NONE	
Leave	Employees with	per week) accrue 6.46 hours per			
Paid Time	status of .5 or	pay period (Pro-Rated for Part			
Off	greater	Time).			
	(20+ hrs/week)				
Holidays	Regular	Up to 11 Holidays per year. See	NONE	NONE	
	Employees with	Employee Handbook for listing	Prorated according to hours		
	status of .5 or	and essential/non-essential	worked		
	greater.(20 hrs/	programs.			
	wk)				
Extended	Regular	FT (30 hours or more per week)	NONE	NONE	
Illness	Employees with	accrue 1.8 hrs/pay period=6			
Benefit	status of .5 or	days/year. Pro-rated for PT.			
	greater.(20 hrs/				
D: 1.1	wk)		NOVE	NOVE	
Birthday	Regular	Day off w/ pay. Must be taken	NONE	NONE	
Leave Day	Employees with	within 2 weeks of birthday.			
	status of .5 or				
	greater (20 hrs/				
EAR	wk)	N 11 F 1	NOVE	G	
EAP	All employees	Magellan Employee Assistance	NONE	Cost paid by HW	
		Program: Up to 5 counseling			
		sessions per incident/year			