

## 2022 Employee Benefit Summary

### Medical Insurance Coverage

The IHTC is self-insured and uses Anthem Blue Cross Blue Shield as the claims administrator and network provider. Coverage begins on the first day of the month following 30 days of employment.

#### High Deductible Health Plan (HDHP)

This plan offers an embedded deductible and out of pocket. Embedded means that no more than the *Individual Deductible* or *Out of Pocket (OOP)* amount can be applied toward the Family Deductible by any one family member. The family deductible and OOP amounts are satisfied by the accumulation of all individual amounts.

Covered Benefits	Network	Non-Network
Deductible (Single/Family)	\$2,800 / \$5,600	\$5,600 / \$11,200
Out-of-Pocket Limit (Single/Family)	\$5,600 / \$11,200	\$11,200/\$22,400

IHTC offers a Health Saving Account (HSA) with the High Deductible Health Plan (HDHP). **IHTC will contribute \$1,000 Single or \$2,000 Family to the Health Savings Account** for those who elect to enroll in the HSA/HDHP prorated based on the hire date. The contribution will be made in two installments. The first half will be disbursed on the first payroll after enrollment and will be prorated according to hire date. The second half will be disbursed in July. Employees hired after July 1, the amount will be prorated based on hire date. An HSA rolls over each year and is portable.

Employee Contribution for Medical Coverage (High Deductible Health Plan)			
Covered Plan Participants	Bi-Weekly Premiums		
	≤ \$54,999 year	\$55,000 - \$99,000 year	≥ \$100,000 year
Employee Only	\$56.81	\$69.00	\$81.16
Employee + Spouse	\$119.75	\$145.41	\$171.07
Employee + Child(ren)	\$102.26	\$124.16	\$146.07
Family	\$165.20	\$200.60	\$236.00

### Dental Insurance Coverage

Group Dental Insurance is provided by Delta Dental. Coverage begins on the first day of the month following 30 days of employment.

- Diagnostic and Preventive Services (exams, cleaning, fluoride, sealants, x-rays) covered at 100%
- Basic Services covered at 80%; Major Services covered at 50%; Orthodontic Services at 50% up to age 19
- Deductible for Basic and Major Services: \$50 per person per benefit year; \$150 maximum per family per benefit plan year
- \$1,250 total benefit per person per year except on diagnostic and preventive services
- \$1,500 lifetime maximum per person on orthodontic services

Employee Contribution for Medical Coverage (High Deductible Health Plan)	
Covered Plan Participants	Contribution Per Bi-Weekly Pay Period
Employee Only	\$3.02
Employee + Spouse	\$5.66
Employee + Child(ren)	\$7.22
Family	\$11.58

### Vision Insurance Coverage

Group Vision Insurance is provided by EyeMed at no cost to employees. Coverage begins on the first day of the month following 30 days of employment.

#### In-network benefits:

- Exam: \$10 copay
- Frames; \$25 copay; \$120 allowance; 20% off balance over \$120
- Standard Plastic Lenses (Single Vision, Bifocal, Trifocal) \$25 copay
- Standard Progressive Lenses \$90; Premium Progressive Lenses \$90, 80% of charge less \$120 allowance
- Contact Lenses \$115 allowance, 15% off balance over \$115
- Some reimbursement for Non-network services available

## 2022 Employee Benefit Summary

### Group Term Life, Accidental Death & Dismemberment Short Term Disability/Long Term Disability

Insurance is provided by Lincoln at no cost to employees. Coverage begins on the first day of the month following 30 days of employment.

Group Term Life, Accidental Death & Dismemberment	
Benefits	2 times total annual salary + \$20,000 to maximum \$320,000; additional 2 times salary + \$20,000 in an event of accidental death
Basic Dependent Life	Spouse: \$5,000 / Child(ren): \$2,500

Group Short -Term Disability	
Benefits	66 <sup>2</sup> / <sub>3</sub> % of weekly earnings
Maximum Weekly Benefit	Up to \$3,500
Accident Benefit Begins	1 <sup>st</sup> Day
Sickness Benefit Begins	8 <sup>th</sup> Day
Maximum Benefit Period	13 weeks

Group Long-Term Disability	
Benefits	60% of earnings
Maximum Monthly Benefits	Up to \$8,000
Maximum Benefit Period	to age 65
Waiting Period	90 days

### 401(k)/Profit Sharing Plan

Eligible Employees	All Employees (Excluding Seasonal or Temp)
Eligibility to Enter Plan	Employer Contributions – Age 21; 1 year of service Employee Deferral Contributions – After 30 days of employment
Entry Dates	Employer Contributions – 1st day of calendar quarter after eligible Employee Deferral Contributions – 1st day of each month after eligible
Employee Contributions	Defer up to 50% of Income to the IRS maximum deferral amount
Catch-up Contributions	Individuals who attain age 50 by the end of the plan year and deferrals exceed IRS maximum limit can contribute an additional \$6,500
Employer Contributions	Two components: (1) 3% safe harbor contribution and (2) an additional discretionary contribution determined annually by the IHTC Board of Directors that has historically been 6%.
Vesting Schedule	Safe harbor contribution 100% immediately vested Employee contributions 100% immediately vested Discretionary contributions begin vesting after reach plan eligibility and vest at 20% per year until reach 100% vesting at 6 years of service

### Additional Employee Benefits

Paid Time Off	17 days annually for first three years of employment; increasing per policy with additional years of employment
Holidays	7 paid holidays, plus 1 Floating Holiday (if hired before July 1)
New Employee Referral	Referral award for referring someone who is hired
Employee Assistance Plan	Confidential assistance provided at no cost to employees and their family members for mental health, legal, referral and other support services.
Tuition Assistance Program	Reimbursement for qualifying higher education expenses <ul style="list-style-type: none"> <li>• \$2,000 per year maximum for undergraduate coursework</li> <li>• \$3,000 per year maximum for graduate coursework</li> </ul>
Paid Parental Leave	Two weeks of fully paid leave to be taken within 30 days after the birth or adoption of a child or to be taken after short-term disability ends.
Adoption Assistance Program	Reimburse up to \$5,000 of qualified expenses per adoption to a max of \$10,000 during the employee's tenure.

**\*\*This document is intended to be a brief description of your benefits; it is not intended to be a complete description of the plans, and benefits may change without notice\*\***