



2019 Summary of Employee Benefits

New employees are subject to a waiting period for insurance coverage.
Policies will not be effective until the 1st of the month following 30 days of employment.

Health Insurance: Excellus BlueCross/BlueShield – option to choose single, 2-person, or family coverage

- **Signature 30-1000** – a plan with co-pays for office visits and deductibles for hospitalization.
- **Signature HDHP 1350 (HSA)** – a plan with high deductibles and Health Savings Account option.
- **Signature HDHP 6350 (HSA)** – a plan with high deductibles and Health Savings Account option.

Excellus Health Insurance							
35+ hours per week	Annual Deductions	24 Pay Periods	20 Pay Periods	30-34 hours per week	Annual Deductions	24 Pay Periods	20 Pay Periods
Signature 30-1000 <i>Single</i>	\$2,877.72	\$119.91	\$143.89	Signature 30-1000 <i>Single</i>	\$3,333.72	\$138.91	\$166.69
Signature 30-1000 <i>2-Person</i>	\$6,419.04	\$267.46	\$320.95	Signature 30-1000 <i>2-Person</i>	\$7,247.04	\$301.96	\$362.35
Signature 30-1000 <i>Family</i>	\$8,733.60	\$363.90	\$436.68	Signature 30-1000 <i>Family</i>	\$9,873.60	\$411.40	\$493.68
Signature HDHP 1350 <i>Single</i>	\$741.84	\$30.91	\$37.09	Signature HDHP 1350 <i>Single</i>	\$1,197.84	\$49.91	\$59.89
Signature HDHP 1350 <i>2-Person</i>	\$2,247.84	\$93.66	\$112.39	Signature HDHP 1350 <i>2-Person</i>	\$3,075.84	\$128.16	\$153.79
Signature HDHP 1350 <i>Family</i>	\$3,058.20	\$127.43	\$152.91	Signature HDHP 1350 <i>Family</i>	\$4,198.20	\$174.93	\$209.91
Signature HDHP 6350 <i>Single</i>	\$574.32	\$23.93	\$28.72	Signature HDHP 6350 <i>Single</i>	\$862.32	\$35.93	\$43.12
Signature HDHP 6350 <i>2-Person</i>	\$1,849.80	\$77.08	\$92.49	Signature HDHP 6350 <i>2-Person</i>	\$2,317.80	\$96.58	\$115.89
Signature HDHP 6350 <i>Family</i>	\$2,526.12	\$105.26	\$126.31	Signature HDHP 6350 <i>Family</i>	\$3,162.12	\$131.76	\$158.11

Guardian Dental Insurance				Guardian Vision Insurance			
20+ hours per week	Annual Deductions	24 Pay Periods	20 Pay Periods	20+ hours per week	Annual Deductions	24 Pay Periods	20 Pay Periods
<i>Single</i>	\$479.28	\$19.97	\$23.96	<i>Single</i>	\$111.84	\$4.66	\$5.59
<i>Family</i>	\$1,362.24	\$56.76	\$68.11	<i>Family</i>	\$240.36	\$10.02	\$12.02
<i>Voluntary Benefit (No Agency Contribution)</i>				<i>Voluntary Benefit (No Agency Contribution)</i>			

Health Savings Account (HSA)

Option 1: Employees enrolled in OFO’s Signature HDHP1350 may establish and contribute to an HSA. There is no Agency HSA contribution when enrolled in this plan.

Option 2: Employees enrolled in OFO’s Signature HDHP6350 may contribute to an HSA. There are Agency HSA contributions when enrolled in this plan as indicated on right.

Employer Annual HSA Contributions	35+ hours per week	30-34 hours per week
Signature HDHP 6350 <i>Single</i>	\$1,812.00	\$1,644.00
Signature HDHP 6350 <i>2-Person</i>	\$3,468.00	\$3,108.00
Signature HDHP 6350 <i>Family</i>	\$4,728.00	\$4,224.00

Lincoln Short-Term Disability

Voluntary Benefit (No Agency contribution) – employee cost depends on age and level of coverage.

NEW! Guardian Hospital Indemnity*

Voluntary Benefit (No Agency contribution) – employee cost depends on age and level of coverage.

NEW! Unum Specified Disease*

Voluntary Benefit (No Agency contribution) – employee cost depends on age, tobacco use, and level of coverage.

NEW! Unum Accident*

Voluntary Benefit (No Agency contribution) – employee cost depends on level of coverage.

**New plans subject to carrier minimum enrollment requirements. If not met, plan will not be offered.*

NEW! LegalShield Membership

Voluntary Benefit (No Agency contribution) – employee cost is flat rate for family coverage.

Annual Deductions	24 Pay Periods	20 Pay Periods
\$191.36	\$7.97	\$9.57

Retirement Plan 403(b)

Employees are eligible to participate in a 403(b) plan thru payroll deductions immediately upon hire. After the employee completes a full year of service (minimum of 1,000 hours of employment in that year), OFO will match employee contributions dollar for dollar up to a maximum of 3% of the employee’s monthly gross income. Employer contributions are subject to a vesting schedule.

Annual Leave - Accrual

Annual leave is earned an accrual rate of .0615 per hour worked or on paid status.
 Ex: 40 hrs X 52 weeks = 2080 hrs. 2080 hrs X .0615 = 127.92 hrs annual or 15.99 (8 hr) days
 Ex: 30 hrs X 44 weeks = 1320 hrs. 1320 hrs X .0615 = 81.18 hrs annual or 13.53 (6 hr) days
 Annual leave rate increases after five years of service and again after twelve years of service with the agency.

Sick Leave - Accrual

Sick leave is earned an accrual rate of .0462 per hour worked.
 Ex: 40 hrs X 52 weeks = 2080 hrs. 2080 hrs X .0462 = 96.096 hrs sick or 12 (8 hr) days

Holidays

11 days per year

NOTE: Details regarding OFO Benefits are provided in Employee Benefits Guide, Summary Plan Descriptions and OFO Personnel Policies.