



**Save the Children®**

# **2021 US Based Benefits Guide**

# 2021 US Based Benefits Guide

## Introduction

Welcome!



Save the Children values our employees. We are committed to providing a comprehensive benefits package that is designed to meet the needs of our diverse workforce and allow employees the ability to achieve a healthy work-life balance.

This Benefits Guide provides you with a summary of the comprehensive benefits program provided to you through Save the Children US. This guide will help you understand your benefits, evaluate your options, and select the best plans for you and your family. Our benefit programs are designed to help you maintain a healthy lifestyle – physically, financially and emotionally.

If you are new to Save the Children, you have 30 days from your date of hire to enroll in the benefit program through MySource. Your coverage will be effective your date of hire. If you do not enroll during this timeframe, your next opportunity to enroll will be during Open Enrollment which is at year end. Any changes made during Open Enrollment will be effective January 1 of the following year.

## Programs Include



### Physical

Comprehensive affordable health care through Medical, Dental, and Vision coverage



### Financial

Life and Disability Insurance; Retirement Savings Plan; Flexible Spending Accounts; and Health Savings Accounts



### Emotional

Employee Assistance Program



### Paid Time Off

Vacation, safety & wellness, floating holidays, Agency holidays and additional time off days

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## Benefits Information

### Eligibility

You are eligible to participate in the benefit program if you are a regular full-time employee (working 40 hours per week) or a regular part-time employee (working 20 hours per week or more). All plans are effective your date of hire.

### Eligible Dependents

Your eligible dependents include:

- Spouse
- Domestic partner (same sex or opposite sex)
- Dependent child regardless of student status and marital status. Coverage will terminate at the end of the month in which they turn age 26



### Changes to Your Benefits

You are able to change or terminate your medical, dental, vision, or Flexible Spending Account benefit elections only during the annual Open Enrollment period or if you have a life event. If you have a life event, you must make the change within 30 days from the date of the event. Coverage will be effective the date of the event and you will pay retroactive premiums for the coverage.

#### **A life event is defined as:**

- Your marital status changes through marriage, death of spouse, divorce, legal separation or annulment
- Your domestic partner status changes
- Your number of dependents changes through birth, adoption, or death
- You/your spouse or dependents terminate or begin employment
- Your/your spouse experience an increase or reduction in hours of employment
- Your dependent child is no longer eligible due to attainment of age

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## Physical

### Medical

You have three options for medical coverage administered through Aetna. Save the Children shares the premium with you for all of these plan options.

- Open Access POS Plan
- High Deductible Health Plan (HDHP) with Health Savings Account (HSA)
- Value Plan

Please review the plan comparison chart to help you decide which option is best for you and your family.

#### In-Network Benefits

Medical Plan Features	Open Access POS Plan	High Deductible Health Plan	Value Plan
All routine physical and vision exams are covered at 100% on all plans.			
Annual Employer Contribution to the Health Savings Account (prorated based on your effective date of coverage)	N/A	\$700 Single \$1,400 Family	N/A
Deductible	\$500 Single \$1,000 Family	\$1,400 Single \$2,800 Family	\$1,000 Single \$2,000 Family
Member Coinsurance	20%	20%	20%
Out of Pocket Maximum (includes co-pays and deductible)	\$2,000 Single \$4,000 Family	\$2,800 Single \$5,600 Family	\$3,000 Single \$6,000 Family
Primary Care Physician Office Visit	\$25 Co-pay	20% after deductible	\$30 Co-pay
Specialist Office Visit	\$40 Co-pay	20% after deductible	20% after deductible
Emergency Room Visit	\$100 Co-pay	20% after deductible	20% after deductible
Urgent Care Center Visit	\$30 Co-pay	20% after deductible	20% after deductible
Inpatient Hospital Care	20% after deductible	20% after deductible	20% after deductible
Outpatient Hospital Care	20% after deductible	20% after deductible	20% after deductible
Lab and X-Ray	20% after deductible	20% after deductible	20% after deductible
Pharmacy Retail (30 day supply)	<b>Co-pays</b> \$15 for generic \$25 for formulary brand \$40 for non-formulary brand	<b>Deductible must be met</b> <b>Preventative – deductible is waived</b> \$10 Co-pay for generic 20% Coinsurance for formulary brand 30% Coinsurance for non-formulary brand	<b>Co-pays</b> \$15 for generic \$25 for formulary brand \$40 for non-formulary brand
Pharmacy Mail-Order 31 – 90 day supply Aetna RS/Target/CVS	2.5x Retail Cost		

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## Out-of-Network Benefits

Medical Plan Features	Open Access POS Plan	High Deductible Health Plan	Value Plan
Annual Employer Contribution to the Health Savings Account (prorated based on your effective date of coverage)	N/A	\$700 Single \$1,400 Family	N/A
Deductible	\$1,000 Single \$2,000 Family	\$5,000 Single \$10,000 Family	\$2,000 Single \$4,000 Family
Member Coinsurance	40%	40%	40%
Out of Pocket Maximum (includes co-pays and deductible)	\$8,000 Single \$12,000 Family	\$8,000 Single \$16,000 Family	\$8,000 Single \$16,000 Family
Primary Care Physician Office Visit	40% after deductible	40% after deductible	40% after deductible
Specialist Office Visit	40% after deductible	40% after deductible	40% after deductible
Emergency Room Visit	\$100 Co-pay	40% after deductible	40% after deductible
Urgent Care Center Visit	40% after deductible	40% after deductible	40% after deductible
Inpatient Hospital Care	40% after deductible	40% after deductible	40% after deductible
Outpatient Hospital Care	40% after deductible	40% after deductible	40% after deductible
Lab and X-Ray	40% after deductible	40% after deductible	40% after deductible
Pharmacy Retail (30 day supply)	<b>Co-pays</b> \$15 for generic \$25 for formulary brand \$40 for non-formulary brand	<b>Deductible must be met</b> <b>Preventative – deductible is waived</b> \$10 Co-pay for generic 20% Coinsurance for formulary brand 30% Coinsurance for non-formulary brand	<b>Co-pays</b> \$15 for generic \$25 for formulary brand \$40 for non-formulary brand

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## 2021 Employee Bi-Weekly Medical Premiums

Who's Covered	Open Access POS Plan	High Deductible Health Plan	Value Plan
Employee Only	\$107.85	\$85.78	\$74.46
Employee + Child(ren)	\$169.21	\$125.54	\$103.16
Employee + Spouse	\$190.48	\$146.20	\$124.17
Family	\$287.34	\$212.45	\$178.48
Employee + Domestic Partner *(1)	\$190.48	\$146.20	\$124.17
Employee + Domestic Partner + Family *(2)	\$287.34	\$212.45	\$178.48
Employee + Domestic Partner + Family *(3)	\$287.34	\$212.45	\$178.48

\*Domestic partner rates are the sum of pre-tax and post-tax contributions and do not include imputed income.

(1) Assumes that the Domestic Partner is not a tax-qualified dependent

(2) Assume that the domestic partner is not a tax-qualified dependent and all children are tax-qualified

(3) Assumes that the domestic partner is not a tax-qualified dependent and one or more children are not tax-qualified dependents

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## Dental

You have one option for dental coverage administered through Delta Dental. Employees who elect to enroll in this plan have the option of seeing any dentist, however, the in-network dentists offer members a reduced fee for services. Preventive and diagnostic services are covered at 100% (which includes 2 cleanings per year). Depending upon the type of service received, expenses are covered at either 80% or 50% after meeting a deductible of \$100 per person/\$300 per family, per calendar year. Save the Children shares the premium with you.

Dental Plan Features	In-Network	Out-of-Network
Annual Deductible	\$100 Single/\$300 Family	\$100 Single/\$300 Family
Preventative and Diagnostic Services	100%	100%
Basic Services	80%	80%
Major Services	50%	50%
Annual Maximum Benefit	\$2,000 Per Person	
Orthodontia Lifetime Maximum	\$1,500 Per Person	

### 2021 Employee Bi-Weekly Dental Premiums

Who's Covered	Dental Plan
Employee Only	\$9.98
Employee + Child(ren)	\$20.74
Employee + Spouse	\$19.45
Family	\$29.93
Employee + Domestic Partner*(1)	\$19.45
Employee + Domestic Partner + Family* (2)	\$29.93
Employee + Domestic Partner + Family* (3)	\$29.93

\*Domestic partner rates are the sum of pre-tax and post-tax contributions and do not include imputed income.

(1) Assumes that the Domestic Partner is not a tax-qualified dependent

(2) Assume that the domestic partner is not a tax-qualified dependent and all children are tax-qualified

(3) Assumes that the domestic partner is not a tax-qualified dependent and one or more children are not tax-qualified dependents

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## Vision

The Vision plan is administered through EyeMed and offers supplemental vision benefits and access to an extensive network of ophthalmologists and eye care specialists. Please review the benefit chart below for more information. You will pay 100% of the premium.

Plan Features	In-Network	Out-of-Network Reimbursement
	Exams once every 12 months Lenses or Contact Lenses once every 12 months Frames once every 24 months	
Exam	\$20 Co-pay	\$30
Frames	\$175 allowance	\$88
Frames (Target or Sears Optical)	Free	N/A
Standard Plastic Lens	\$20 Co-pay	\$25
Contact Lens	\$175 Allowance	\$140
Lasik	15% off retail price	N/A

### 2021 Employee Bi-Weekly Vision Premiums

Who's Covered	Vision Plan
Employee Only	\$2.70
Employee + Child(ren)	5.89
Employee + Spouse	\$5.12
Family	\$8.76



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## Financial

### Health Savings Account (HSA)

The HSA is available to employees who are enrolled in the High Deductible Health Plan and allows you to direct a portion of compensation, on a pre-tax basis, into this account. You can use this account to reimburse yourself for qualified medical expenses as defined by the IRS. You will receive a debit card from PayFlex to use toward medical expenses. The HSA has many advantages:

- pre-tax deductions
- the funds roll over each year
- you own the HSA which makes it portable if you leave Save the Children
- you can enroll or change your contribution at any time during the year

As part of the Agency wellness benefit, Save the Children will contribute \$700 for individuals or \$1,400 for family coverage into an HSA on your behalf. These contribution amounts will be pro-rated for new hires.

*Note: the Agency's contributions will reduce the IRS amount you can contribute. You cannot set up an HSA until April 1 if you had a healthcare FSA balance on the prior December 31.*

### Flexible Spending Accounts (FSA) Healthcare and Dependent Care

The Healthcare FSA is available to employees who are not enrolled in the High Deductible Health Plan, while the Dependent Care FSA is available to all employees.

The FSA allows employees to direct a portion of compensation, on a pre-tax basis, into these accounts which can be used through the year to reimburse yourself for certain out-of-pocket expenses.

You may use the funds to pay for co-pays, deductibles, unreimbursed dental costs, vision services, and medical equipment. You will receive a debit card from PayFlex to use toward medical expenses.

You may use the funds to pay for eligible dependent care expenses (like babysitting and elder day care costs for qualified dependents).

Eligible qualified dependent:

- Tax dependent child under age 13
- Tax dependent of yours such as an elderly parent or spouse who is physically or mentally incapable of self care and has the same principal residence as you

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## Life Insurance and Accidental Death & Dismemberment (AD&D)

### **Basic Life Insurance Plan**

The Life Insurance plan will pay a benefit equal to two (2) times your annual salary up to a maximum of \$600,000. Save the Children pays 100% of the premium.

### **Supplemental Life Insurance**

You can elect coverage equal to 1x, 2x, or 3x your annual salary. The maximum amount of Basic Life and Supplemental Life is \$1,000,000. Supplemental Life Insurance rates are age-banded based on your age and will vary for each employee. You will pay 100% of the premium.

### **AD&D**

AD&D covers you for loss of life, sight, hearing, and/or limb(s) due to an accident. The coverage amount is \$150,000. Save the Children pays 100% of the premium.

You may elect Supplemental AD&D coverage for yourself up to a maximum of \$500,000. You will pay 100% of the premium.

You can also purchase AD&D coverage for your spouse/domestic partner and/or child. The coverage amount for your spouse/domestic partner is \$20,000 and for your child is \$10,000. You will pay 100% of the premium.

## Short Term and Long Term Disability

### **Short Term Disability**

Short Term Disability provides full income protection for up to six months (26 weeks), if you are unable to work due to maternity, illness, or injury. Save the Children pays 100% of the premium.

### **Long Term Disability**

In order to be eligible for Long Term Disability, you must be disabled for at least 6 months and exhaust your Short Term Disability benefit. Long Term Disability provides income protection of 60% of monthly earnings, up to a maximum of \$10,000 per month if you are disabled for an extended period of time and are unable to perform the duties of your job. Save the Children pays 100% of the premium.

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## Retirement Savings Plan

You are eligible to enroll in the Retirement Savings Plan administered through Fidelity Investments and can choose to invest pre-tax contributions in several mutual funds. Please note that there may be IRS limits on the amount and total percentage of pay you can contribute to the plan. For more information, please refer to IRS Publication #571.

You will be automatically enrolled in the plan after 31 days of employment. If you do not contact Fidelity and elect not to participate, or elect a different contribution level, four percent (4%) of your compensation will automatically be deducted each pay period as a pre-tax salary deferral contribution to the plan. You are 100% vested in these contributions.

Save the Children will contribute to the plan in two (2) ways beginning the first of the month after one year of service.

- 1. Automatic Agency Contribution:** Save the Children will make an automatic contribution of four percent (4%) of your base pay into this account every pay period, even if you do not contribute. You are 100% vested in these contributions.
- 2. Matching Agency Contribution:** in addition, if you are contributing on a pre-tax basis, Save the Children will match dollar for dollar of your pre-tax contribution, up to a maximum of four percent (4%). You are 100% vested in these contributions.

## 457b Deferred Compensation Plan

You are eligible to enroll in the 457b Deferred Compensation Plan if you are in salary grades Executive, A, B, or C and have an annual salary of \$90,000 or more. This plan is in addition to the Retirement Savings Plan and you can contribute the IRS maximum to both plans. The Agency does not contribute to this plan. You may elect to make pre-tax contributions to the maximum amount allowed by law and have the option to invest in several mutual funds. You are 100% vested in these contributions.

## Commuter Benefit

The Commuter Benefit program allows you to elect to defer pre-tax dollars to help you pay for IRS defined work related transportation and parking expenses.

## Business Travel Accident Insurance (BTA)

The BTA provides you and your family with 24-hour accident protection while travelling on business. Your coverage amount is equal to two (2) times your annual salary up to a maximum of \$1,000,000. The coverage amount for your spouse/domestic partner is \$50,000 and your child is \$25,000. Save the Children pays 100% of the premium.

## Workers Compensation

This program provides benefits to you for any job related injuries or illness. Save the Children pays 100% of the premium.

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## Emotional

### Employee Assistance Program (EAP)

Our Employee Assistance Program is administered through Aetna and is a free and confidential resource program. Aetna provides practical solutions, realistic answers, and customized resources on a full range of personal and job-related issues. Topics can range from childcare/eldercare issues, financial, legal or emotional well-being. In addition to the resource program, you can also shop on-line, purchase gift cards and receive offers and discounts on daily deals. This program is for you and your family. Save the Children pays 100% of the premium.



## Voluntary Benefits

Save the Children offers an array of voluntary benefits. If you choose to elect any of these plans, you will pay 100% of the premium on an after tax basis.

### Critical Illness

This program pays benefits when you are diagnosed with a specified critical illness, including cancer and other serious conditions/illnesses, like heart attack, stroke and more.

### Accident

This program pays for services related to an accident that occurs on or off-the-job for the initial care for ambulance, x-rays, emergency room, physician's office or urgent care visits. The program also provides coverage in the event of a loss of life resulting from an accident.

### Hospital Indemnity

This program is designed to help fill in the gaps in your existing coverage so you can be better prepared to pay the medical and non-medical expenses associated with an inpatient hospital stay.

### Identity Theft Protection

This program protects your family's privacy, identity, and finances. It will monitor high-risk activity to alert you at the first sign of fraud; will provide fraud remediation and restoration and will reimburse you for any out-of-pocket expenses, lost wages, or legal fees.

### Pet Insurance

This plan offers comprehensive coverage which includes reimbursement of 90% of your vet bills.

### Auto and Homeowners Insurance

This program offers you coverage for your auto and homeowners insurance.

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## ☉ Paid Time-Off Benefits

### Vacation Time

Regular part-time employee scheduled to work at least 10 hours per week are eligible to accrue vacation time on a pro-rated basis (based on the full-time employee schedule below).

#### **Full-Time Employees in Salary Grades A – F**

<b>Years of Service From Date of Hire</b>	<b>Accrual Rate per Year</b>
Less than 2 year	16 days
2 or more years	20 days
4 or more years	24 days

#### **Full-Time Employees in Salary Grades G – H**

<b>Years of Service From Date of Hire</b>	<b>Accrual Rate per Year</b>
Less than 2 year	12 days
2 or more years	16 days
4 or more years	20 days

#### **Full-Time Employees in Positions Classified as Senior Management Team (SMT)**

The SMT is a specific group of employees and are provided vacation days at the beginning of the year. These days are not accrued.

<b>Years of Service From Date of Hire</b>	<b>Days per Year</b>
Less than 2 year	20 days
2 or more years	22 days
4 or more years	25 days

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## Additional Paid Time-Off Benefits

- Ten (10) Agency Holidays per year.
- Two (2) Floating Holidays per year. If you are hired on or after July 1<sup>st</sup>, you will be eligible for one (1) day.
- Fifteen (15) Safety & Wellness days per year. If you are hired on or after July 1<sup>st</sup>, you will be eligible for eight (8) days.
- Thirty (30) Maternity/Paternity Leave days to use within a year of the child's birth or adoption.
- Ten (10) Grandparent Leave days to use to care for or spend time with a new grandchild. If you are hired on or after July 1<sup>st</sup>, you will be eligible for five (5) days.
- Thirty (30) Critical Child Illness Leave days.
- Up to five (5) Bereavement Leave days per occasion.
- One (1) Volunteer day to support local volunteer activities.

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## Contact Information

### SaveNet

<https://savechildrenusa.sharepoint.com/hr/Pages/Benefits.aspx>

### HR HelpDesk

<https://nethope.service-now.com/>

Telephone: 475-999-3270

### Aetna

[www.Aetna.com](http://www.Aetna.com)

Member Telephone for Aetna Concierge: 855-586-6963

Provider Telephone to confirm coverage: 888-632-3862

### Delta Dental

[www.deltadentalins.com](http://www.deltadentalins.com)

Telephone: 800-932-0783

### PayFlex

[www.PayFlexDirect.com](http://www.PayFlexDirect.com)

Telephone: 888-678-8242

### EyeMed

[www.EyeMed.com](http://www.EyeMed.com)

Telephone: 866-804-0982

### Fidelity Investments

[www.Fidelity.com/AtWork](http://www.Fidelity.com/AtWork)

Telephone: 800-343-0860

### Aetna Employee Assistance Program

#### Resource for Living

[EAP Website Home Page](#)

Username: STC

Password: EAP

Telephone: 888-238-6232

This is a brief Summary and does not contain all of the information regarding the plan benefits. Please refer to the plan documents and the Employee Handbook. If there is any discrepancy between this Summary and plan documents or the Employee Handbook, the plan documents or Employee Handbook will control. In addition, Save the Children reserves the right to change, suspend, or terminate any benefit at any time and for any reason.