



# 2020 Benefits Summary

*(Updated April 23, 2020)*

# 2020 Benefits Summary

**Eligible workforce:** Regular full-time employees (30<sup>+</sup> 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 <i>(waived for returning employees and interns)</i>	<b>3 hours 42 minutes</b> every two weeks 4 <sup>th</sup> month - 1 year <b>5 hours 32 minutes</b> every two weeks 1 - 10 years employment <b>7 hours 23 minutes</b> every two weeks 10 <sup>+</sup> years employment (maximum accrual: <b>240 hours</b> = <b>prorated based on percent time worked</b> )
Sick Leave  Wellness Days	Immediately	<b>1 day per month</b> <u>Non-Exempt:</u> <b>80-day</b> max, no conversion <i>(effective 1/1/2020)</i> <u>Exempt:</u> <b>80-day</b> max, no conversion <b>3 Sick Days may be used as Wellness Days per calendar year</b> (no need to be sick!) (use 1 per month or save all 3 for our December closure) (must be used in 8-hour increments - no partial days) (Northpoint classroom staff: May use 1, 2 or 3 days in the same mo.)
Personal Day	After 6 months of employment <i>(waived for returning employees and interns)</i>	<b>1 day</b> per calendar year (Must be used by December 31st. May not be carried over.)
Holidays	Immediately	<b>11</b> paid holidays (May use 1-3 Wellness Days during our December closure.)
Professional Leave	Immediately	<b>1-5 days</b> per calendar year <u>Studying for any licensing exam:</u> <b>5 days maximum</b> for the "term of your employment" (not per year) ( <b>Important:</b> Attach documentation to your time sheet)
Jury Duty	Immediately	<b>1-5 days</b> per calendar year (see PM/HR-014 and HR-015) ( <b>Important:</b> Attach court-provided <i>Proof of Service</i> to Time Sheet)
Bereavement	Immediately	<i>Immediate Family:</i> <b>1-5 days</b> per calendar year (spouse/domestic partner, child, parent, sibling) <i>Extended Family:</i> <b>1-3 days</b> per calendar year (parent-in-law, brother-in-law, sister-in-law, grandparent, grandchild)
(1) Medical  Blue Shield <b>Small Network</b> (HMO) (4/1/20 - 3/31/21)	1 <sup>st</sup> day of the month, after 30 days of employment  Regular full-time employees only (30 <sup>+</sup> hrs/wk)	<b>Employee only:</b> Employee + Child(ren) <b>\$ 25 / mo</b> Employee + Spouse / Domestic Partner <b>\$325 / mo</b> Employee + Family <b>\$600 / mo</b> <b>\$830 / mo</b>  Office visits: \$20 / 35* visit Prescriptions: \$10 Generic \$30 Brand name * Specialist self-referral \$50 Non-preferred
(2) Medical  Blue Shield <b>Large Network</b> (HMO) (includes UCLA, USC, Cedars Sinai) (4/1/20 - 3/31/21)	1 <sup>st</sup> day of the month, after 30 days of employment  Regular full-time employees only (30 <sup>+</sup> hrs/wk)	<b>Employee only:</b> Employee + Child(ren) <b>\$ 45 / mo</b> Employee + Spouse / Domestic Partner <b>\$410 / mo</b> Employee + Family <b>\$700 / mo</b> <b>\$980 / mo</b>  Office visits: \$20 / 30* visit Prescriptions: \$10 Generic \$30 Brand name \$50 Non-preferred * Specialist self-referral

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(3) Medical  <b>Kaiser</b> (HMO) (Kaiser doctors only)  (4/1/20 - 3/31/21)	1 <sup>st</sup> day of the month, after 30 days of employment  Regular full-time employees only (30 <sup>+</sup> hrs/wk)	<b>Employee only</b> Employee + Child(ren) Employee + Spouse / Domestic Partner Employee + Family  Office visits: Prescriptions:	<b>\$ 75 / mo</b> <b>\$310 / mo</b> <b>\$465 / mo</b> <b>\$700 / mo</b>  \$25 / visit \$10 Generic \$25 Brand name Non-preferred (not covered)
(1) Dental (DHMO)  <b>Delta Dental</b> <b>Small Network</b> (4/1/20 - 3/31/21)	1 <sup>st</sup> day of the month, after 30 days of employment;  Regular full-time employees only (30 <sup>+</sup> hrs/wk)	<b>Employee only</b> Employee + Child(ren) Employee + Spouse / Domestic Partner Employee + Family	<b>\$ 8 / mo</b> <b>\$15 / mo</b> <b>\$20 / mo</b> <b>\$30 / mo</b>
(2) Dental (PPO)  <b>Delta Dental</b> <b>Large Network</b> (4/1/20 - 3/31/21)	1 <sup>st</sup> day of the month, after 30 days of employment;  Regular full-time employees only (30 <sup>+</sup> hrs/wk)	<b>Employee only</b> Employee + Child(ren) Employee + Spouse / Domestic Partner Employee + Family	<b>\$22 / mo</b> <b>\$60 / mo</b> <b>\$66 / mo</b> <b>\$90 / mo</b>
Vision  <b>VSP</b> (Vision Service Plan)  (4/1/20 - 3/31/21)	1 <sup>st</sup> day of the month, after 30 days of employment;  Regular full-time employees only (30 <sup>+</sup> hrs/wk)	<b>Employee only</b> Employee + Child(ren) Employee + Spouse / Domestic Partner Employee + Family  Exam Copay (in-network): Materials Copay (in-network): Frames / Contacts	<b>\$ 5 / mo</b> <b>\$10 / mo</b> <b>\$10 / mo</b> <b>\$15 / mo</b>  \$10 \$25 \$150 allowance
401(k)  <b>Fidelity Investments</b>  (1/1/2020 - 12/31/2020)	January 1 <sup>st</sup> or July 1 <sup>st</sup> , after 3 months of service; Minimum age: 21 years old Minimum contribution: 1%	<b>Match:</b> 50% of your contributions, up to 4% of your eligible compensation <b>Vesting Schedule:</b> 5 years <b>Maximum Contribution Limit:</b> \$19,500 <b>Catch-up Limit:</b> an additional \$6,000, if over age 50	
Flexible Spending (IRS Section 125 tax savings)  <b>NBS Administrators</b>  (1/1/20 - 12/31/2020) "Calendar Year"	1 <sup>st</sup> day of the month, after 30 days of employment;  Regular full-time employees only (30 <sup>+</sup> hrs/wk)	Tax savings plan for the following expenses: <b>Medical, dental, vision . . . . \$2,750 annual max</b> <b>Dependent care expenses . . . \$2,500 / \$5,000 annual max</b>  <i>(Your premiums for center-sponsored medical, dental, vision plans are automatically pre-taxed, unless you opt out.)</i>	
Life Insurance - "Basic"  <b>Blue Shield</b>	1 <sup>st</sup> day of the month, after 30 days of employment;  Regular full-time employees only (30 <sup>+</sup> hrs/wk)	<b>Benefit Amount:</b> 2x your annual salary (up to max - see HR)  <b>Premiums:</b> Center pays 100% of premiums  <b>Imputed Taxes:</b> Employee pays <i>imputed taxes</i> only, for life insurance in excess of \$50,000.	
EAP – LifeReferrals 24/7  <b>Blue Shield</b>	1 <sup>st</sup> day of the month, after 30 days of employment;  Regular full-time employees only (30 <sup>+</sup> hrs/wk)	<b>Personal Counseling:</b> Three face-to-face meetings with a licensed counselor in any six-month period. Unlimited telephone consultation with licensed counselors.  <b>Financial Advice:</b> Unlimited telephone consultations  <b>Legal Advice:</b> One 60-minute consultation with attorney.	

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<p><b>Voluntary Benefits</b> <i>(Employee Paid)</i></p>																	
<p>Life Ins "Supplemental" <b>Blue Shield</b></p>	<p>1<sup>st</sup> day of the month, after 30 days of employment; Regular full-time employees only (30<sup>+</sup> hrs/wk)   <p style="text-align: center;"><b>"A voluntary benefit"</b> <i>(Employee Paid)</i></p> </p>	<p><b>Supplemental Life:</b> In addition to 2x annual salary, you may purchase additional life insurance (age-rated) for up to \$500,000 or 5 times salary, whichever is less. Guaranteed issue up to \$150,000.  <b>Spousal Life:</b> Spouses may purchase optional life (age-rated by <i>employee's age</i>) for the lesser of \$250,000 or 50% of employee's supplemental life insurance amount. Guaranteed issue: \$20,000 (no underwriting)  <b>Child(ren) Life:</b> Employee may purchase child(ren) optional life (ages 14 days to 26 years) for the lesser of \$10,000 each child or 50% of your supplemental life insurance amount. Guaranteed issue: \$10,000 (no underwriting)</p>															
<p>Long Term Care <b>UNUM</b></p> <p><i>(For extended illness or injury for more than 90 days, pays you a monthly amount to help pay for a nursing or assisted living facility, or home care.)</i></p>	<p>1<sup>st</sup> day of the month, after 30 days of employment; Regular full-time employees only (30<sup>+</sup> hrs/wk)   <p style="text-align: center;"><b>"A voluntary benefit"</b> <i>(Employee Paid)</i></p> </p>	<p><b>Facility benefit:</b> \$3,000 - \$8,000 / month  <b>Home benefit:</b> 50% of Facility Benefit  <b>Inflation protection:</b> Included in Plans 3 and 4 only  <b>Benefit duration:</b> 3 yrs, 6 yrs, or lifetime options  <b>Elimination period:</b> After you've been chronically ill for 90 consecutive days  <b>Family Coverage:</b> Spouse and parents may apply, subject to a medical questionnaire.</p>															
<p>Cancer Insurance <b>Aflac</b></p>	<p>1<sup>st</sup> day of the month, after 30 days of employment; Regular full-time employees only (30<sup>+</sup> hrs/wk)   <p style="text-align: center;"><b>"A voluntary benefit"</b> <i>(Employee Paid)</i></p> </p>	<p><b>Benefit:</b> Aflac pays a lump sum to you for a cancer diagnosis, treatment, preventive screening tests, and more.  <b>Assurance:</b> \$4,000 paid - first occurrence + add'l \$100/yr build-up for up to 5 units.  <b>Cancer Screening:</b> \$75/year <i>(for plans beginning 4/1/19)</i>  <b>Wellness reimbursements:</b> \$25-\$100/year <i>(for plans 4/1/13 to 3/31/19)</i>  <b>Wellness reimbursements:</b> \$100 mamo; \$30 pap; \$75 blood screen <i>(for plans btw 4/1/06 - 3/31/13 only)</i></p>															
<p>Critical Illness Plan <b>Aflac</b></p>	<p>1<sup>st</sup> day of the month, after 30 days of employment; Regular full-time employees only (30<sup>+</sup> hrs/wk)   <p style="text-align: center;"><b>"A voluntary benefit"</b> <i>(Employee Paid)</i></p> </p>	<p><b>Benefit:</b> Aflac pays a lump sum to you of \$5,000-\$50,000* for cancer, heart attack, stroke, major organ transplant, renal failure, carcinoma in situ, coronary artery bypass and skin cancer.  <b>Wellness reimbursements:</b> \$200 mammogram; \$50 health screening.  *No annual benefit build-up</p>															
<p>Pet Care <b>United Pet Care</b></p>	<p>Discount Membership Program (not insurance) Enroll at any time 1 year commitment once enrolled   <p style="text-align: center;"><b>"A voluntary benefit"</b> <i>(Employee Paid)</i></p> </p>	<table border="0" style="width: 100%;"> <thead> <tr> <th></th> <th style="text-align: center;"><b>Preferred/Partner Plan</b></th> <th style="text-align: center;"><b>Select Plan</b></th> </tr> </thead> <tbody> <tr> <td>One Pet:</td> <td style="text-align: center;">\$12.50 per mo.</td> <td style="text-align: center;">\$10.75 per mo</td> </tr> <tr> <td>Two Pets:</td> <td style="text-align: center;">\$24.20 per mo.</td> <td style="text-align: center;">\$20.60 per mo</td> </tr> <tr> <td>Three Pets:</td> <td style="text-align: center;">\$35.60 per mo.</td> <td style="text-align: center;">\$30.30 per mo</td> </tr> <tr> <td>Each Add'l Pet:</td> <td style="text-align: center;">\$11.30 per mo.</td> <td style="text-align: center;">\$ 9.70 per mo</td> </tr> </tbody> </table>		<b>Preferred/Partner Plan</b>	<b>Select Plan</b>	One Pet:	\$12.50 per mo.	\$10.75 per mo	Two Pets:	\$24.20 per mo.	\$20.60 per mo	Three Pets:	\$35.60 per mo.	\$30.30 per mo	Each Add'l Pet:	\$11.30 per mo.	\$ 9.70 per mo
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Identify Protection <a href="#">InfoArmor</a>	1 <sup>st</sup> day of the month, after 30 days of employment;  <b>"A voluntary benefit"</b> <i>(Employee Paid)</i>	<b>Plans and Pricing</b> \$9.95 per person / month \$17.95 per family / month (same household)
<b>Other Benefits</b>		
Private Practice Office Space	Regular full-time <i>licensed</i> clinical staff (30 <sup>+</sup> hrs/wk) with prior approval from your serviced director (see PM/CL-005)	Use of Center office space for private practice up to 6 hours per week during normal business hours.  <i>(Must submit required release and insurance forms annually.)</i>
Professional Membership Dues	After 6 months of employment Regular full-time only (30 <sup>+</sup> hrs/wk)	\$150 reimbursed per calendar year Annual dues in a job-related professional society  <i>(Submit Expense &amp; Mileage Report #FI-010 to Fiscal)</i>
Professional Membership Dues <i>(EMT/SMT staff)</i>	After 6 months of employment Regular full-time only (30 <sup>+</sup> hrs/wk)	First membership: 100% reimbursed Subsequent memberships: up to \$75 / calendar year for each job-related professional society membership  <i>(Submit Expense &amp; Mileage Report #FI-010 to Fiscal)</i>
Board Registrations	Immediately (after start date)  For non-licensed staff, post-doc residents and interns only	<b>100%</b> Center-paid per calendar year Fingerprinting ( <i>LiveScan</i> ) costs <u>are</u> eligible for reimbursement when associated with board registrations.  <i>(Submit Expense &amp; Mileage Report #FI-010 to Fiscal)</i>
Licenses / Credentials / DEA Registrations (3.5.2020)	After 6 months of employment Regular full-time only (30 <sup>+</sup> hrs/wk)	<b>100%</b> of license/credential/DEA fees are reimbursable Must be in line with <i>current</i> job duties Board testing fees are <i>not</i> reimbursable
Education Assistance <i>(See PM HR-028)</i>	Immediately Regular full-time only (30+ hrs/wk)  <i>(Reimbursement amounts are for each calendar year.)</i>	Tuition, required textbooks, study and exam materials are reimbursable (see PM HR-028). Coursework must be commensurate with your current position/job responsibilities. \$300     0 - 3 years \$500     3 - 5 years \$700     5 - 7 years \$1000    7+ years  <i>(Submit Education Assistance Reimbursement Form #D-84 to HR)</i>
Relias Learning Mgmt System (RLMS)  <i>(Comprehensive online CEUs and training program)</i>	Immediately All staff  Coursework may not interfere with any of your work activities and must be taken on personal time.	Staff may obtain their required CEUs and other training, free of charge, through an extensive library of Web-based coursework designed to satisfy accreditation and state training requirements.  Other trainings include: HIPAA, driver's safety, sexual harassment and management courses.
AT&T Wireless <i>Employee Cell Phone Discount Program</i>	Immediately All staff (evidence of employment required)	<b>25% discount</b> on all new and existing AT&T Wireless service plans. <b>Note:</b> By signing up for this discount, your account will automatically extend to a <b>NEW 2-YEAR</b> contract.

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Verizon Wireless <i>Employee Cell Phone Discount Program</i>	Immediately All staff (evidence of employment required)	<b>19% discount</b> on most new and existing Verizon Wireless service plans and most accessories. <b>3% additional discount</b> for paperless billing
Trailblazer Summer Camp <i>Northpoint Campus</i>	Immediately All staff children ages 6-14	Enrichment Summer Program (ages 6-10) Counselor in Training (ages 11-14) \$110/week (\$50 add'l siblings) or \$30/day
Wellness Activities	Immediately All staff	<b>Activities:</b> walking groups, tai chi, yoga, tennis, badminton, hiking, swimming and weight loss, treadmill, stationary bike, high tea, knitting, card games, etc. We welcome other ideas and activities!  Activities will vary from location to location and from month to month.
Recreation Connection	Immediately All staff Evidence of CFGC employment required upon purchase	<b>Discounts</b> for movie tickets, amusement parks, sporting events, and many more (see Center's Intranet).

## Who to Call?

	Plan/Carrier	Policy Number	Phone	Web
<b>Medical</b>	Blue Shield	W0066576	888.256-1915	www.blueshieldca.com
	Kaiser	102653	800.278.3296	www.kp.org
<b>Dental</b>	Delta Dental HMO	76137	800.422.4234	www.deltadentalins.com
	Delta Dental PPO	00451	800.765.6003	www.deltadentalins.com
<b>Vision</b>	VSP	30065737	800.877.7195	www.vsp.com
<b>Life/AD&amp;D</b>	Blue Shield	W0066576	888.256-1915	www.blueshieldca.com
<b>LifeReferrals 24/7</b>	Blue Shield	W0066576	800.985.2405	www.lifereferrals.com
<b>Long-Term Care</b>	UNUM	588750	800.421.0344	unum.com
<b>Cancer/Critical Illness</b>	AFLAC	None	818.744.5619	aflac.com
<b>Pet Care</b>	United Pet Care	None	800.781.6622	<a href="http://www.unitedpetcare.com/cfgc">www.unitedpetcare.com/cfgc</a>
<b>Identify Protection</b>	InfoArmor	None	800.789-2720	MyPrivacyArmor.com
<b>Flexible Spending (FSA)</b>	National Benefit Svs (NBS) N/A		800.274.0503	nbsbenefits.com
<b>401(k)</b>	Fidelity Investments	30231	800.835.5097	netbenefits.com

**Voluntary Benefits** - Employee may take advantage of these pre-negotiated group rates. Employee pays for all premiums.

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