



Children and Family Services

2025 Employee Benefits Guide



2025 Employee Benefits Overview

Welcome to the
2025 EMPLOYEE BENEFITS

We know that benefits are an integral part of the overall compensation package provided to all of our eligible employees. We focus not only on providing quality medical plans but also on controlling the cost and financial risk for our employees.

2025 BENEFITS AT A GLANCE

- **Health insurance:** BCBS ND
- **Dental insurance:** BCBS ND
- **Vision Insurance:** BCBS ND
- **Life insurance:** The Standard
- **Voluntary Short-Term Disability Insurance:** The Standard
- **Critical illness:** The Standard
- **Accident:** The Standard
- **Hospital Indemnity:** The Standard
- **FSA/HSA:** WEX
- **401K:** Mutual of America



Medical Insurance

As a full-time employee you can enroll in health insurance provided by Blue Cross Blue Shield of North Dakota (BCBSND).

Your deductible is JANUARY 1 – DECEMBER 31.

The plan that is being offered utilizes Blue Cross Blue Shield of North Dakota's largest network. Using the Blue Cross Blue Shield of North Dakota network provides the deepest discounts with no balance billing.

If you choose to use a provider that is not in the Blue Cross Blue Shield of North Dakota network, the deductible and out-of-pocket maximum remain the same. You may be responsible for the difference between the actual charge and Blue Cross Blue Shield of North Dakota's UCR (Usual, Customary and Reasonable) charge.

Please note that non-formulary prescription drugs are paid at 50% after the deductible has been satisfied. Blue Cross Blue Shield of North Dakota encourages you to work with your doctor to find a drug that is on the formulary list. If you must stay on the current drug, you may appeal to Blue Cross Blue

Shield of North Dakota, with the help of your physician, to continue. If they approve the drug, the plan will pay the same as the formulary drug.

Health Savings Account

This plan is a Qualified High Deductible Health Plan (QHDHP) allowing you to establish a Health Savings Account (HSA) through WEX. You may contribute to the HSA through payroll deductions on a pre-tax basis.

These funds can be used to cover medical expenses, including deductibles, and is yours forever – even if you leave HIT, Inc. Additionally, the funds roll-over from year to year and are never taxed as long as you use them for qualified expenses.



Get the most out of your insurance by using **in-network providers.**

FREQUENTLY ASKED QUESTIONS

Q. How many hours do I need to work to be eligible for insurance benefits?

Full-time employees are eligible for insurance benefits (regularly scheduled at least 30 hours per week). A **part-time** employee working an average of 30 hours or more per week during the Affordable Care Act (ACA) measurement period will be notified if they become eligible to enroll in benefits through HIT, Inc.

Q. Does the deductible run on a calendar year or policy year basis?

A calendar year basis from January 1, 2025– December 31, 2025.

Q. How long can I cover my dependent children?

Dependent children are eligible until the end of the month in which they turn age 26.

Q. I just got hired. When will my benefits become effective?

Your medical insurance benefit will begin on the 1st of the month following your date of hire.

Blue Cross Blue Shield of ND

BlueSaver \$3300 - 100 HDHP

Employee Cost Per Paycheck

Employee	
Employee	\$33.90
Employee + Dependent (s)	\$63.75
Family	\$90.70

IN-NETWORK

DEDUCTIBLE	
Employee	\$3,300
Employee + Dependent (s)	\$4,950
Family	\$6,600

COINSURANCE (Member Pays) 0%

OUT-OF-POCKET MAXIMUM	
Employee	\$3,300
Employee + Dependent (s)	\$4,950
Family	\$6,600

Preventive Care	Covered at 100%
Office Visits	Deductible then 0%
Emergency Services	Deductible then 0%
All other Services	Deductible then 0%

PRESCRIPTION DRUG	
Formulary	Deductible then 0%
Non-Formulary	Deductible then 50%

Note: If a brand is chosen over prescribe generic drug, member is responsible for the difference between generic and brand

Please note: Specialty drugs must be received from the preferred Specialty Pharmacy network.

If you get Health Insurance through HIT, Inc. you are able to participate in the BCBSND Healthy Blue online wellness portal and the Health Club Credit. See the following page for more information.



To make the most out of your plan, please set-up an account with BCBSND.

Visit the website at:
www.bcbsnd.com.

(1) Family deductible is embedded; an individual covered in a family will not exceed the individual deductible. Blue Cross Blue Shield of North Dakota does offer a third tier for individuals that cover their children only. Once the deductible is met based on your contract, the plan will begin paying 100% for all members on the plan.

(2) Out-of-Pocket maximum includes all cost-sharing: deductible, coinsurance and copays

(3) All Out-of-Network services subject to deductible, coinsurance and balance billing. Non-Participating Provider high charges are balanced billed. Blue Cross Blue Shield of North Dakota pays up to the allowed amount the Participating Providers can charge. Any provider charges over that amount (high charges) are the member's responsibility.

Your election can only be changed during the plan year if you experience a qualifying life status change. You must notify Human Resources within 30 days of the event.

Plans are detailed in Blue Cross Blue Shield of North Dakota's 2024 Certificate of Coverage (COC). This is a brief summary only. For exact terms and conditions, please refer to your certificate.



HEALTHY BLUE

Healthy Blue is offered through WebMD and provides powerful online tools to help meet your personal health goals. After enrolling, you can complete your annual 15-minute health risk assessment and receive your personalized wellness plan.

The Device and App Connection Center allows you to connect wearables, scales, apps and more with an easy-to-understand dashboard that tracks key health and well-being indicators. Stay motivated by utilizing the app and participating in wellness challenges. There is also a library of online health and well-being articles through WebMD.



OMADA



Omada is a personalized program designed to help you reach your health goals, whether that is losing weight, managing diabetes, lowering your blood pressure, or improving your overall health. You'll get your own personalized program, professional health coach, smart health devices, weekly online lessons, and an online community. Go to omadahealth.com/bcbsnd

LEARN TO LIVE

Learn to Live provides digital mental health programs for stress, anxiety and worry, depression, social anxiety, insomnia, substance abuse and more.



Health Savings Accounts (HSA)



UNDERSTANDING A HEALTH SAVINGS ACCOUNT (HSA)

If you enroll in a High Deductible Health Plan, you are eligible to enroll in the HSA after 1 year of employment. The HSA is offered through Wex.

THERE ARE TWO WAYS YOU

1 Regular payroll deductions on a pre-tax basis

CAN PUT MONEY INTO YOUR HSA:

2 Lump-sum contributions of any amount, anytime, up to the maximum limit.

WHAT IS AN HSA?

An HSA is exactly what it sounds like — a savings account where you can either direct pre-tax payroll deductions or deposit money to be used to pay for current or future qualified medical expenses for you and/or your dependents.

YOUR HSA CAN ALSO BE AN INVESTMENT OPPORTUNITY.

Depending upon your HSA balance, your account can grow tax-free in an investment of your choice (like an interest-bearing savings account, a money market account, a wide variety of mutual funds — or all three). Of course, your funds are always available if you need them for qualified health care expenses.

HSA FUNDS CAN BE USED FOR YOUR FAMILY.

Your HSA doesn't just benefit you. You can use the funds for your spouse and tax dependents for their eligible expenses, too — even if they're not covered by your medical plan.

YOUR FUNDS CAN CARRY OVER AND EVEN GROW OVER TIME.

The money in your HSA always belongs to you, and we mean always. Even if you leave the company or you don't use a lot of health services now, your funds will carry over from year to year and will always be there if you need them in the future — even after retirement.

CONTRIBUTE UP TO \$4,300 SINGLE, OR \$8,550 FAMILY

Note: In addition to your contribution, HIT, Inc. will make a contribution to your account in the following instances: The IRS maximum includes contributions from all sources, please include the HIT contribution when calculating your contribution.

	2025 IRS Yearly Maximum Contribution	HIT's 2025 Yearly Contribution
Single	\$4,300	\$600
Single + Dep(s)	\$8,550	\$1,080
Family	\$8,550	\$1,440

WHAT ARE THE RULES?

- You must be covered under a Qualified High Deductible Health plan (QHDHP) in order to establish an HSA.
- You cannot establish an HSA if you or your spouse also have a medical FSA, unless it is a Limited Purpose FSA.
- You cannot be enrolled in Medicare or TRICARE due to age or disability.
- You cannot set up an HSA if you have insurance coverage under another plan, such as your spouse's employer, unless that secondary coverage is also a Qualified High Deductible Health Plan.
- You cannot be claimed as a dependent under someone else's tax return.

WHAT ELSE SHOULD I KNOW?

- You can invest up to the IRS's annual contribution limit. Contributions are based on a calendar year. The contribution limits for 2024 are \$4,300 for Single and \$8,550 for Family coverage. If you're age 55 or older, you are allowed to make an extra \$1,000 contribution each year.

- The contributions grow tax-free and come out tax-free as long as you utilize the funds for approved services based on the IRS Publication 502, (medical, dental, vision expenses and over-the-counter medications, such as allergy medicine, cold and flu, pain relievers, and feminine hygiene)
- Your unused contributions roll over from year to year and can be taken with you if you leave your current job.
- If you use the money for non-qualified expenses, then the money becomes taxable and subject to a 20% excise tax penalty (like in an IRA account).
- There is no penalty for distributions following death, disability (as defined in IRC 72), or attainment of Medicare eligibility age, but taxes would apply for non-qualified distributions.
- If your health care expenses are more than your HSA balance, you need to pay the remaining cost another way. Save your receipts in case you are ever audited! You can request reimbursement later, after you have accumulated more money in your account.

YOU CAN USE HSA FUNDS FOR IRS-APPROVED ITEMS SUCH AS:

- Doctor's office visits
- Dental services
- Eye exams, eyeglasses, laser surgery, contact lenses and solution
- Hearing aids
- Orthodontia, dental cleanings and fillings
- Prescription drugs and some over-the-counter medications (such as allergy medicine, cold and flu, pain relievers and feminine hygiene)
- Physical therapy, speech therapy and chiropractic expenses

More information about approved items, plus additional details about the HSA, is available at [irs.gov](https://www.irs.gov).

IMPORTANT INFORMATION:

Every time you use your HSA, save your receipt in case the IRS asks you to prove your claim was for a qualified expense. If you use HSA funds for a non-qualified expense, you will pay tax and a penalty on those funds.

The HSA is your personal account and contains your personal funds. It can be considered an asset by a creditor and garnished as applicable.

As a health savings account holder, you will be required to file a Form 8889 with the IRS each year. This form identifies any contributions, distributions, or earned interest associated with your account.

THIS MAY BE THE BEST PLAN OPTION FOR YOU IF ANY OF THE FOLLOWING ARE TRUE:

- You do not incur a lot of medical and prescription medication expenses.
- You would like money in a savings account to pay for Qualified Expenses permitted under Federal Law.
- You would like the opportunity to contribute pre-tax income to a Health Savings Account.
- You are enrolled in the HDHP.



**What Is a
Health Savings
Account?**

FREQUENTLY ASKED QUESTIONS

Q. What will I pay at the pharmacy with the HSA qualified plan options?

You will pay the actual discounted cost of the drug until you satisfy your calendar year deductible in full.

Q. What will I pay at the physician's office with the HSA qualified plan?

You'll provide your ID card at the time of your visit and the physician's office will submit the claim to Sanford Health Plan. You will not owe anything at the time of your visit. Later you'll receive an Explanation of Benefits (EOB) from Sanford Health Plan that shows the charges discounted based on their contract with the physician. When you receive a bill from the physician's office, you pay the portion of the discounted cost you are responsible for as shown on the EOB.

Q. Where can I get a copy of an EOB?

You can access all of your EOB information, as well as obtain other important information, by logging on to Sanford Health Plan.





Flexible Spending Accounts (FSA)

SELECT YOUR FSA ACCOUNTS

- Health Care Flexible Spending Account
- Dependent Care Expense Account

HEALTH CARE FLEXIBLE SPENDING ACCOUNT

Please note: If you are enrolled in a Health Savings Account, you cannot enroll in the Health Care Flexible Spending Account.

This account enables you to pay medical, dental, vision, and prescription drug expenses that may or may not be covered under your insurance program (or your spouse's) with pre-tax dollars. You can also pay for dependent health care, even if you choose single (vs. family) coverage. The total amount of your annual election is available to you up front, reducing your chance of incurring a large out-of-pocket expense early in the plan year. Plan your contributions carefully – funds can only be used for expenses that are incurred during the plan year. The HealthCare FSA Grace Period – You should always plan carefully so that you do not have any funds left over at the end of the year. However, if you do have remaining funds you will be allowed to incur expense through March 31st of the following year. *Any funds remaining in the account at the end of the grace period will be forfeited.*

2025 MAXIMUM CONTRIBUTIONS

Health Care Flexible Spending account	\$3,300 max
Dependent Care Expense account	\$5,000 max (or \$2,500 if married and filing separately)

ELIGIBLE EXPENSES EXAMPLES

- Coinsurance & copayments
- Contraceptives
- Crutches
- Dental expenses
- Dentures
- Diagnostic expenses
- Eyeglasses, including exam fee
- Handicapped care & support
- Nutrition counseling
- Hearing devices & batteries
- Hospital bills
- Deductible amounts
- Laboratory fees
- Licensed practical nurses
- Orthodontia
- Orthopedic shoes
- Oxygen
- Prescription drugs
- Psychiatric care
- Psychologist expenses
- Routine physical
- Seeing-eye dog expenses
- Prescribed vitamin

HOW THE HEALTH CARE FLEXIBLE SPENDING ACCOUNT WORKS

When you have out-of-pocket expenses (such as copayments and deductibles), you can either use your FSA debit card to pay for these expenses at qualified providers or pay out of pocket and upload your receipt for reimbursement on the WEX portal.

DEPENDENT CARE EXPENSE ACCOUNT

This account gives you the opportunity to redirect a portion of your annual pay on a pre-tax basis to pay for dependent care expenses.

An eligible dependent is any member of your household for whom you can claim expenses on your Federal Income Tax Form 2441, "Credit for Child and Dependent Care Expenses." Children must be under age 13. Qualified care centers include dependent care centers, preschool educational institutions, and qualified individuals (as long as the caregiver is not a family member and reports income for tax purposes).

Before deciding to use the Dependent Care Expense Account, it would be wise to compare its tax benefit to that of claiming a child care tax credit when filing your tax return. You may want to check with your tax advisor to determine which method is best for you and your family.

Any unused portion of your account balance at the end of the plan year is forfeited.

CONTACT INFORMATION

Request a full statement of your accounts at any time by calling **833.225.5939** or log on to www.wexinc.com to review your FSA balance.

The address to mail claims to is customerservice@wexhealth.com

At www.wexinc.com you can:

- View account information and activity
- File claims
- Manage your profile
- View notifications
- Access forms

REVIEW YOUR DENTAL PLAN

BCBS ND IS THE DENTAL CARRIER

The dental plan is administered by Blue Cross Blue Shield of North Dakota. Below is a summary of the benefits available to you. Dependent children are eligible until the end of the month in which they turn age 26.

Out-of-Network Claims

If you receive services from a provider that is not in the BCBSND network, you may be responsible for the difference between the amount billed and the amount allowed by Blue Cross Blue Shield of ND.



DENTAL INSURANCE PLAN OPTION AND COSTS

BCBSND BlueDental Elite 50 1000		Employee Cost Per Paycheck
Employee		\$10.10
Employee + Family		\$23.25
		In-Network
Deductible		\$50 / \$100
Individual / Family		
Annual Maximum		\$1,000 per member
		Carrier Pays
Diagnostic /Preventive Services		100%, not subject to Deductible
Basic Dental Services		80% After Deductible
Simple and Surgical Extractions Endodontic and Periodontal Services Major Dental Services		80% After Deductible
Dentures, Implants Inlays, Onlays and Crowns		50% After Deductible
Oral Surgery		50% After Deductible
Orthodontia Services		Not Covered

In-Network Providers:
Provider is reimbursed based on contracted fees and cannot balance bill you.

Out-of-Network Providers:
Provider is reimbursed based on Reasonable and

FIND A DENTAL PROVIDER

To find a BCBSND dental provider in your area, you can:

- Go to <https://www.bcbsnd.com/members/find-a-doctor> and search for dentists in your area.
- Call Blue Cross Blue Shield of North Dakota at **1.800.342.4718**.

BCBSND IS THE VISION CARRIER

The vision plan is administered by BlueVision/VSP. Your plan utilizes the VSP Signature Network and offers deep discounts with enhanced benefits. This plan is available to you, your spouse and eligible dependent children up to age 26.

VISION INSURANCE PLAN OPTION AND COSTS

BCBSND BlueVision Premium		Employee Cost Per Paycheck	
Employee		\$3.55	
Employee + Family		\$8.05	
		In-Network	Out-of-Network
Examination Copay	Covered in Full after \$0 Copay		<u>Reimbursement</u> Up to \$60
Frequency of Service			
Exam		Once every 12 months	
Lenses		Once every 12 months	
Frames		Once every 24 months	
Contacts / Contact Fitting		Once every 12 months	
Lenses			<u>Reimbursement</u>
Single	Covered in full after \$0 Copay		Up to \$50
Bifocal	Covered in full after \$0 Copay		Up to \$75
Trifocal	Covered in full after \$0 Copay		Up to \$100
Progressives	Covered in full after \$0 Copay		Up to \$75
Frames	\$150 allowance		<u>Reimbursement</u> Up to \$98
Contact Lens Fitting - Standard	Up to \$60 copay 15% discount applies when seeing a Member Doctor		<u>Reimbursement</u> Up to \$60
Contact Lenses - Elective (in lieu of glasses)	\$150 allowance		<u>Reimbursement</u> Up to \$135



To find an **BCBSND** Provider in your area, visit the website at [BCBSND.com](https://www.bcsbnd.com)

- Select 'Provider Search'
- Choose your search type: You can search for an eye doctor by location or provider name
- Enter the location details
- A comprehensive list of providers will appear

Extra Savings

Glasses and sunglasses – Extra \$20 to spend on featured frame brands. Go to vsp.com/offers/special-offers for details. 30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% from any VSP provider within 12 months of your last WellVision Exam

Retinal Screening -- No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam

Laser Vision Correction -- Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities. After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor



Using Your BlueVision Benefit is Easy

Log in to your account at BCBSND.com. Your member portal is your one stop shop for managing your vision coverage with BCBSND. Within the portal, you can access additional information from our vision partner, VSP.

Once your plan is effective, you can review your benefit information:

- View individuals covered by your BCBSND vision plan
- View your vision benefits information

To access additional information on the VSP portal, log into your member services account at BCBSND.com and select the Claims tab on the top. Then, the link can be found on the left-hand side. Once there you can:

- View your claims history
- Download your VSP savings statements, which outline the discounts available with your coverage
- Find an in-network provider through the online directory. You can choose from a large network of independent doctors, including premier program locations for the best value, retail chains, or any non-member provider.
- View and download forms

Best Eye Care

You'll get the highest level of care, including a WellVision Exam – the most comprehensive exam designed to detect eye and health conditions. Plus, when you see a VSP provider, you'll get the most out of your benefit, have lower out-of-pocket costs, and your satisfaction is guaranteed.

Plan Information

VSP Provider Network: VSP Signature

For more details on your vision coverage and exclusive savings and promotions for VSP members, call 800.877.7195.

BASIC LIFE AND AD&D INSURANCE

HIT, Inc. sponsors a life insurance policy through **The Standard** for all employees. The life insurance benefit is \$75,000. This coverage is offered at no cost to you. You are also eligible to enroll on Voluntary Life coverage, over and above the amount provided by HIT, Inc. See details below.

VOLUNTARY LIFE AND DEPENDENT LIFE INSURANCE

Voluntary Life coverage is provided by The Standard. You have the opportunity to purchase additional life insurance for yourself, spouse and eligible dependents during open enrollment. This plan will be available for you to enroll in through Paycom.

The Standard guarantees issued coverage during your initial enrollment period – which means you can't be turned down for coverage based on medical history.

- Voluntary Employee Life: minimum \$10,000 to a maximum of \$500,000, in \$10,000 increments. Guarantee issue up to \$100,000. May not exceed 8x your annual earning.
- Optional Spouse Life: minimum \$5,000 to a maximum of \$250,000, in \$5,000 increments. Guarantee issue up to \$30,000. Can not exceed 100% of members benefit.
- Optional Child Life: minimum \$2,500 up to \$10,000 maximum. Increments of \$2,500. Guarantee issue up to \$10,000.

You must be enrolled in voluntary life coverage in order for your spouse, and/or eligible dependent children to enroll.

VOLUNTARY LIFE AND DEPENDENT LIFE OPTIONS AND COSTS PER MONTH

The Standard	Rates per \$1,000 of coverage		
	Age	Employee	Spouse
Voluntary Life	<24	\$0.054	\$0.054
	25-29	\$0.054	\$0.054
	30-34	\$0.103	\$0.103
	35-39	\$0.130	\$0.130
	40-44	\$0.200	\$0.200
	45-49	\$0.342	\$0.342
	50-54	\$0.576	\$0.576
	55-59	\$0.891	\$0.891
	60-64	\$1.165	\$1.165
	65-69	\$1.747	\$1.747
	70+	\$3.633	\$3.633
Child(ren)	\$0.168/month for \$1,000 coverage		

Disability Insurance

VOLUNTARY SHORT-TERM DISABILITY INSURANCE

As a full-time employee, you have the option to purchase the following voluntary benefits from The Standard Insurance Company.

These voluntary benefits are **only** available during Open Enrollment and onboarding of new hires.

You pay 100% of the premium cost.

The plan benefit is 60% of basic weekly earnings up to a maximum of \$2,750 per week. Benefits are paid after a waiting period of 7 days for an accident and 7 days for sickness. Benefits can continue for up to 90 days.

Late enrollees will not be required to submit evidence of insurability. They will instead be subject to a 60-day benefit waiting period for sickness or pregnancy during their first 12 months in the plan. in coverage.

For additional information on the available features and benefits of Short Term Disability Insurance from The Standard, visit <http://www.standard.com/group-short-term-disability>

VOLUNTARY STD COSTS PER MONTH

The Standard	Rates per \$10 of coverage	
	Age	Employee
STD	<24	\$0.740
	25-29	\$0.910
	30-34	\$1.070
	35-39	\$0.740
	40-44	\$0.750
	45-49	\$0.760
	50-54	\$0.800
	55-59	\$1.020
	60-64	\$1.030
	65-69	\$1.170
70+	\$1.260	



Voluntary Coverages

- Cancer Insurance
- Accident Insurance
- Critical Illness Insurance

Full-time employees at HIT, Inc. have the option to purchase the following voluntary benefits from The Standard Insurance. These voluntary benefits are available during Open Enrollment each year and to all new hires meeting eligibility.

CRITICAL ILLNESS INSURANCE

While it is impossible to prepare for the physical and emotional consequences of being diagnosed with a critical illness, you can prepare for the consequences such an illness may have on your personal finances.

This Critical Illness insurance policy from **The Standard Insurance** can help with the treatment costs of a covered critical illnesses – such as a heart attack or stroke. More importantly, it can help you focus on recuperation instead of the distraction of out-of-pocket costs.

FEATURES:

- Benefits are paid directly to you, unless you choose otherwise
- Coverage is available for you, your spouse, and dependent children
- You can take your coverage with you if you change jobs or retire (with certain stipulations)
- Fast claims payment (most claims are processed in about four days)
- Full amount of coverage is guarantee issue with 12/12 pre-existing condition— no medical underwriting.

GROUP CRITICAL ILLNESS COVERAGE INCLUDES:

- Benefit available for receiving a wellness check-up
- Critical Illness Benefit payable for:
 - * Cancer
 - * Heart attack (myocardial infarction)
 - * Stroke
 - * Kidney failure (end-stage renal failure)
 - * Major organ transplant
 - * Bone marrow transplant (stem cell transplant)
 - * Sudden cardiac arrest
 - * Coronary artery bypass surgery
 - * Non-invasive cancer
 - * Skin cancer

HOW CRITICAL ILLNESS



To convert monthly rates to deductions, multiply by twelve, then divide by the number of deductions per year

Employee Monthly Premium						
	18-29	30-39	40-49	50-59	60-69	70+
\$10,000	\$3.10	\$4.70	\$9.60	\$20.00	\$37.00	\$94.20
\$20,000	\$6.20	\$9.40	\$19.20	\$40.00	\$74.00	\$188.40
\$30,000	\$9.30	\$14.10	\$28.80	\$60.00	\$111.00	\$282.60
Spouse Monthly Premium						
\$5,000	\$1.55	\$2.35	\$4.80	\$10.00	\$18.50	\$47.10
\$10,000	\$3.10	\$4.70	\$9.60	\$20.00	\$37.00	\$94.20
\$15,000	\$4.65	\$7.05	\$14.40	\$30.00	\$55.50	\$141.30

Voluntary Coverages

HOW ACCIDENT INSURANCE WORKS

1.

You select
"Accident
Insurance"

2.

You injure your leg
in a covered
accident and go to
the hospital by
ambulance

3.

The ER doctor
diagnoses a
fracture

4.

You leave the hospital
on crutches

5.

Colonial Life pays
your benefit

ACCIDENT INSURANCE

If you're like most people, you don't budget for life's unexpected moments. One mishap can send you on an unexpected trip to your local emergency room — and leave you with a flurry of unexpected bills.

That's where Accident Insurance jumps in. In the event of a covered accident, the plan pays you cash benefits fast to help you pay for the costs associated with out-of-pocket expenses and bills — expenses major medical may not take care of.

THE STANDARD ACCIDENT INSURANCE COVERS THINGS LIKE :

- Ambulance rides
- Wheelchairs, crutches, and other medical appliances
- Emergency room visits
- Surgery and anesthesia
- Bandages, stitches, and casts

FEATURES:

- Coverage is guaranteed-issue (which means you may qualify for coverage without having to answer health questions)
- Benefits are paid directly to you (unless you choose otherwise)
- Coverage is available for you, your spouse, and your dependent children
- Coverage is portable (with certain stipulations). That means you can take it with you if you change jobs or retire
- Fast claims payment. Most claims are processed in about four business days

BENEFITS INCLUDE:

- On or Off Job Coverage (24 hour coverage)
- Organized Sport Benefit
- Pet Boarding and Family Care
- Transportation and Lodging Benefits
- An Emergency Room Treatment Benefit
- A Rehabilitation Unit Benefit
- Coverage for certain serious conditions, such as coma and paralysis
- An Accidental-Death Benefit
- A Dismemberment Benefit

The Standard	Monthly Premium
Employee	\$13.50
Employee and Spouse	\$20.84
Employee and Child(ren)	\$25.76
Employee and Family	\$40.27

To convert monthly rates to deductions, multiply by twelve, then divide by the number of deductions

Voluntary Coverages

HOSPITAL INDEMNITY INSURANCE

Hospital indemnity insurance is a supplemental medical insurance plan designed to pay for the costs of a hospital admission that may not be covered by other insurance. The plan covers employees who are admitted to a hospital or ICU for a covered sickness or injury.

Even if your medical insurance covers most of your hospitalization, you can still receive payments from your hospital indemnity insurance plan to cover extra expenses while you recover. and help you not worry while you recover.

How Does Hospital Indemnity Insurance Work?

You pay monthly premiums for your hospital indemnity insurance plan. If you are admitted to the hospital for an injury or illness, your hospital indemnity plan makes cash payments to you.

And with the payments going directly to you, you can use these emergency funds to pay for costs not covered by your health insurance, health insurance deductibles, copays and coinsurance, child care expenses while you are in the hospital or cost-of-living expenses as you recover.



HOSPITAL INDEMNITY INSURANCE COST PER MONTH

The Standard	Monthly Premium
Employee	\$24.71
Employee and Spouse	\$41.93
Employee and Child(ren)	\$35.38
Employee and Family	\$62.68

To convert monthly rates to deductions, multiply by twelve, then divide by the number of deductions per year and round to two decimals.

SAMPLE OF COVERED CONDITIONS:

- Hospital Admission
- Hospital Confinement
- Hospital Intensive Care
- Surgical Care
- Medical Diagnostic and Imaging
- Transportation and Lodging

OUR 401(K) MATCH IS MANAGED BY MUTUAL OF AMERICA

HIT, Inc. offers employees a 401k retirement plan through **Mutual of America**.

- HIT, Inc. matches up to 6% of an employee's gross salary
- Match is available after an employee is over 21 years of age, has worked at HIT, Inc. for one year and works 1,000 hours
- You will receive the appropriate paperwork to set-up the account when you become eligible



Company Policies

PAID TIME OFF

All **full-time** employees at HIT, Inc. will earn PTO. The PTO can be used for paid time off away from work for vacation, personal time, illness etc. Talk to your manager about the protocol for using PTO at West River Head Start.

PTO Conversion

Full-Time Employees have the opportunity to cash in PTO each paycheck. PTO can be cashed in on Paycom. Ask your manager on how to convert.

Personal Days

All Full-Time Employees at HIT, Inc. will be given 2 personal days at the beginning of each calendar year (In order to receive the Personal Days, an employee must have at least one year of employment on January 1). Personal Days must be used in increments of 8 hours.

Tuition Assistance

HIT, Inc. offers Tuition Reimbursement to both Full-Time and Part-Time employees for courses of study that educates the employee for the position they currently hold at HIT, Inc. Depending on the position held by the employees, areas/ courses of study for DSP's, CNA's and Teacher Assistants may include, but are not limited to:

- Teaching
- Nursing
- Speech
- Social Work
- Psychology
- Behavioral Science Therapy
- Occupational Therapy
- Recreational Therapy
- Physical Therapy

Holidays

HIT, Inc. will grant holiday time off for all Full-Time Employees on the holidays listed below:

- New Year's Day
- Martin Luther King Day (third Monday in January)
- President's Day (third Monday in February)
- Good Friday (Friday before Easter)
- Memorial Day (last Monday in May)
- Independence Day (July 4)
- Labor Day (first Monday in September)
- Thanksgiving (fourth Thursday in November)
- Day after Thanksgiving
- Christmas (December 25)

A recognized holiday that falls on a Saturday will be observed on the preceding Friday. A recognized holiday that falls on a Sunday will be observed on the following Monday. Non-exempt employees (full-time and part-time) who work on a recognized holiday will be compensated at a rate of 1 ½ times their regular hourly rate. Full-Time Employees will also receive 8 hours of straight holiday pay.





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The purpose of this booklet is to describe the highlights of your benefit program. Your specific rights to benefits under the Plans are governed solely, and in every respect, by the official plan documents and insurance contracts, and not by this booklet. If there is any discrepancy between the description of the plans as described in this material and official plan documents, the language of the documents shall govern.