



**CMU HEALTH**

CENTRAL MICHIGAN UNIVERSITY

**RESIDENT BENEFITS SCHEDULE for PLAN YEAR 2022 (January – December)**

| BENEFIT  | ELIGIBILITY   | BENEFIT DETAILS   |
|--|---|---|
| <p><b><u>Medical Gold Plan</u></b><br/>           Single Coverage: \$67/pay<br/>           Two-Person Coverage: \$148/pay<br/>           Family Coverage: \$185/pay</p> <p><b><u>Medical Silver Plan (no Rx Coverage)</u></b><br/>           Single Coverage: \$30/pay<br/>           Two-Person Coverage: \$86/pay<br/>           Family Coverage: \$113/pay</p> <p><b><u>Medical HSA (Health Savings Plan)</u></b><br/>           Single Coverage: \$32/pay<br/>           Two-Person Coverage: \$93/pay<br/>           Family Coverage: \$126/pay</p> | <p><b>Date of Hire</b></p> <p><u>Child eligibility:</u> an employee’s children/stepchildren are eligible for CMU Health’s Health plan coverage from birth through the end of the calendar year (Dec. 31) of the child’s 26<sup>th</sup> birthday regardless of the child’s residency, marital, student or financial dependency status.</p> <p><u>Spouse eligibility:</u> if the employee elects to cover their spouse under a CMU Health plan and the spouse is eligible for other group medical coverage, he/she must be enrolled in their own employer’s plan to be eligible under the CMU Health medical plan.</p> | <p><a href="#">HAP/Aetna</a> insurance coverage.<br/>           Co-pays and deductibles are under three-tiers based on the provider. Please refer to the Employee Benefits book for coverage detail.</p> <p>Employee Patient Care Discount: employees and covered family members receive patient care discounts for services administered by a provider employed at CMU Health and conducted during normal hours of operation in facilities maintained by the corporation. Those covered through health insurance provided by CMU Health receives a 100% discount on such services. Employees and family members not covered on CMU Health’s insurance may receive a 50% discount after all third-party resources have been billed.</p> |
| <p><b>Dental Insurance</b></p> <p><a href="#">Delta Dental of MI</a><br/>           Single Coverage: \$9.28/pay<br/>           Two-Person Coverage: \$17.48/pay<br/>           Family Coverage: \$32.67/pay</p>  | <p><b>Date of Hire</b></p> <p><u>Child eligibility:</u> an employee’s children/stepchildren are eligible for CMU Health’s Health plan coverage from birth through the end of the calendar year (Dec. 31) of the child’s 26<sup>th</sup> birthday regardless of the child’s residency, marital, student or financial dependency status</p>   | <p><a href="#">Delta Dental of MI</a><br/>           Please refer to the Employee Benefits book for coverage detail.</p>  |
| <p><b>Vision Insurance</b></p> <p><a href="#">Vision Services Plan (VSP)</a></p>   | <p><b>Date of Hire</b></p> <p><u>Child eligibility:</u> an employee’s children/stepchildren are eligible for CMU Health’s Health plan coverage from birth through the end of the calendar year (Dec. 31) of the child’s 26<sup>th</sup> birthday regardless of the child’s residency, marital, student or financial dependency status</p>   | <p><a href="#">Vision Services Plan (VSP)</a><br/>           Please refer to the Employee Benefits book for coverage detail.</p>  |
| <p><b>Life Insurance with Accidental Death &amp; Dismemberment</b><br/>           Reliance Standard</p>  | <p><b>31<sup>st</sup> Day of Employment</b></p>   | <p>Individual coverage equal to two year’s salary (\$300,000 maximum). Value of life insurance over \$50,000 is taxable income to the employee. <i>No premium cost to employee</i></p>  |
| <p><b>Long Term Disability</b><br/>           MedPlus Advantage</p>  | <p><b>31<sup>st</sup> Day of Employment</b></p>   | <p>Individual coverage; 60% of salary after 90 days of total disability (\$15,000/month maximum); includes partial disability benefit; <i>no premium cost to employee</i></p>   |

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|---|--|---|
| <b>Supplemental Insurance Options</b><br>AFLAC  | <b>Date of Hire</b>  | Additional insurance policies are available such as short-term disability, accident insurance, hospital intensive care insurance and cancer indemnity insurance. Those interested will need to call the AFLAC office at 989-205-0364 to speak with a representative within 30 days of your hire date.   |
| <b>Flexible Spending Account</b><br><a href="#">Employee Benefits Corp (EBC)</a><br>Healthcare FSA (to be used with Gold or Silver medical plan) up to \$2,750 annually.<br>Dependent Care FSA: maximum plan election is \$5,000 per year for dependent care. | <b>Date of Hire</b>  | Plans are non-transferable. Participants are issued a debit card for processing payments of eligible expenses at qualifying merchants or may pay for expenses and submit receipts for reimbursement. <b>Funds not reimbursed within 90 days of end of plan year are forfeited per IRS regulations.</b>  |
| <b>Malpractice Insurance</b>  | <b>Date of Hire</b>  | \$2,000,000 each occurrence; \$12,000,000 aggregate for year through Coverys  |
| <b>Membership Dues</b>  | <b>Date of Hire</b>  | Membership dues to appropriate departmental medical associations.   |
| <b>Educational Expense Reimbursement</b>  | <b>Date of Hire</b> <ul style="list-style-type: none"> <li>• PGY-1: up to \$1,275</li> <li>• PGY-2: up to \$1,500</li> <li>• PGY-3: up to \$1,500</li> <li>• PGY-4: up to \$1,800</li> <li>• PGY-5: up to \$1,900</li> </ul> | Reimbursement of expenses for approved educational activities and materials such as; Conference registration, conference and travel and related expenses, text books, professional journal subscriptions, tablets (new residents only), laptop computers (one laptop per residency training period with pre-approval of the program director), computer software programs.<br><br>Residents will be reimbursed only for educational support needs that are pre-approved by the department's Program Director. Reimbursement will be processed upon submission of original receipts. |
| <b>PTO Policy (Paid Time Off)</b>   | <b>Date of Hire</b><br><b>PTO is earned at the following rates:</b> <ul style="list-style-type: none"> <li>• 4 weeks; non-cumulative; non-vested benefit</li> </ul>  | A system providing time off for rest, relaxation, illness, personal, or family needs  |
| <b>Catastrophic Sick Bank (CSB)</b>   | <b>Date of Hire</b> <ul style="list-style-type: none"> <li>• 2 weeks; non-cumulative; non-vested benefit</li> </ul>  | Used when time off for a serious health condition exceeds three consecutive days. Renews at each academic year.   |
| <b>Family Medical Leave Act (FMLA)</b>  | <b>After 12-months of employment AND (1,250+ hours of work)</b>  | FMLA leave runs concurrently with PTO, Worker's Compensation, etc. Employees are required to use all PTO and CSB time prior to going without pay. Refer to the Paid Time Off policy on SharePoint.  |

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| <b>Retirement</b>                          | <b>Completion of one year</b><br>Enrollment is either July 1 or January 1 after completion of one year of service (and 1000 worked hours) and attainment of 21 <sup>st</sup> birthday. | Profit sharing pension plan to provide you with additional income for retirement administered by Huntington. Generally, you are not taxed on the amounts we contribute to the plan on your behalf until you withdraw these amounts from the plan. 4% of annual salary contributions by organization. Vesting schedule: 2 years equals 20% vested; 3 years equals 40% vested; 4 years equals 60% vested; 5 years equals 80% vested and 100% vested at 6 years of service. |
| <b>403(b) &amp; 457 Investment options</b> | <b>Date of Hire</b>  | CMU Health currently has arrangements with 403(b) and 457 providers offering pre-taxed retirement investment opportunities for employees. If you are interested in learning more, please contact Huntington Bank Customer Services at 989-776-7253.  |
| <b>Employee Assistant Program (EAP)</b>    | <b>Date of Hire</b>  | Provides counseling and treatment for anxiety/depression; marital/relationship/divorce counseling; child/adolescent issues; substance abuse assessment/evaluation/treatment therapy; familial relationship counseling, etc. Initial assessment plus three (3) problem solving session are available at no cost to all CMU Health staff and families. Please call 989-790-7500 to schedule a confidential appointment.  |
| <b>Voluntary Life Insurance</b>            | <b>Date of Hire</b>  | Available to employee, spouse, and children at group rates. Guaranteed \$100K coverage on employee and up to \$500K with evidence of insurability. Spouses can purchase a guaranteed \$30K coverage and up to \$500K with evidence of insurability. A policy for children can be purchased up to a guaranteed \$10K in total.  |
| <b>Physician Coats</b>                     | <b>Date of Hire</b>  | Stipend for two (2) coats during first year of training; One coat per year thereafter if needed.   |

*Important: This document is for reference only and not a contractual document. The information in this summary is subject to policies, procedures and contracts relating to each benefit plan, which are controlling as to the availability and amount of benefit coverage. Any variations between the explanation of benefits in the Benefit Schedule and the insurance policies and plans will be governed by the specific insurance policies and plans. Benefits may be added, deleted, or modified at any time, at CMU Medical Education Partner's sole discretion. Nothing in this Benefits Overview is to be construed or interpreted as modifying or superseding CMU Medical Education Partners at-will employment status.*

**NEW EMPLOYEES MUST COMPLETE THE BENEFIT ENROLLMENT PROCESS WITHIN 30 CALENDAR DAYS FROM THE EMPLOYMENT START DATE.** Once you make your benefit elections, they are irrevocable for the plan year **unless you experience a qualifying event and submit a completed enrollment form/status change to the Human Resources office within 30 calendar days of the event.** Failure to meet these requirements will prevent you from enrolling eligible dependents in insurances and/or from changing certain elections for the remainder of the plan year. Contact Human Resources for assistance with benefit questions related to status changes.