

Community Partnership for Children EMPLOYEE BENEFIT LISTING AND BIWEEKLY COST SHEET

WAITING PERIOD: 1st of month following 30 days

Blue Cross Blue Shield Blue Options Health Plans	Employee	Employee & Spouse	Employee & Child(ren)	Family
Blue Cross Blue Shield - Plan 1755 (004)	\$0.00	\$170.03	\$114.28	\$288.50
Health Plan 1160 (001) + 1161 (002) (HSA)	\$0.00	\$0.00	\$0.00	\$0.00
HSA Deposit from Employer	\$92.59	\$41.59	\$59.20	\$4.15
Blue Cross Blue Shield Dental Plan				
	Employee	Employee & Spouse	Employee & Child(ren)	Family
Employee Payroll Deduction (Bi-weekly)	\$8.82	\$16.14	\$17.61	\$24.16
Advantica Eyecare Select Plus 100 Plan				
	Employee	Employee & Spouse	Employee & Child(ren)	Family
Employee Payroll Deduction (Bi-weekly)	\$2.88	\$5.78	\$7.01	\$8.19
Mutual of Omaha Long Term Disability	100% Employer Paid			
180 day waiting period				
Blue Cross Blue Shield Group Life	100% Employer Paid			
1x Annual Salary				
Blue Cross Blue Shield Voluntary Life				
Voluntary coverage available to cover employee, their spouse and children				
John Hancock 401k				
Available to all full time employees after one hour of service after age 21				
Flexible Spending Accounts				
Medical & Dependent Care				
Aflac Voluntary Products				
Accident, Cancer, Disability, Hospital, Intensive Care Chosen by employee				
Horizon Health Employee Assistance Group				
100% Employer Paid				
Provides emotional, legal and financial counseling to all immediate members of an employee's family				

