



BENEFIT GUIDE

2023



PICK THE BEST BENEFITS FOR YOU AND YOUR FAMILY.

Enterprise for Progress in the Community strives to provide you and your family with a comprehensive and valuable benefits package. We want to make sure you're getting the most out of our benefits—that's why we've put together this Benefits Guide.

This guide will outline all of the different benefits Enterprise for Progress in the Community offers, so you can identify which offerings are best for you and your family.

If you have questions about any of the benefits mentioned in this guide, please don't hesitate to reach out to HR.

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WHO IS ELIGIBLE?

If you're a full-time employee at Enterprise for Progress in the Community, you're eligible to enroll in the benefits outlined in this guide. Full-time employees are those who work 30 or more hours per week. In addition, the following family members are eligible for medical, dental and vision coverage:

- Legally married spouse
- Registered or non-registered domestic partner for whom you have submitted an accurate and complete affidavit of qualifying domestic partnership.
- Your or your spouse's or your domestic partner's child who is under age 26.



Who we are...

EPIC is a private, nonprofit organization providing preschool services and strengthening communities for over 35 years.



Our Mission...

Working hand-in-hand with children, youth and families, EPIC provides services to strengthen our communities.



Our Vision...

EPIC prepares children and families to be lifelong learners while gaining the skills to meet challenges along the way.



JANUARY 1 – DECEMBER 31, 2023 BENEFITS

HEALTH INSURANCE

Effective January 1, 2023, you will have the option of choosing between 3 medical plans with Regence Blue Shield.

The following chart is a brief summary of the Health plan benefits provided by Regence Blue Shield. **(Deductible applies unless otherwise noted).**

INNOVA \$1,500 PLAN			
Services	Regence Preferred Provider	Regence Participating Provider	Out of Network Provider
Physician Office Visit Copay	\$20 Copay, deductible waived	\$35 Copay, deductible waived	40% coinsurance
Deductible (Individual/Family)	\$1,500/\$4,500		
Hospitalization	20%	40%	40%
Preventive Care	No Charge	No Charge	40%
Emergency Room Copay	\$250 Copay per visit + 20% coinsurance and deductible	\$250 Copay per visit + 20% coinsurance and deductible	\$250 Copay per visit + 20% coinsurance and deductible
Out-of-pocket Maximum (Individual/Family)	\$5,000/\$10,000		
Prescription Drugs - Retail/Mail Order - Generic - Preferred Brand - Non-preferred Brand Specialty Medication	\$250 Deductible (Waived for Generic drugs, insulin or diabetic supplies)		
	\$10/\$30 Copay \$35/\$105 Copay \$75/\$225 Copay See above		

JANUARY 1 – DECEMBER 31, 2023 BENEFITS

HEALTH INSURANCE

Effective January 1, 2023, you will have the option of choosing between 3 medical plans with Regence Blue Shield.

The following chart is a brief summary of the Health plan benefits provided by Regence Blue Shield. **(Deductible applies unless otherwise noted).**

INNOVA \$2,000 PLAN			
Services	Regence Preferred Provider	Regence Participating Provider	Out of Network Provider
Physician Office Visit Copay	\$30 Copay, deductible waived	\$45 Copay, deductible waived	40% coinsurance
Deductible (Individual/Family)	\$2,000/\$6,000		
Hospitalization	20%	40%	40%
Preventive Care	No Charge	No Charge	40%
Emergency Room Copay	\$250 Copay per visit + 20% coinsurance and deductible	\$250 Copay per visit + 20% coinsurance and deductible	\$250 Copay per visit + 20% coinsurance and deductible
Out-of-pocket Maximum (Individual/Family)	\$5,500/\$11,000		
Prescription Drugs - Retail/Mail Order - Generic - Preferred Brand - Non-preferred Brand Specialty Medication	\$250 Deductible (Waived for Generic drugs, insulin or diabetic supplies)		
	\$10/\$30 Copay \$35/\$105 Copay \$75/\$225 Copay See above		

JANUARY 1 – DECEMBER 31, 2023 BENEFITS

HEALTH INSURANCE

Effective January 1, 2023, you will have the option of **choosing between 3 medical plans** with Regence Blue Shield.

The following chart is a brief summary of the Health plan benefits provided by Regence Blue Shield. **(Deductible applies unless otherwise noted).**

INNOVA \$3,000 PLAN			
Services	Regence Preferred Provider	Regence Participating Provider	Out of Network Provider
Physician Office Visit Copay	\$30 Copay, deductible waived	\$45 Copay, deductible waived	40% coinsurance
Deductible (Individual/Family)	\$3,000/\$9,000		
Hospitalization	20%	40%	40%
Preventive Care	No Charge	No Charge	40%
Emergency Room Copay	\$250 Copay per visit + 20% coinsurance and deductible	\$250 Copay per visit + 20% coinsurance and deductible	\$250 Copay per visit + 20% coinsurance and deductible
Out-of-pocket Maximum (Individual/Family)	\$5,500/\$11,000		
Prescription Drugs - Retail/Mail Order - Generic - Preferred Brand - Non-preferred Brand Specialty Medication	\$250 Deductible (Wavied for Generic drugs, insulin or diabetic supplies)		
	\$10/\$30 Copay \$35/\$105 Copay \$75/\$225 Copay See above		

DENTAL INSURANCE

In addition to protecting your smile, dental insurance helps pay for dental care and usually includes regular checkups, cleanings and X-rays. Several studies suggest that oral diseases, such as periodontitis (gum disease), can affect other areas of your body—including your heart. Receiving regular dental care can protect you and your family from the high cost of dental disease and surgery. Your dental insurance is provided by Delta Dental.

The following chart outlines the dental benefits we offer.

Type of service		What you pay*	
		Delta Dental PPO Providers	Out of Network
Preventive Services	Exams, cleanings, X-rays	0%	20%
Deductible	Applies to basic and major services only	\$50/\$150	\$50/\$150
Basic Services	Fillings, oral surgery, root canals	20%	30%
Major Services	Crowns, Bridges, Dentures	50%	60%
Orthodontic Services		50%	50%
Annual Maximum Per Person		\$2,000 Preventive Services do not accrue to the Annual Plan Maximum	
Orthodontic Lifetime Maximum Per Person		\$1,500 Child coverage only	

***Of covered services. You are responsible for any services that are not covered by the plan.**



VISION INSURANCE

Driving to work, reading a news article and watching TV are all activities you likely perform every day. Your ability to do all of these activities, though, depends on your vision and eye health. Vision insurance can help you maintain your vision as well as detect various health problems.

Enterprise for Progress in the Community's vision insurance entitles you to specific eye care benefits. Our policy covers routine eye exams and other procedures, and provides benefits for eyeglasses, contacts and frames.

If you seek the services of a provider listed in the Vision Service Plan directory, your benefits include the following:

- Routine vision exams- \$20 copay each calendar year.
- \$20 Copay for Hardware each calendar year.
- \$130 frame allowance each calendar year.

Go to www.VSP.COM to find a VSP Signature network provider.

VSP does not send ID cards. You can create an account on the VSP website and print an ID card.



YOUR COST

	Innova \$1,500 plan, vision, dental, life/AD&D		Innova \$2,000 plan, vision, dental, life/AD&D		Innova \$3,000 plan, vision, dental, life/AD&D	
	TOTAL MONTHLY COST OF COVERAGE	EMPLOYEE MONTHLY PREMIUM	TOTAL MONTHLY COST OF COVERAGE	EMPLOYEE MONTHLY PREMIUM	TOTAL MONTHLY COST OF COVERAGE	EMPLOYEE MONTHLY PREMIUM
Employee only	\$844.78	\$104.40	\$797.42	\$104.40	\$744.50	\$104.40
Employee/Spouse	\$1,861.37	\$494.21	\$1,756.37	\$443.61	\$1,639.19	\$388.96
Employee/Child(ren)	\$1,666.72	\$421.81	\$1,575.05	\$377.61	\$1,472.68	\$329.96
Employee/Family	\$2,686.12	\$811.62	\$2,537.02	\$739.62	\$2,370.28	\$661.97



BASIC LIFE INSURANCE

Life insurance can help provide for your loved ones if something were to happen to you. Enterprise for Progress in the Community provides full-time employees with \$20,000 in group life and accidental death and dismemberment (AD&D) insurance through Sun Life Financial.

Enterprise for Progress in the Community pays for the full cost of this benefit—meaning you are not responsible for paying any monthly premiums. Contact HR if you would like to update your beneficiary information.



EMPLOYEE ASSISTANCE PROGRAM

EPIC offers an Employee Assistance Program (EAP) to assist employees in obtaining professional assistance for personal and/or other job-related problems. These problems could be marital, family, emotional conflicts, alcoholism, drug misuse, health concerns, and legal or financial difficulties.

The purpose of the EAP is to assist with personal problems before they become job affecting. Job performance may be affected by off-the-job problems that may require outside professional assistance.

Eligibility:

The employees that are eligible for EAP are those employees who work a minimum of one thousand (1,000) hours per year. The EAP is available for the employee and their immediate family members. The cost of this service is paid entirely by EPIC as an additional employee benefit.

Employees may seek assistance by contacting EAP directly. The nature of the problem will be discussed and, if necessary, a personal interview will be arranged. Total confidentiality is respected.

Supervisors may refer an employee if performance has not improved after performance counseling and training has been given to the employee.

No records are kept by EPIC of an employee’s use of the EAP. Under our plan you may meet with a counselor up to four times per issue, per year. All referrals and interactions with the EAP provider are confidential. Our current EAP is offered by Northwest Employee Assistance Program and the toll-free number to contact them is 1-800-321-3498.

RETIREMENT PLAN – 403b

Enterprise for Progress in the Community provides a Tax Deferred Annuity Retirement Plan to eligible employees who are scheduled to work for one thousand (1,000) hours per year. Employees may make voluntary contributions from the date of hire. Enterprise for Progress in the Community begins the match contributions after the employee’s 1st year of service.

	Employee Contribution	EPIC Contribution
After 1 year	Up to 4%	Match up to 4%
After 5 years	Up to 6%	Match up to 6%
After 5 years	If 6%	Additional 2%

HOLIDAYS

For employees who are on active work status or using approved leave, the following are paid holidays.

New Year's Day	Martin Luther King Day
President's Day	Memorial Day
Independence Day	Labor Day
Veteran's Day	Thanksgiving Day
Day after Thanksgiving	Christmas Day
Juneteenth	

No employees will receive holiday pay if the employee is not on active work status when the holiday occurs. Holidays must be taken as they occur. The number of holidays may vary, according to the months you are scheduled to work. The dates will vary based on the day of the week they occur, ask your Benefit Coordinator for a list of dates of officially recognized holidays for the year.

COBRA

All benefits enrolled employees and dependents have the option to continue their coverage when they are no longer eligible for coverage (reduction in hours, lay-off, termination, etc.) These employees would be required to pay the full premium.

Nine (9)+ month employees may choose to continue medical, dental and/or vision insurance coverage **during layoff months if you are scheduled to return to the next program year**, by electing to enroll in COBRA. EPIC will pay 50% of the total premium while the employee is responsible for paying the other half of the premium during layoff.

For nine (9)+ month employees the 2023 the cost of coverage for COBRA coverage during layoff months and, if, scheduled to return to the next program year, is as follows:

	Innova \$1,500 medical plan			Innova \$2,000 medical plan			Innova \$3,000 medical plan		
	TOTAL MONTHLY COST OF COVERAGE	EMPLOYEE MONTHLY COST	EPIC MONTHLY COST	TOTAL MONTHLY COST OF COVERAGE	EMPLOYEE MONTHLY COST	EPIC MONTHLY COST	TOTAL MONTHLY COST OF COVERAGE	EMPLOYEE MONTHLY COST	EPIC MONTHLY COST
Employee only	\$790.34	\$395.17	\$395.17	\$742.98	\$371.49	\$371.49	\$690.06	\$345.03	\$345.03
Spouse only	\$961.17	\$480.59	\$480.58	\$903.53	\$451.77	\$451.76	\$839.27	\$419.64	\$419.63
Child(ren) only	\$738.57	\$369.29	\$369.28	\$694.26	\$347.13	\$347.13	644.81	\$322.41	\$322.40
Spouse + Children only	\$1,699.53	\$849.77	\$849.76	\$1,597.79	\$798.90	\$798.89	\$1,483.97	\$741.99	\$741.98

COBRA (cont.)

	Dental			Vision		
	TOTAL MONTHLY COST OF COVERAGE	EMPLOYEE MONTHLY COST	EPIC MONTHLY COST	TOTAL MONTHLY COST OF COVERAGE	EMPLOYEE MONTHLY COST	EPIC MONTHLY COST
Employee only	\$46.90	\$23.45	\$23.45	\$7.54	\$3.77	\$3.77
Spouse only	\$50.90	\$25.45	\$25.45	\$4.52	\$2.26	\$2.26
Child(ren) only	\$78.60	\$39.30	\$39.30	\$4.77	\$2.39	\$2.38
Spouse + Children only	\$129.50	\$64.75	\$64.75	\$12.31	\$6.16	\$6.15

Nine (9)+ month employees must pay their portion of the premium by the end of the month before the month of coverage start date according to the following schedule:

- June Coverage = Due before May 31st
- July Coverage = Due before June 30th
- August Coverage = Due before July 31st

If you elect insurance by enrolling in COBRA, you will receive an enrollment packet in the mail directly from Rehn & Associates. Follow the prompts in the packet to select your enrollment options. All COBRA premium payments must be sent directly to our 3rd Party Administrator, Rehn & Associates. Non-payment of health insurance premiums will result in cancellation of health insurance coverage for that month and any future month for layoff insurance. COBRA insurance cannot be reinstated after cancellation due to non-payment. Employer assisted payments towards COBRA premiums will be renegotiated on an annual basis when new premiums are issued or due to budget constraints.

For employees that are not eligible for Layoff/COBRA insurance, our 3rd Party Administrator, Rehn & Associates, will mail out a COBRA election packet with information on how to enroll in COBRA. Employees will be responsible for paying the entire premium of coverages elected.

Washington State Paid Family & Medical Leave

Eligibility	<ul style="list-style-type: none">• Must work 820 hours in Washington State in a qualifying period• Eligibility transferrable between employers
Benefit	<ul style="list-style-type: none">• 90% of Wages up to 50% of the State Average Weekly Wage (SAWW), then 50% of excess wages up to \$1,327 per week maximum.• 7 Day Waiting Period
Maximum Duration	<ul style="list-style-type: none">• Family Leave: Up to 12 Weeks per Benefit Year• Medical Leave: Up to 12 Weeks per Benefit Year• 16 Week combined maximum per Benefit Year (or 18 weeks if Employee experiences a serious health condition during pregnancy resulting in incapacity)
Covered Condition	<ul style="list-style-type: none">• Family Leave: Bonding, care of a family member or qualifying military emergency.• Medical Leave: Employee's own serious health condition
Family Members	<ul style="list-style-type: none">• Spouse or State Registered Domestic Partner, Child, Parent of the Employee, Grandchild, Grandparent, Sibling, etc.• Eligibility transferrable between employers

For more information regarding the Washington State Paid Family and Medical Leave, contact paidleave@esd.wa.gov or call (833)-717-2273

Carrier Contact Information

Regence BlueShield Medical / Rx	Website Customer Service Provider Search	www.regence.com 1-888-367-2112 https://www.regence.com/member/finding-doctors
Delta Dental	Website Customer Service Provider Search	www.deltadentalwa.com 1-800-554-1907 https://www.deltadentalwa.com/tools-and-resources/find-a-dentist
Vision Service Plan	Website Customer Service Provider Search	www.vsp.com 1-800-877-7195 https://www.vsp.com/eye-doctor
Sun Life Insurance Life & AD&D	Website Customer Service	www.sunlife.com 1-800-247-6875

Employee benefit program managed by:



The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the guide and actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about the guide, please contact HR.