



Compass Health  
Network

# YOUR 2021 BENEFITS



Compass Health  
Network

# UNDERSTANDING YOUR BENEFITS

We understand the important role benefits play in the lives of you and your family. **Most benefits renew on January 1 (unless otherwise noted) and continue through December 31.**

As a new hire and then annually during open enrollment October/November, you have an opportunity to make changes to your benefits package to ensure you and your family have the right coverage.

This benefits guide is an important tool to familiarize you with your benefit options. As you prepare to enroll:

- Consider your benefit coverage needs for the upcoming year.
- Consider other available coverage.
- Gather information you'll need. If you are covering a spouse or dependents, you will need their dates of birth and Social Security numbers.

Getting the most value from your benefits depends on how well you understand your plans and how you choose to make them work for your personal situation.

**Be sure to read this entire guide for important information about your benefit options.**

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Login to Kronos.



My account > My benefits  
Review and select benefits

Elect the benefits you want.

Be prepared to provide eligible dependents' and beneficiaries':

- Full name
- Date of birth
- Social Security number



## STEPS TO ENROLL

Save and/or submit your elections.



Saving will only save your elections for later. Submitting your elections sends information to HR.

Print the final confirmation summary for your records.



**NOTE: Your Plan may require you to complete an Evidence of Insurability (EOI) during the enrollment process.**



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# BENEFIT BASICS

Your 2021 benefits are effective January 01 through December 31.

(New employees' eligibility date is based on the hire date.)



## Making Changes During the Plan Year

Generally, you may only make or change your existing benefit elections as a new hire or during the annual open enrollment period.

However, you may change your benefit elections during the year if you experience a qualifying life event such as:

- Marriage, divorce, or legal separation
- Birth or adoption of a child
- Loss or gain of other coverage by the employee or dependent
- Eligibility for Medicare or Medicaid

## Covering yourself and your family

You are eligible for benefits if you work at least 30 hours per week. Most benefits are effective the first day of the month following 30 days of full time employment. If your employment ends or you reduce your hours to part-time, your benefits will terminate at the end of the month following your last day of employment/change in status.

The following dependents are also eligible for our plans:

- Your legal spouse
- Your children up to age 26 (children with disabilities may be covered past the age of 26)

## Updates To Coverages

If you do not make the changes within 31 days of the qualifying event, you will have to wait until the next open enrollment period to make changes (unless you experience another qualifying life event).

**Our benefits are treated separately as far as individuals covered. You do not have to cover someone on all plans in order to cover them on a specific plan. An example of this is if you want to add your spouse to the dental and vision, you are not required to also add your spouse to the medical.**

# BENEFIT COSTS

Compass Health Network pays the full cost of some of your benefits. For others you share the cost, or you pay the full cost if you elect voluntary benefit options. Pre-tax means the cost comes out of your pay before taxes are deducted. After-tax means the cost is deducted

BENEFIT	FUNDED BY	TAX TREATMENT
Medical and Pharmacy	Compass & Employee	Pre-tax
Dental	Employee	Pre-tax
Vision	Employee	Pre-tax
Basic Life/Accidental Death & Dismemberment Insurance *	Compass	N/A
Voluntary Life/Accidental Death & Dismemberment Insurance	Employee	After-tax
Short-term Disability *	Compass	N/A
Voluntary Short-term Disability	Employee	After-tax
Long-term Disability *	Compass	N/A
Flexible Spending Account	Employee	Pre-tax
Health Savings Account	Employee	Pre-tax
401(k)	Compass & Employee	Both

\*Note: The employer-provided basic life coverage, short-term and long-term disability benefits are effective after the wait period has been satisfied.

# MEDICAL PLAN OVERVIEW

## Blue Cross Blue Shield—Blue KC

We offer the choice of three medical plans through BCBS Blue KC. All of the medical plan options include coverage for prescription drugs. To select the plan that best suits your family, you should consider the key differences between the plans, the cost of coverage (including payroll deductions), and how the plan covers services throughout the year.

### Understanding How Your Plan Works

#### COVERAGE BASICS

Under our health plans, once your deductible is met, you will cost-share with the plan (coinsurance) until you reach the out-of-pocket maximum. Once you reach your out-of-pocket maximum, you will be covered in full for the remainder of the plan year with the exception of providers and facilities that are out-of-network. Copays do not go toward your deductible but do go toward your out-of-pocket maximum.

#### MAKING THE MOST OF YOUR PLAN

Getting the most out of your plan also depends on how well you understand it. Keep these important tips in mind when you use your plan.

- **In-network providers and pharmacies:** You will always pay less if you see a provider within the medical and pharmacy network.
- **Preventive care:** In-network preventive care is covered at 100%. Preventive care is often received during an annual physical exam and includes immunizations, lab tests, screenings, and other services intended to prevent illness or detect problems before you notice any symptoms.

#### PHARMACY COVERAGE

Medications are placed in categories based on drug cost, safety, and effectiveness. These tiers also affect your coverage.

- **Generic** – A drug that offers equivalent uses, doses, strength, quality and performance as a brand-name drug but is not trademarked.
- **Brand preferred** – A drug with a patent and trademark name that is considered “preferred” because it is appropriate to use for medical purposes and is usually less expensive than other brand-name options.
- **Brand non-preferred** – A drug with a patent and trademark name. This type of drug is “not preferred” and is usually more expensive than alternative

generic and preferred-brand drugs.

- **Specialty** – A drug that requires special handling, administration, or monitoring. Most can only be filled by a specialty pharmacy and have additional required approvals.
- **Mail order pharmacy** – If you take a maintenance medication on an ongoing basis for a condition like high cholesterol or high blood pressure, you can use the mail order pharmacy to receive it at your home

# MEDICAL PREMIUM PLAN

	Premium Plan- \$1,000	Premium Plan- \$1,000
PLAN PROVISIONS	IN-NETWORK	OUT-OF-NETWORK
Deductible - Individual	\$1,000	\$3,000
Deductible - Family	\$3,000	\$9,000
Out-of-Pocket Maximum – Individual	\$5,500	\$16,500
Out-of-Pocket Maximum – Family	\$11,000	\$33,000
<b>Amount you pay (you must meet your deductible before coinsurance applies)</b>		
Primary Care Physician Office Visit	\$25 Copay	40% Coinsurance
Specialist Care Physician Office Visit	\$50 Copay	40% Coinsurance
Preventive Care	No Charge	40% Coinsurance
Urgent Care	\$50 Copay	40% Coinsurance
Emergency Room	\$100 Copay /visit then 20% Coinsurance	\$100 Copay /visit then 20% Coinsurance
Diagnostic Tests & Imaging	20% Coinsurance	40% Coinsurance
Chiropractic (limit of 26 services per plan year)	\$50 Copay	40% Coinsurance
Outpatient Therapy	20% Coinsurance	40% Coinsurance
Durable Medical Equipment	20% Coinsurance	40% Coinsurance
Hospice Services (14 day lifetime max)	20% Coinsurance	40% Coinsurance
Inpatient Stay	20% Coinsurance	40% Coinsurance
Outpatient Surgery	20% Coinsurance	40% Coinsurance
Mental Health & Substance Use Outpatient Services	\$25 Copay/visit	40% Coinsurance
Mental Health & Substance Use Inpatient Services	20% Coinsurance	40% Coinsurance

# MEDICAL BUY-UP PLAN

	Buy-Up Plan- \$2,500	Buy-Up Plan- \$2,500
PLAN PROVISIONS	IN-NETWORK	OUT-OF-NETWORK
Deductible - Individual	\$2,500	\$7,500
Deductible - Family	\$7,500	\$15,000
Out-of-Pocket Maximum – Individual	\$7,000	\$21,000
Out-of-Pocket Maximum – Family	\$14,000	\$42,000
<b>Amount you pay (you must meet your deductible before coinsurance applies)</b>		
Primary Care Physician Office Visit	\$25 Copay	30% Coinsurance
Specialist Care Physician Office Visit	\$50 Copay	30% Coinsurance
Preventive Care	No Charge	30% Coinsurance
Urgent Care	\$50 Copay	30% Coinsurance
Emergency Room	\$100 Copay /visit then 10% Coinsurance	\$100 Copay /visit then 10% Coinsurance
Diagnostic Tests & Imaging	10% Coinsurance	30% Coinsurance
Chiropractic (limit of 26 services per plan year)	\$50 Copay	30% Coinsurance
Outpatient Therapy	10% Coinsurance	30% Coinsurance
Durable Medical Equipment	10% Coinsurance	30% Coinsurance
Hospice Services (14 day lifetime max)	10% Coinsurance	30% Coinsurance
Inpatient Stay	10% Coinsurance	30% Coinsurance
Outpatient Surgery	10% Coinsurance	30% Coinsurance
Mental Health & Substance Use Outpatient Services	\$25 Copay/visit	30% Coinsurance
Mental Health & Substance Use Inpatient Services	10% Coinsurance	30% Coinsurance

# PHARMACY BENEFIT

## with Optum—Premium & Buy-Up plans

Pharmacy	In Network	Out of Network
<b>Deductible</b>		
Individual	\$300	\$300
Family	\$600	\$600
<b>Retail (Pharmacy deductible must be met prior to copay being available)</b>		
Tier 1 - Generic Drugs	\$25	\$25 copay + 50% Coinsurance
Tier 2 - Brand Preferred Drugs	\$50	\$50 copay + 50% Coinsurance
Tier 3 - Brand Non-Preferred Drugs	\$75	\$75 copay + 50% Coinsurance
Tier 4— Specialty Drugs	\$150	\$150 copay + 50% Coinsurance
<b>Mail Order - 102-Day Supply</b>		
Tier 1 - Generic Drugs	\$75	\$75 copay + 50% Coinsurance
Tier 2 - Brand Preferred Drugs	\$150	\$150 copay + 50% Coinsurance
Tier 3 - Brand Non-Preferred Drugs	\$225	\$225 copay + 50% Coinsurance

# MEDICAL HDHP

(HIGH DEDUCTIBLE HEALTH PLAN)

	HDHP Plan- \$5,000	HDHP Plan- \$5,000
PLAN PROVISIONS	IN-NETWORK	OUT-OF-NETWORK
Deductible - Individual	\$5,000	\$10,000
Deductible - Family	\$10,000	\$20,000
Out-of-Pocket Maximum – Individual	\$7,000	\$21,000
Out-of-Pocket Maximum – Family	\$14,000	\$42,000
<b>Amount you pay (you must meet your deductible before the coinsurance applies)</b>		
Primary Care Physician Office Visit	20% Coinsurance	40% Coinsurance
Specialist Care Physician Office Visit	20% Coinsurance	40% Coinsurance
Preventive Care	100% coverage	40% Coinsurance
Urgent Care	20% Coinsurance	40% Coinsurance
Emergency Room	20% Coinsurance	40% Coinsurance
Diagnostic Tests & Imaging	20% Coinsurance	40% Coinsurance
Chiropractic (limit of 26 services per plan year)	20% Coinsurance	40% Coinsurance
Outpatient Therapy	20% Coinsurance	40% Coinsurance
Durable Medical Equipment	20% Coinsurance	40% Coinsurance
Hospice Services (14 day lifetime max)	20% Coinsurance	40% Coinsurance
Inpatient Stay	20% Coinsurance	40% Coinsurance
Outpatient Surgery	20% Coinsurance	40% Coinsurance
Mental Health & Substance Use Outpatient Services	20% Coinsurance	40% Coinsurance
Mental Health & Substance Use Inpatient Services	20% Coinsurance	40% Coinsurance

# PHARMACY BENEFIT

## with Optum—High Deductible Health Plan

Pharmacy	In Network	Out of Network
<b>Deductible</b>		
Individual	Combined with medical deductible	Combined with medical deductible
Family	Combined with medical deductible	Combined with medical deductible
<b>Retail (the main HDHP deductible must be met prior to copay being available)</b>		
Tier 1 - Generic Drugs	\$25	\$25 copay + 50% Coinsurance
Tier 2 - Brand Preferred Drugs	\$50	\$50 copay + 50% Coinsurance
Tier 3 - Brand Non-Preferred Drugs	\$75	\$75 copay + 50% Coinsurance
Tier 4— Specialty Drugs	\$150	\$150 copay + 50% Coinsurance
<b>Mail Order - 102-Day Supply</b>		
Tier 1 - Generic Drugs	\$75	\$75 copay + 50% Coinsurance
Tier 2 - Brand Preferred Drugs	\$150	\$150 copay + 50% Coinsurance
Tier 3 - Brand Non-Preferred Drugs	\$225	\$225 copay + 50% Coinsurance

# MEDICAL PLAN RESOURCES

Find a Blue Cross In-Network Provider at [www.bcbs.com](http://www.bcbs.com), Find a Doctor, In the United States, enter your location, choose the Blue Card PPO/EPO plan and then search for a provider by name, location or specialty.

Blue KC is available to help you manage your health care with a team of professionals that can partner with you to be your advocate and help you make the best use of your medical plan.

## 24/7 NurseLine

Get instant access to registered nurses who can answer questions, provide guidance, and help you access the health resources available to you. Need health care right away? A nurse can help you decide where to go if your doctor isn't available. Going to the right place can save you time and money.

## Healthy Companion Program

Offers support for chronic health conditions such as Asthma, COPD, Depression, Diabetes, Heart Disease, Heart Failure, High Blood Pressure, Metabolic Syndrome, Stress and Anxiety. Call 1-816-395-2076 or email [HealthyCompanion@BlueKC.com](mailto:HealthyCompanion@BlueKC.com) to get started.

## Livongo/Solaia

Diabetes management and prevention programs.

## A HEALTHIER YOU

Personalized online and mobile wellness program through Blue KC for Blue KC members only.

## Blue KC Virtual Care

Doctors available 24/7 **free of charge** via telehealth for common medical issues.

## Mindful by Blue KC

Wellbeing resources to include counseling sessions, work-life services and family referral and caregiving services.

## Prescription Home Delivery— Optum

Maintenance prescriptions drugs can be sent directly to your home in 102-day supplies.

MORE INFORMATION ONLINE AT [BLUEKC.COM](http://BLUEKC.COM)

24/7 Nurse Line: 1-877-852-5422

Blue KC Customer Service— 1-816-395-3558 or [www.bluekc.com](http://www.bluekc.com)

Blue KC Virtual Care- go to [Amwell.com](http://Amwell.com) or download the Blue KC Virtual Care mobile app

# TOBACCO-FREE INCENTIVE

Compass Health Network maintains an environment free of tobacco on our smoke-free campuses. Employees who are tobacco-free and enrolled in a medical insurance plan will receive a tobacco-free incentive. This incentive will be a reduction in your health insurance premium.

If you are using tobacco, we want to help you become tobacco-free by offering several tools to aid you in the process of kicking the habit. Employees who complete our new tobacco cessation program will be eligible for the incentive as long as the program is completed within the required timeframe.

## Incentive Program

Complete the BETTER and BETTER with Balance Tobacco Cessation e-Learning series. This is an interactive online tool available through our wellness program, WellWorks.



## Other resources available to you

Compass will reimburse you for tobacco cessation products twice in your employment up to \$100 each occurrence.

Blue KC will provide members behavioral interventions and approved pharmacotherapy products. This will include two tobacco cessation attempts per year for a 90-day treatment regimen when prescribed by an in-network health care provider. Does not require prior authorization.

# MEDICAL PLAN BI-WEEKLY RATES

## Standard

PLAN LEVEL	Premium Plan	Buy-Up Plan	HDHP
Employee Only	\$150.80	\$101.46	\$51.24
Employee + Spouse	\$472.44	\$378.27	\$282.36
Employee + Children	\$363.25	\$283.02	\$201.34
Family	\$684.54	\$559.53	\$559.53

## Tobacco-Free

Plan Level	Premium Plan	Buy-Up Plan	HDHP
Employee Only	\$139.26	\$89.92	\$39.70
Employee + Spouse	\$460.91	\$366.73	\$270.82
Employee + Children	\$351.72	\$271.48	\$189.80
Family	\$673.01	\$547.99	\$420.69

# DENTAL PLAN

## Standard Insurance Company Ameritas Network

Search for a provider at <http://www.standard.com/dental>, click on Find a Dentist, choose Classic (PPO) and Plus.

PLAN PROVISIONS	Low Plan	High Plan
Dental Deductible - Individual	\$50	\$50
Annual Benefit Maximum	\$1,750- \$2,950	\$1,750- \$2,950
Orthodontic Lifetime Maximum	N/A	\$1,000
SERVICES		
Diagnostic and Preventive	100%	100%
Basic Services	80%	80%
Major Services	N/A	50%
Orthodontia Services (only for dependents to the age of 19)	N/A	50%/\$1,000 maximum

### Max-Builder Option

This option allows you and your dependents to build annual benefit maximums from year to year. To do so, you must file at least one dental claim per plan year and not exceed the annual threshold. The annual benefit threshold is \$750 for our plans. With this feature, you can potentially build your annual maximum from \$1,750 to \$2,950.

### Bi-Weekly Rates

	Low Plan	High Plan
<b>Employee</b>	\$8.75	\$13.53
<b>Employee + 1 Child</b>	\$16.86	\$25.39
<b>Employee + Spouse</b>	\$16.86	\$25.39
<b>Employee + Children</b>	\$30.70	\$42.07
<b>Family</b>	\$30.70	\$42.07

# VISION PLAN

Standard Insurance Company

VSP Network

Getting your eyes checked every year can help maintain your vision and identify the early signs of certain health conditions, including diabetes. Providers can be located at [www.vsp.com](http://www.vsp.com).

PLAN PROVISIONS	VISION SERVICE PLAN (VSP)
Exam	\$20 copay
Frequency Exam	Every 12 months
Lenses	Every 12 months
Contacts	Every 12 months
Frames	Every 24 months
Frames Coverage	Plan covers up to \$130
Lenses Coverage	Plan covers up to \$130

Bi-Weekly Rates	
Employee	\$3.25
Employee + Spouse	\$5.75
Employee + Children	\$6.12
Employee + Family	\$9.00

# 401K RETIREMENT PLAN

## The Standard Retirement Services

*Eligibility is the first of the month following one (1) month of service*

- » Pre-tax and Roth options
- » 2-year vesting schedule on the employer match
- » Maximum contributions for 2021 are **\$19,500 for employees under 50 and \$26,000 for employees 50 and older.**
- » Compass Health matches dollar-for-dollar up to 6% of your bi-weekly gross income and your employee contributions/rollover contributions are immediately 100% vested.



## ACCESSING YOUR RETIREMENT ACCOUNT IS EASY!

Create an online account at  
[www.standard.com/retirement](http://www.standard.com/retirement)

Here you can view resources, print important information, modify your investments, and work with professionals to help meet your goals. Employees must make their savings and investment elections online. Beneficiary forms are completed in Kronos.

# 401K RETIREMENT PLAN

## Need help on how much to invest and how much to contribute?

Mainspring Managed is here to help! Investment advisors at The Standard can work with you on creating a personalized, goal-based savings and investment plan.

Contact an investment advisor representative at:

**1-800-858-5420**

Employees are auto-enrolled with a 3% contribution unless you opt out of the plan. Auto-escalation of 1% occurs every year thereafter until 6% is reached.



***If I want to contribute a different amount than the auto enrollment of 3% OR waive the 401k, what do I need to do?***

To do this, you will have to create your personal account on [www.standard.com/retirement](http://www.standard.com/retirement). After this is complete, you can change your contribution amount or waive the opportunity to participate.

# LIFE INSURANCE AND DISABILITY

## Standard Insurance Company

Life insurance is an important part of your financial wellbeing, especially if others depend on you for support. We provide basic life and AD&D insurance, short-term disability and long-term disability for employees at no charge after the wait period is satisfied. Voluntary coverages are available for purchase; this includes life insurance options for employees, spouses, and dependent children and a short-term disability plan.

### BASIC LIFE and AD&D INSURANCE

Compass provides basic life and accidental death and dismemberment insurance to eligible employees at no cost. The benefit is equal to one times your base annual earnings (rounded to the next thousand), up to a maximum of \$450,000. Coverage is automatic; you do not need to enroll, but each employee should name a beneficiary.

### STD & LTD INSURANCE FOR YOU

Compass provides a STD and LTD policy, free of charge, after the required wait period (365 days of full-time employment) is satisfied to employees. Coverage begins the first of the following month.

### VOLUNTARY LIFE and AD&D INSURANCE

You may choose to purchase additional life and AD&D coverage at affordable group rates. Rates are based on age and the coverage level chosen. For amounts over the Guaranteed-Issue amount, you will need to complete the Evidence of Insurability form if you have not previously done so.

	Guaranteed Issue	Maximum
Employee	\$200,000	\$500,000
Spouse	\$50,000	\$100,000

Coverage for children can be purchased at \$1,000/\$5,000/\$10,000/\$20,000 levels.

### VOLUNTARY SHORT-TERM DISABILITY INSURANCE

Disability insurance provides income replacement should you become disabled and unable to work due to a non-work-related illness or injury.

You have the ability to purchase disability coverage when you first become eligible for benefits. This bridges the gap between initial eligibility and employer-provided coverage after one year of employment. Rates are based on your average weekly earnings and age.

# FLEXIBLE SPENDING ACCOUNTS

## Further

A Flexible Spending Account (FSA) enables you to take home a larger paycheck by reducing your taxable income. If you take advantage of this benefit, you will contribute tax-free dollars into an account you can use throughout the year on qualified expenses. This benefit is available to employees working 20 hours or more per week. We offer 2 different types of plans through FURTHER— dependent daycare & unreimbursed medical expenses.

**Unreimbursed Medical—**  
**administered by Further.** Covers general purpose health expenses for medical, dental and vision care.

Maximum contribution is \$2,750.



**Dependent Care Expenses -**

**administered by Further.** Account is used for daycare expenses for children up to age 13 or a disabled spouse or dependent of any age. Maximum contribution is \$10,500 or \$5,250 depending on your tax filing status.



***Plan Year- January 1, 2021 through December 31, 2021. If you are eligible for benefits after January 1, 2021, your plan year is your eligibility date through December 31, 2021. Your expenses must fall within the dates you are eligible for the plan.***

FURTHER will provide a debit card that allows you to pay at the time of service when you are at your providers or pharmacy. These expenses are deducted automatically from your available account balance and then paid directly to the provider. Dependent daycare participants will not receive a debit card but can use the app or website to submit for reimbursement.

# HEALTH SAVINGS ACCOUNT

## Further

A health savings account (HSA) is a tax-advantaged savings account that you can use for medical expenses. It is paired with a qualifying high deductible health plan (HDHP). A high deductible health plan offers lower monthly premiums in exchange for a higher deductible. Compass Health employees who are interested in the HSA account must also enroll in the Blue Cross High Deductible Health Plan. **You cannot participate in the Compass HSA plan if you are not enrolled in the Compass HDHP plan.**

An HSA works like an individual retirement account (IRA) that you own. The HSA belongs to you and the money is yours to keep, even if you change jobs or retire. You don't pay any taxes on the money you put in or take out, as long as you use it for medical expenses as defined by the IRS.

It is your responsibility to ensure you are using the monies in your HSA for eligible expenses. Further has a wealth of information for you to review at [www.hellofurther.com/learn](http://www.hellofurther.com/learn).

### HSA Contribution Limits

#### 2021 Limits

Single	\$3,600
Family	\$7,200
Catch Up (age 55+)	\$1,000

### You can enroll in an HSA if you are:

- ⇒ Enrolled in the Compass Health High-Deductible Health Plan (HDHP)
- ⇒ You cannot be claimed as a dependent on someone else's taxes
- ⇒ You have no other health coverage
- ⇒ You aren't enrolled in Medicare

### Did you know?

If you enroll in the HSA, you cannot also enroll in a full FSA. You can enroll in a limited FSA that can only be used for dental and vision expenses that you are not claiming under your HSA expenses.



# Supplemental Plans

Sun Life

Supplemental coverages can be purchased for yourself, your spouse, and your children. The plans have been upgraded and offer enriched benefits.

This is a voluntary plan; benefits are payable directly to you.

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**Accident** Helps to protect your finances after an accident. The plan pays cash for covered accidents and treatments. Plan offers a wellness screening benefit after having an eligible health screening.

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**Cancer** Insurance pays cash benefits if you were to receive a cancer diagnosis. Benefits are payable directly to you. Plan offers a wellness screening benefit after having an eligible health screening.

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**Critical Illness** Coverage provides a cash benefit when you or a dependent is diagnosed with a covered condition, like a heart attack or stroke. Plan offers a wellness screening benefit after having an eligible health screening.

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Note: Your annual Compass health fair results may be submitted for the wellness screening benefit under each supplemental plan.

# PAID TIME OFF AND PAID HOLIDAYS

Pay Levels 1-7	Hrs/Hire	Earned Monthly	Earned Annually	Maximum Accrual
0-1 years	12	.875 day	12 days	144 hours
1-2 years		1.25 days	15 days	180 hours
2-5 years		1.50 days	18 days	216 hours
5-10 years		1.75 days	21 days	252 hours
Over 10 years		2.25 days	27 days	324 hours

Pay Levels 8 & Up	Hrs/Hire	Earned Monthly	Earned Annually	Maximum Accrual
0-1 years	48	1.0 days	18 days	216 hours
1-2		1.50 days	18 days	216 hours
2-5		1.75 days	21 days	252 hours
5-10		2.00 days	24 days	288 hours
10+		2.25 days	27 days	324 hours

EMPLOYEE PAID HOLIDAYS	
New Year's Day	Thanksgiving Day
Martin Luther King Jr. Day	Friday after Thanksgiving*
Memorial Day	*ROH has additional Personal Holiday instead
Independence Day	Christmas Eve
Labor Day	Christmas Day
	Personal Holiday

# EMPLOYEE ASSISTANCE PROGRAM

## Alternatives EAP

Life can present complex challenges. As a Compass employee, you have access to resources to support you at no cost. Contacting Alternatives is easy, call them at 1-800-466-8282 and provide the access code of 8282. You can also visit them at [www.AlternativesEAP.com](http://www.AlternativesEAP.com), enter our company name (COMPASS HEALTH) and access code of 8282 to view online resources available. Up to 6 visits per event per year is available for employees and family members.

### Employee Assistance Program (EAP)

24/7 unlimited confidential assistance for personal matters you are experiencing. Resources are available for counseling via phone, video messaging, text, or in person. Under this program, you and your dependents have up to six visits with a counselor per event, per year.

### Confidential Personal Counseling

Short-term counseling is available to you and your eligible dependents through licensed counselors in your area. This covers a wide scope of issues, including: Family, parenting and relationship concerns, improving communication and self esteem, stress, anxiety, depression, alcohol, substance abuse,



### Legal Advice and Discounts

Confidential legal consults are available at no charge. If you are in need of legal representation, a 25% customer fee reduction is available.

- Divorce and Family Law
- Consumer and Bankruptcy Issues
- Landlord and Tenant Disputes
- Wills and Estate Planning

**Download the mobile app!**

**Company name: COMP**



# BETTER & BETTER WITH BALANCE

## YOUR WELLNESS PLAN

The BETTER & BETTER with Balance program, WellWorks for you, is a comprehensive wellness program designed to help you optimize your wellness goals. The program offers many tools to help you track your eating habits, fitness, sleep, and more! As a participant, you earn incentives by completing a health risk assessment, challenges, and e-learning series over many health topics, like heart health, smoking cessation, and mental well-being.

Compass Health Network also provides an annual health fair to all employees. During the health fair, you receive a finger stick cholesterol screening, which provides a reading for total cholesterol, HDL, LDL, Triglycerides, and Glucose. You will also be screened for blood pressure, weight, and body fat percentage. You are eligible to receive a free flu shot at your health fair screening appointment or during walk-in hours.

These resources are available at no cost through an online portal and mobile application. The program is not tied to health insurance premiums. Successful participants may be eligible for prizes and an annual wellness incentive of up to \$120!  
Contact [Amber Setzer](#) for more information.

# ADDITIONAL BENEFITS OFFERED

## Licensure Assistance

Compass provides funding for supervision hours and examination/licensure fees in exchange for a signed licensure agreement, agreeing to two (2) years of post-licensure employment. This is for full-time employees newly applying for professional licensure. The licensure supervisor must be an employee of Compass Health Network. *Contact HR to start the process.*

**NOTE: Compass also pays for any licensure renewal fees applicable to your position.**

## Family Medical Leave Act (FMLA)

If you have been employed with Compass for 12 months, you may be eligible for up to 12 work weeks of unpaid leave per year under the Family and Medical Leave Act (FMLA). FMLA can be used for an illness of your own, care needed for a family member, care for a newborn, and other medical needs. Contact [Margaret Orf](#) for more information.

## Tuition Reimbursement

Provides reimbursement to you as you pursue qualifying higher learning. Repayment up to a maximum of \$1,000 per year for selected staff after one (1) year of employment. Employees with less than three (3) years of service are eligible up to 50% of the benefit. Contact [Amber Setzer](#) for more information.

## Bereavement Leave

Full-time employees are given up to three (3) days paid leave for immediate family members. Please see the bereavement policy in PolicyStat to view eligible immediate family members.

## Mileage Reimbursement

Reimbursement rates are evaluated each quarter based on the average gas price in your region.

# CONTACT INFORMATION

Additional benefits information can be found on SharePoint.  
[Click Here](#) to view the SharePoint page

PLAN	PROVIDER	PHONE NUMBER	WEBSITE
Medical and Pharmacy	Blue Cross Blue Shield Blue KC	1-844-343-1505	www.bluekc.com
Dental	Standard Insurance Company	1-800-547-9515	www.standard.com/ dental
Vision	Standard Insurance Company	1-800-877-7195	www.vsp.com
FSA– Medical Expenses & Dependent Daycare	Further	1-800-859-2144	www.hellofurther.com
Health Savings Account	Further	1-800-859-2144	www.hellofurther.com
Life insurance	Standard Insurance Company	N/A	N/A
Disability	Standard Insurance Company	1-800-368-2859	www.standard.com
401K	The Standard Retirement Services	1-800-858-5420	www.standard.com/ retirement
Supplemental Plans	Sun Life	1-877-820-5306	N/A

# WHAT NOW?

In addition to this guide, we have placed an abundance of information in our benefits section on [SharePoint](#). You can access numerous flyers, plan guides, highlights, rate sheets and benefits videos. This information is available to you to review so you can make the best selections for you and any family members you will be covering. The benefits videos are meant to provide you detailed information on each benefit that we offer.



## Additional Questions?

Debby  
Rodriguez

[drodriguez@compasshn.org](mailto:drodriguez@compasshn.org) 660-890-8168

Ashley  
Silkwood

[asilkwood@compasshn.org](mailto:asilkwood@compasshn.org) 660-890-8096