



2011- 2012 Benefits Summary
(Revised July 15, 2011)

Child and Family Guidance Center



2011 – 2012 Benefits Summary

Eligible workforce: Regular full-time employees (30⁺ hrs/wk)

(Regular part-time employees and stipend interns may be eligible for limited or prorated benefits)

Ineligible workforce: Employees on unpaid leave, temporary employees, contractors, non-stipend interns, and volunteers

BENEFITS	ELIGIBILITY	BENEFITS DESCRIPTION
Vacation	After 3 months of employment	4 th month ~ 1 year: 1 day per month (4th month prorated if hired after the first of the month) 1 ~ 10 years employment: 1.5 days per month 10 ⁺ years employment: 2 days per month (Maximum accrual: 30 days)
Sick Leave	Immediately	1 day per month (1 st mo. prorated if hired after the 1st of the mo.) <u>Non-Exempt:</u> 48-day max with 50% conversion; <u>Exempt:</u> 80-day max with no conversion
Personal Day	After 6 months of employment	1 day per calendar year (Must be used before year-end. No carry-over allowed)
Holidays	Immediately	9 holidays 1 floating holiday (designated by management)
Jury Duty	Immediately	Paid up to 5 days per calendar year (see PM/HR-014 and HR-015) (<i>Important:</i> Attach court-provided Proof of Service to Time Sheet)
Bereavement Leave	Immediately <i>Immediate Family:</i> spouse/domestic partner, child, parent, siblings <i>Extended Family:</i> parent-in-law, brother-in-law, sister-in-law, grandparent, grandchild	<i>Immediate Family:</i> 1-5 days per calendar yr <i>Extended Family:</i> 1-3 days per calendar yr
Professional Leave	After 6 months of employment (Stipend interns are eligible immediately upon hire.)	1-5 days per calendar year <u>Studying for any licensing exam:</u> A maximum of 5 days for the term of your employment with the Center. (<i>Rev. 7/15/11</i>) (<i>Important:</i> Attach documentation to Time Sheet)
Kaiser (HMO) (4/1/11 ~ 4/1/12)	1 st day of the month, after 90 days of employment; Regular full-time employees only (30 ⁺ hrs/ wk)	Employee only: \$32 / mo. Employee + Spouse / Domestic Partner: \$271 / mo. Employee + Child(ren) \$164 / mo. Employee + Family: \$ 524 / mo Office visit: \$30 / visit Prescription: \$10 Generic \$25 Brand name
Anthem Blue Cross (HMO) (4/1/11 ~ 4/1/12)	1 st day of the month, after 90 days of employment; Regular full-time employees only (30 ⁺ hrs/ wk)	Employee only: \$36 / mo. Employee + Spouse / Domestic Partner: \$314 / mo. Employee + Child(ren) \$195 / mo. Employee + Family: \$594 / mo Office visit: \$30 / visit Prescription: \$10 Generic \$25 Brand name \$40 Non-formulary
Anthem Blue Cross (PPO) (4/1/11 ~4/1/12)	1 st day of the month, after 90 days of employment; Regular full-time employees only (30 ⁺ hrs/ wk)	Employee only: \$340 / mo. Employee + Spouse / Domestic Partner: \$1,137 / mo. Employee + Child(ren) \$904 / mo. Employee + Family: \$1,853 / mo Office visit (In-Network): \$30 / visit Annual Deductible (In-Network): \$500 / individual; \$1,500 / family

BENEFITS	ELIGIBILITY	BENEFITS DESCRIPTION
		Prescription (In-Network): \$1,500 family \$10 Generic \$25 Brand name \$40 Non-formulary
Anthem Blue Cross (Vision) (4/1/11 ~4/1/12)	1 st day of the month, after 90 days of employment; Regular full-time employees only (30 ⁺ hrs/ wk)	Employee only: \$2 / mo. Employee + Spouse / Domestic Partner: \$4 / mo. Employee + Child(ren) \$5 / mo. Employee + Family: \$8 / mo Exam and Lenses Copay (In-Network): \$25 Frames allowance (In-Network): \$130 Contact Lenses (In-Network): Covered in full, if medically necessary
Delta Dental (DHMO) (4/1/11 ~ 4/1/12)	1 st day of the month, after 90 days of employment; Regular full-time employees only (30 ⁺ hrs/ wk)	Employee only: \$5 / mo. Employee + Spouse / Domestic Partner: \$14 / mo. Employee + Child(ren) \$12 / mo. Employee + Family: \$27 / mo.
Delta Dental (DPPO) (4/1/11 ~ 4/1/12)	1 st day of the month, after 90 days of employment; Regular full-time employees only (30 ⁺ hrs/ wk)	Employee only: \$17 / mo. Employee + Spouse / Domestic Partner: \$57 / mo. Employee + Child(ren) \$42 / mo. Employee + Family: \$82 / mo.
Cafeteria Plan (Section 125) <i>NBS (administrator)</i>	1 st day of the month, after 90 days of employment; Regular full-time employees only (30 ⁺ hrs/ wk)	Tax savings by payroll deductions for out-of-pocket expenses, including medical/dental/vision, dependent care, and the employee contribution portion of the Center-sponsored medical / dental / vision / Aflac insurance premiums.
Life Insurance CIGNA	1 st day of the month, after 90 days of employment; Regular full-time employees only (30 ⁺ hours/ week)	<u>Basic Life</u> : Center pays for \$50,000 of coverage <u>Optional Life</u> : Employee may purchase optional life insurance (age-rated) for up to \$500,000 or 5 times salary, whichever is less; guarantee issue up to \$150,000 <u>Spousal Life</u> : Spouse may purchase life insurance (rated by employee's age) for up to one half of employee's own optional life coverage; guarantee issue: \$20,000 <u>Child(ren) Life</u> : Employee may purchase child(ren) life insurance for up to \$10,000 (age 14 days to 19 or age 23 if full time student)
Long Term Disability CIGNA	1 st day of the month, after 90 days of employment; Regular full-time employees only (30 ⁺ hrs/wk)	Center pays 100% of premiums <i>Benefit</i> : 60% of monthly income, up to a maximum of \$8,000 /mo., after 90 consecutive days of disability (elimination period)
Long Term Care UNUM	1 st day of the month, after 90 days of employment; Regular full-time employees only (30 ⁺ hours/ week)	Guarantee issue \$6,000/6 yrs at initial eligibility period only; medical questionnaire for late enrollment, as well as for initial enrollment exceeding \$6,000 or unlimited duration; Family (e.g., spouse, parents) may apply subject to medical questionnaire; 90-day elimination period. A <u>Voluntary</u> plan.
Cancer Insurance Aflac	1 st day of the month, after 90 days of employment; Regular full-time employees only (30 ⁺ hrs/ wk)	A <u>voluntary</u> plan (employee purchases) with benefits for the diagnosis of a cancer, treatment, preventive screening tests, and more. Premiums are deducted through payroll on a pre-tax basis.
401(k) Fidelity Investments	January 1 st or July 1 st after 3 months of service; Minimum age 21	Pre-tax contributions, up to \$16,500 for 2011 (additional \$5,500 for age 50 ⁺); Center Match: 50% of your contributions, up to 4% of eligible compensation, with a 6-year graded vesting schedule
Private Practice Office Space	Regular full-time licensed clinical staff (30 ⁺ hrs/week) with prior approval from your director (see PM/CL-005)	Use of Center office space for private practice up to 6 hours per week during normal business hours. Required forms <u>must</u> be completed.
Professional Membership Dues	After 6 months of employment; Regular full-time employees only (30 ⁺ hrs/ wk)	Annual dues in a job-related professional society Up to \$75.00 maximum per calendar year

BENEFITS	ELIGIBILITY	BENEFITS DESCRIPTION												
Professional Membership Dues (Sr. Mgmt Staff)	After 6 months of employment <i>Submit Form #D-11 for reimbursement.</i>	Annual dues in a job-related professional society; 100% for 1 st membership (including APA assessment fee); Up to \$75.00 max. per calendar yr. for ea. subsequent membership												
Board Registrations	Immediate eligibility; <i>For non-licensed staff, post-doc residents, and interns only;</i> <i>Submit Form #D-11 for reimbursement</i>	Center pays 100% (Live Scan fingerprinting costs <u>are</u> reimbursable, but only if in line with current job duties.)												
Licenses / Credentials	After 6 months of employment Regular full-time employees only (30 ⁺ hours/ week) <i>Submit Form #D-11 for reimbursement.</i>	Center pays 50%, up to \$150 maximum per calendar year. Must be in line with <i>current</i> job duties. Board tests are <u>not</u> reimbursable.												
Educational Assistance Northpoint Education Assistance	After 1 year of employment; Regular full-time employees only (37.5 ⁺ hours/ week) <i>Submit Form #D-84 for reimbursement.</i> <i>PM 2006-5 (Northpoint Education Assistance Program for Special Education Credentials) was repealed as of 5/10/10.</i>	<table border="0"> <tr> <td>0-1 year</td> <td>\$0</td> </tr> <tr> <td>1-3 years</td> <td>\$150</td> </tr> <tr> <td>3-5 years</td> <td>\$300</td> </tr> <tr> <td>5-10 years</td> <td>\$500</td> </tr> <tr> <td>10-15 years</td> <td>\$750</td> </tr> <tr> <td>15⁺ years</td> <td>\$1,500</td> </tr> </table> <p><i>Classes/Curricula must commensurate with your current job duties (see PM/HR-028 for details).</i></p>	0-1 year	\$0	1-3 years	\$150	3-5 years	\$300	5-10 years	\$500	10-15 years	\$750	15 ⁺ years	\$1,500
0-1 year	\$0													
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Essential Learning – CEQuick (comprehensive online CEU and training program)	Immediately; Coursework must not interfere with any of your work activities and must be taken on personal time	Staff can obtain their required CEUs and other training, free of cost, through an extensive library of Web-based coursework designed to satisfy accreditation and state training requirements. All eligible employees and supervisors may take online training courses, such as HIPAA security and privacy rules, sexual harassment, and personnel management.												
Wellness Program	Immediately	<u>Classes/Activities:</u> Yoga, Tennis, Badminton, Lower and Upper Abs/Bootcamp, Hiking, Swimming, Volleyball <u>Membership Discount:</u> L.A. Fitness Club												
Verizon Wireless Employee Discount Program	All employees (proof of employment required)	A 22% discount on most new and existing Verizon Wireless service plans for your personal accounts. The discount is also valid for most accessories purchased through Verizon Wireless stores or on-line. Contact Victor Esguerra, Verizon Wireless Account Rep, at (626) 201-4860 or Victor.Esguerra@VerizonWireless.com .												
AT&T Wireless Employee Discount Program	All employees (proof of employment required)	A 25% discount on all new and existing AT&T Wireless service plans for your personal accounts. You may sign up either (1) online at www.att.com/wireless/premiergpo , use your agency provided email (@childguidance.org) as a method of validation of employment, and the Center's Foundation Account Number (FAN) 03844033, or (2) in person at the nearest AT&T corporate-owned store (not Authorized Retailer), provide proof of employment, and the Center's FAN above. Please note: By signing up for this discount, your account will be automatically extended to a NEW TWO YEAR contract.												

Important: This summary of benefits is a brief description of the Center's benefit program and is not intended to be a complete description of all policy provisions. Please refer to Plan Documents, Summary Plan Descriptions, EOC's (Evidence of Coverage), Certificates, Procedure Memoranda, and the Employee Handbook for complete and detailed information. These benefits are subject to change, modification, or cancellation at anytime, at the Center's sole discretion.

(Revised 7/15/2011) HR Shared Directory/Forms/D-33