



## *Children & Family Services*

# 2024 Benefit Guide

## YOUR HEALTH PLAN

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 (Discovery Benefits). 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 they're 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?

An full time employee (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 once become eligible to enroll in health insurance through HIT, Inc.

### Q. Will I receive a new Medical ID card?

You will receive an ID card in the mail if you are electing medical coverage.

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

A calendar year basis.

### 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 first of the month following your date of hire. .



[Medical Plan FAQs](#)



# Medical Insurance

Blue Cross Blue Shield of ND	BlueSaver \$3200-100 HDHP
Employee Cost Per Month	
<b>Employee</b>	
Employee	\$66.20
Employee + Dependent (s)	\$125.20
Family	\$178.20
IN-NETWORK	
<b>DEDUCTIBLE</b>	
Employee	\$3,200
Employee + Dependent (s)	\$4,800
Family	\$6,400
<b>COINSURANCE (Member Pays)</b>	0%
<b>OUT-OF-POCKET MAXIMUM</b>	
Employee	\$3,200
Employee + Dependent (s)	\$4,800
Family	\$6,400
Preventive Care	Covered at 100%
Office Visits	Deductible then 0%
Emergency Services	Deductible then 0%
All other Services	Deductible then 0%
<b>PRESCRIPTION DRUG</b>	
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.bcsnd.com](http://www.bcsnd.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.



## HEALTH CLUB CREDIT

The Health Club Credit is a nine-month program which awards points. Visit a participating health club 12+ days a month to receive an award of 2,700 points which is a \$27 value.

To register, go to [BCBSND.com](http://BCBSND.com) to sign in or register in the Member Services portal. You can view/redeem points by clicking on the “Rewards” tab on the navigation bar or the “Get Rewarded” icon. Gift cards should be redeemed within 6 months.

## 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](http://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 Account (HSA)



## THERE ARE TWO WAYS YOU CAN PUT MONEY INTO YOUR HSA:

1

**Regular payroll deductions** on a pre-tax basis

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 \$4,150 SINGLE, OR \$8,300 FAMILY FOR 2024 IF YOU ARE AGE 55 + YOU MAY CONTRIBUTE AN ADDITIONAL \$1,000

	2024 IRS Yearly Maximum Limits	CFS, INC.'s Contribution	You 2024 Maximum Contribution	55+ Employee Contribution Maximum
Single	\$4,150	\$600	\$3,550	\$4,550
Single + Dep(s)	\$8,300	\$1,080	\$7,220	\$8,220
Family	\$8,300	\$1,440	\$6,860	\$7,860

### 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 \$4,150 for Single and \$8,300 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.

# Health Savings Account (HSA)

## 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..



## 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 Blue Cross Blue Shield of North Dakota. You will not owe anything at the time of your visit. Later you'll receive an Explanation of Benefits (EOB) from Blue Cross Blue Shield of North Dakota 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 [www.bcbsnd.com](https://www.bcbsnd.com)





# Flexible Spending Accounts

## 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.*

### 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 supplements (medically necessary)

### 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.

### 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 submit an FSA claim form with your receipt to HIT, Inc. Reimbursement is issued to you through direct deposit into your bank account, or by check.

### 2024 MAXIMUM CONTRIBUTIONS

Health Care Flexible Spending account	\$3,200 max
Dependent Care Expense account	\$5,000 max (or \$2,500 if married and filing separately)

 [Full list of Health Care FSA Eligible Expenses](#)

 [What is a Dependent Care FSA?](#)

### CONTACT INFORMATION

Request a full statement of your accounts at any time by calling **833.225.5939** or log on to [www.wexinc.com](http://www.wexinc.com) to review your FSA balance. The address to mail claims to is [customerservice@wexhealth.com](mailto:customerservice@wexhealth.com)

At [www.wexinc.com](http://www.wexinc.com) you can:

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

[What Is a Flexible Spending Account?](#)

## REVIEW YOUR DENTAL PLAN

### PROVIDED BY BLUE CROSS BLUE SHIELD OF NORTH DAKOTA

The dental plan is administered by Blue Cross Blue Shield of North Dakota. Below is a summary of the benefits available to you.

#### 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		Employee Cost Per Month
	<b>Employee</b>	\$17.30
	<b>Employee + Family</b>	\$39.30
In-Network		
	<b>Deductible</b>	\$50 / \$100
	<b>Individual / Family</b>	
	<b>Annual Maximum</b>	\$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 Customary standards and balance billing is possible.

#### Locate Network Providers



- 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.





## REVIEW YOUR VISION PLAN

### BCBSND IS THE VISION CARRIER

The vision plan is administered by Blue Vision/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		Employee Cost Per Month	
Employee		\$6.00	
Employee + Family		\$13.60	
		In-Network	Out-of-Network
Examination Copay	Covered in Full after \$0 Copay		<u>Reimbursement</u> Up to \$60
<b>Frequency of Service</b>			
Exam		Once every 12 months	
Lenses		Once every 12 months	
Frames		Once every 12 months	
Contacts / Contact Fitting		Once every 24 months	
		Once every 12 months	
<b>Lenses</b>			<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
<b>Frames</b>	\$150 allowance		<u>Reimbursement</u> Up to \$98
<b>Contact Lens Fitting - Standard</b>	Up to \$60 copay 15% discount applies when seeing a Member Doctor		<u>Reimbursement</u> Up to \$60
<b>Contact Lenses - Elective (in lieu of glasses)</b>	\$150 allowance		<u>Reimbursement</u> Up to \$135



**FIND A  
VISION  
PROVIDER**

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



**What is Vision Insurance?**

## Extra Savings

**Glasses and sunglasses** – Extra \$20 to spend on featured frame brands. Go to [vsp.com/offers/special-offers](https://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](https://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](https://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

**Call 800.877.7195**

**for more details on your vision coverage and  
exclusive savings and promotions for VSP members.**

# Life Insurance & Disability

## LIFE INSURANCE

[What is Life and AD&D Insurance?](#)

HIT, Inc. sponsors a life insurance policy through **Reliance** for all Full-Time Employees. The amount of this policy depends on the employee's current earnings level at the beginning of each year.

All Full-Time Employees 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.

This insurance is paid for on your behalf by HIT, Inc. for all Full-Time Employees.

Your Beginning of the Year Earnings	Your Life Insurance Benefit
Less than \$60,000	\$50,000 Life Insurance Benefit
Greater than \$60,000	\$75,000 Life Insurance Benefit

## Colonial Life VOLUNTARY DISABILITY INSURANCE

*Short-Term Disability*

*Long-Term Disability*

### SHORT-TERM AND LONG-TERM DISABILITY INSURANCE

**Full-Time** employees at HIT, Inc. have the option to purchase the following voluntary benefits from Colonial Life Insurance Company. These voluntary benefits are **only** available during Open Enrollment held in December each year.

Colonial Life offers the following benefits:

- Short Term Disability
- Long Term Disability (through Assurant)

[What is Short Term Disability?](#)

[What is Disability Insurance?](#)

[What is Long Term Disability?](#)

Nearly **40 million**  
American adults live with a disability.

### COULD YOU PAY THE BILLS IF YOU WEREN'T WORKING?

**Less than 1/4** of U.S. consumers have enough emergency savings to cover six months or more of their expenses.

Nearly **70%** of workers that apply for Social Security Disability Insurance **are denied**.



Full-Time employees at HIT, Inc. have the option to purchase the following voluntary benefits from Colonial Life Insurance Company. These voluntary benefits are only available during Open Enrollment held in December each year. **Colonial Life** offers the following benefits:

- **Cancer Insurance**
- **Critical Illness Insurance**
- **Accident Insurance**
- **Hospital Confinement Insurance**

## 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.

While major medical insurance may pay for a good portion of the costs associated with the illness, there are a lot of expenses that are just not covered — from deductibles and copays to living expenses.

This Critical Illness insurance policy from Colonial Life 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.

With the Critical Illness plan, you receive cash benefits directly (unless otherwise assigned) — giving you the flexibility to help pay bills related to treatment or to help with everyday living expenses.

### 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)

### GROUP CRITICAL ILLNESS COVERAGE INCLUDES:

- Health Screening Benefit
- Critical Illness Benefits are payable for:
  - \* Cancer
  - \* Major organ transplant
  - \* Non-invasive cancer
  - \* Heart attack (myocardial infarction)
  - \* Bone marrow transplant (stem cell transplant)
  - \* Skin cancer
  - \* Stroke
  - \* Sudden cardiac arrest
  - \* Kidney failure (end-stage renal failure)
  - \* Coronary artery bypass surgery

### HOW CRITICAL ILLNESS COVERAGE WORKS



[What is Critical Illness Insurance?](#)

## 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 and treats you

4.

You leave the hospital on crutches

5.

Colonial Life pays your benefit directly to you

## VOLUNTARY 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.

### COLONIAL LIFE ACCIDENT INSURANCE COVERS THINGS LIKE THE FOLLOWING:

- 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:

- 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



[What is Accident Insurance?](#)

## 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.

### SAMPLE OF COVERED CONDITIONS:

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



[What is Hospital Insurance?](#)

## CANCER INSURANCE

Cancer insurance helps provide financial protection through a variety of benefits. These benefits are not only for you but also for your covered family members.



[What is Cancer Insurance?](#)



## ELECT YOUR 401(K) CONTRIBUTION

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

HIT, Inc. offers employees a 401k retirement plan through **Mutual of America** that matches up to 6% of an employee's gross salary. This 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.

For any questions regarding 401k, contact Ashley Gleich at 701.663.0379.



### TIPS ON HOW TO SAVE SMART FOR RETIREMENT:



- Start **NOW**. Don't wait. Time is critical.
- Start small, if necessary. Even small contributions can make a big difference given enough time and the right kind of investments.
- Use automatic deductions from your payroll or your checking account for deposit into mutual funds, your IRA or other investment vehicles.
- Save regularly. Make saving for retirement a habit.
- Be realistic about investment returns. Never assume that a year or two of high market returns (or market declines) will continue indefinitely.
- Roll over retirement account money if you change jobs.
- Don't dip into retirement savings.



[What is a 401\(k\) Retirement Plan?](#)



HIT, Inc. will make a competitive matching contribution up to 6% of an employee's gross salary.

# Company Policies

## PAID TIME OFF

All **full-time** employees at HIT, Inc. will earn PTO on the first bi-weekly payday of the month following 3 months of employment. 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 in your department.

For example, a full-time employee was hired on July 14th. They would begin to earn 5.54 hours of PTO on the first paycheck in November.

PTO balances are accrued based on the schedule below:

Years Employed	Hours Per Bi-weekly Payday	Hours Per Year
> 3 months	5.54	108
1	5.54	144
3	6.46	168
5	7.38	192
10	8.31	216
15	9.23	240

## PTO Conversion

Full-Time Employees have the opportunity to cash in PTO each paycheck. Employees can cash in PTO as long as the PTO balance doesn't drop below 150 hours. PTO can be cashed in on Paycom. Contact Human Resources or ask you 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
- Social Work
- Occupational Therapy
- Nursing
- Psychology
- Recreational Therapy
- Speech
- Behavioral Science 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.



If you are interest in this benefit, contact your HR Department at (701) 663.0379. Application for the reimbursement must be filled out prior to the beginning of the class.



## FAMILY MEDICAL LEAVE

HIT, Inc. complies with the Family and Medical Leave Act of 1993. If you are eligible, you may be provided leave due to your own serious health condition, to care for a family member who is experiencing a serious health condition, for the birth and or care of a newborn, for the placement of a child for adoption or foster care, for the active duty call up for spouse, son, daughter, or parent, and to care for an injured military family member.



To be eligible for Family Medical Leave, the employee must have been employed at HIT, Inc. for more than one year and have worked a minimum of 1250 hours in the last 12 months. PTO must be used to cover the hours an employee misses for Family Medical Leave. If the employee has no PTO or runs out of PTO, the leave will be unpaid, but the employee will be able to keep their insurance benefits.

If you feel you are eligible for Family Medical Leave and would like to apply, contact your HR Department at 701.663.0379.

## Personal Leave

HIT, Inc. may provide personal leave to **Full-Time** or **Part-Time Employees** who wish to take time off from work to fulfill personal obligations. This is a particular benefit to employees who are not eligible for Family Medical Leave or for employees who wish to take time off for reasons that are not related to Family Medical Leave. Talk to your manager if this situation applies to you.

## Bereavement Leave

If an employee wishes to take time off due to the death of an immediate family member, paid time off will be granted to allow the employee to attend the funeral and make any necessary arrangements associated with the death.

“Immediate Family “ is defined as the employee’s spouse, parent, child, sibling, grandparents, grandchildren, foster parents, foster children, step parents or step-siblings, the employee’s spouse’s parent, child or sibling; the employee’s child’s spouse. Talk to your manager if this situation applies to you.

This benefit is available to both **Full-Time** and **Part-Time** employees. The three days of leave cannot exceed 24 hours and must be used within seven calendar days of the family member’s death. Pay will be calculated based on the hours that the employee would otherwise have earned had he or she worked on the day(s) of absence.

# Employee Assistance Program

## Employee Assistance Program (EAP)

All HIT, Inc. Employees and their household members are eligible to use HIT, Inc.'s EAP program through Village Family Services. Each HIT, Inc. employee is guaranteed a quantity of sessions equal to the number of household members times 4. (Example: 5 household members (x) 4 sessions per household members equal 20 available sessions for the household. No household will have less than 8 available sessions.

The Village EAP offers counseling and assistance in many areas. To contact the Village, call 1.800.627.8220.



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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.