AUSTEN RIGGS CENTER 2024 Benefit Highlights

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Benefit Highlights

Medical	*\$1000/\$2000 HMO Deductible NE	*\$3000/\$6000 HMO Deductible NE	*\$1000/\$2500 Preferred	Blue PPO
Carrier:	Blue Cross Blue Shield	Blue Cross Blue Shield	Blue Cross Blue Shield	
Eligibility:	Employees regularly scheduled 20+ hrs/week	Employees regularly scheduled 20+ hrs/week	Employees regularly sch	neduled 20+ hrs/week
Effective Date:	Date of hire, with status change or January 1st.	Date of hire, with status change or January 1st.	Date of hire, with status	change or January 1st.
*Deductible shared by Employee & Riggs	\$1000 Single / \$2000 Family	\$3000 Single / \$6000 Family	\$1000 Ind / \$2500 Fam \$	2000/\$5000 Out Network
Employee pays 1 st	\$500 Single / \$1000 Family	\$2000 Single / \$4000 Family	\$500 Single / \$1000 Fam	ily
Riggs pays 2 nd	\$500 Single / \$1000 Family	\$1000 Single / \$2000 Family	\$500 Single / \$1500 Family	
			IN-Network	Non-Network
Office Visit:	\$20/\$35 specialist	\$25/\$40 specialist	\$20	Deductible then 20% co-insurance
Emergency Room:	\$150	Deductible then \$250 per visit	\$150	\$150 deductible applies
RX 30-Day Retail Supply:	\$20/\$40/\$60	\$20/\$40/\$60	\$15/\$30/\$50	\$30/\$60/\$100
RX 90-Day Mail Order Supply:	\$40/\$80/\$180	\$40/\$80/\$180	\$30/\$60/\$150	Not available
Inpatient Hospital Services:	Deductible then 100%	Deductible then 100%	Deductible then 100%	Deductible then 20% co-insurance
Outpatient Hospital Services:	Deductible then 100%	Deductible then 100%	Deductible then 100%	Deductible then 20% co-insurance
MRI, CT, PET Scans:	Deductible then 100%	Deductible then \$200 per category per service date (X-rays, lab tests, other tests: Deductible then 100%)	Deductible then 100%	Deductible then 20% co-insurance
Out-Of-Pocket Maximum:	\$ 5,450 Individual \$10,900 Family	\$ 5,450 Individual \$10,900 Family	\$ 3,000 Individual \$75 \$ 6,000 Family \$15	500 OON 5000 OON
Full-time Employee Cost Per Pay Period (30+ hrs/wk)	Biweekly: Individual \$ 106.58 Double \$205.38 Family \$317.99	Biweekly: Individual \$57.18 Double \$110.22 Family \$170.65	Biweekly: Individual \$131.27 Double \$253.01 Family \$391.72	
Part-time (20 - 29.5+ hrs/wk). Please see Human Resources for part-time cost.				
Primary Care Physician (PCP) *Health Reimbursement Arrangement (HRA)	each covered dependent. Specialist care must be referred by your PCP.		You may direct your care to any physician or facility you prefer. Preferred providers "In -Network" will offer lower co-pay and discounted costs. Non-network services will be covered at the non-network level of benefits.	

PTO Benefits:

		Completion of:		
	Hire Date:	3 Years	10 Years	20 Years
Non-Exempt	3 weeks*	4 weeks*	5 weeks*	
MHW, TCP/Activities	4 weeks*		5 weeks*	6 weeks*
RN/Exempt(not listed elsewhere)	4 weeks*	5 weeks*	6 weeks*	
Management/Therapy	5 weeks*		6weeks*	7 weeks*

Extended Illness Benefit: Employees incapacitated for 3 or more consecutive days are eligible. Income protection time equivalent of 1 week is banked after 3 months of service. Thereafter 1 week of EIB becomes available each January.

* PTO time is pro-rated in any partial years of employment. Refer to PTO policy for details.

Dental	Dental Blue Program 2
Carrier:	Blue Cross Blue Shield
Eligibility:	Full-Time regular employee
Effective Date:	Date of Hire, when first eligible or January 1st
Calendar Year Deductible:	\$0 member / \$0 Family
Preventative Services: (Preventative and diagnostic)	Routine services once in 6 months
Basic Services: (Fillings, Root Canals, etc.)	80% coverage after deductible
Major Services: (Bridges, Crowns, etc.)	50% coverage after deductible
Calendar Year Maximum:	\$1,000
Orthodontics:	Not Covered
Employee Cost Per Pay Period:	Biweekly:Individual \$ 5.30Double \$ 11.18Family \$ 15.65
	For part-time employee rates 20-29 hours/ week, please see HR.

You are covered whether you select a BCBS participating dentist or one outside of the network. Using a BCBS participating dentist will save you money since their fee structure will be lower.

Flexible Spending Account

To help defray expenses such as medical/ dental co-pay or deductible expenses, vision care or dependent care expenses you may elect pre-tax payroll savings. Enrollment is available when you first become eligible and every January thereafter.

Maximums: Health Spending Account \$3,200 Dependent Care Spending \$5000

Life Coverage

Carrier:	New York Life	
Eligibility:	Full-time or part-time employee regularly scheduled to work a minimum of 20 hours a week for 3 consecutive months.	
Effective Date:	1st day after completing eligibility requirements	
Life Coverage:	Base Annual Salary*	
AD&D Coverage	Base Annual Salary*	
Cost:	100% paid by Austen Riggs Center	
*benefits reduce after age 65. See Human Resources for details.		

Observed Holidays

12 Holidays per year:

New Year's Day, Martin Luther King Day, President's Day, Patriot's Day, Memorial Day, Juneteenth, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving & Christmas

Carrier:	New York Life
Eligibility:	Full-time or part-time employee regularly scheduled to work a minimum of 20 hours a week and complete one year of service.
Effective Date:	1st day after meeting eligibility (new hire exceptions may apply)
Elimination Period:	90 days
Monthly Benefit:	60% of Base pay
Maximum Monthly Benefit:	\$5,000
Duration:	Age 65
Survivor Benefit:	Yes
Cost:	100% paid for by Austen Riggs Center
Additional Value Programs:	Cigna offers health and wellness discounts, will preparation and estate planning services for employees enrolled in long term disability benefits.

restrictions.

Retirement - 403(b)		
Туре:	403(b) Pre-tax Savings	
Effective Date:	Age 21 and a minimum of 1000 hours worked in the calendar year.	
Record Keeper:	Empowerl	
Employer Contribution:	5% of gross earnings.	
Employee Contribution*:	Pre-tax election	
Vesting:	5 Year - 100%	
Employee contributions & earnings are 100% vested immediately		

Vision	Blue 20/20 (BCBS)	
Carrier:	BCBS	
Eligibility:	Full-time & Part-time regular employee.	
Effective Date:	Date of hire or January 1st	
In-Network Benefits:		
Eye exam	\$10 copay, annually	
Frames	\$130 allowance, every 24 months	
Standard lenses	\$25 copay, single vision	
Contact lenses	\$130 allowance, every 12 months	
Cost:	Biweekly:Individual\$ 3.42Employee plus Spouse\$ 5.81Employee plus Children\$ 5.98Family\$ 9.40	

Please refer to Plan document for more detail on coverage.

Continuing Education

Fellows' Analysis Reimbursement:

Tuition Reimbursement:

Friday Night Guest Lecture Series:

Staff Development:

The Center supports the continuing education of its employees by providing various educational benefits

The Center provides an opportunity for a personal psychoanalysis as part of fellows' education experience. The Center bears a major portion of the cost of the analysis for the first 2 years. (\$36,000 or 300 hours).

Tuition assistance up to \$5000 per year is available to regular full-time employees (prorated for part-time employees). Courses must be related directly to the employee's current position in a degree/licensure or certification program.

The Center hosts a series to develop a broadly based psychoanalytic dialogue in Berkshire County.

Additional opportunities are available to help employees continue their professional growth and to maintain competency through mandatory training, on site education and training classes, in-house conferences, off site education, conferences and seminars and presentation of professional papers.

Payroll & Direct Deposit

Employees are paid bi-weekly for the prior two weeks. Employees may elect to have their paychecks deposited directly into their checking and/or savings accounts. The pay week runs Sunday through Saturday and paychecks/direct deposit are made on the Thursday after the pay period ends.

Bereavement

Employees with a death in the immediate family may be granted up to 5 days away from work with pay. Up to 2 days may be granted for the death of an extended family member.

Jury Duty

A regular employee who is called to serve on a jury or receives a subpoena to appear as a witness on a scheduled workday will be reimbursed the difference between the jury pay and the employee's standard salary when a court voucher is submitted.

Benefit Provider Contacts

Blue Cross Blue Shield (Medical & Dental)	1-800-486-1136
NY Life (Life & Long-Term Disability)	1-800-732-1603
HealthEquity (FSA & HRA)	1-877-924-3967;www.healthequity.com
Empower (403(b) Retirement)	1-855-756-4738 www.empower-retirement.com
TIAA-CREF 457 Retirement plan	1-800-842-2252: https://auth.tiaa.org/ public/authentication/securelogin

New York Life Group Benefit Solutions 24/7 Life Assistance Program

No cost to employee. Provides confidential assistance, information, or resources to help resolve life's challenges. 800-538-3543 www.nylgbs-lap.com

Personal Convenience

Dry Cleaning:	Weekly local dry cleaning pick-up and delivery is available.
Meals & Snacks:	The Center offers meals, beverages and snacks for all employees.
Library:	The Austen Fox Riggs Library supports staff and trainees in the provision of patient care, and serves as a research center for medical staff as well as for scholars from the surrounding community. The collection focuses on psychoanalysis and psychodynamic psychotherapy. The Library has a special place among the approximately 200 mental health libraries in the United States because of its firm adherence to a course of preserving and updating the literature and its clinical applications. Books may be signed out at any time.

Recognition & Center Events

The Center recognizes significant events during employment. Recognition criteria is designed to develop shared values, teamwork and a sense of pride in our work. Some examples:

- Service Anniversaries
- National Hospital Week Celebrations
- Fellow Graduation Dinner
- Special Efforts Gift certificates Employee Birthday Cards & Gifts
- External Recognition or Awards Reception Events.
- Publication Recognition

Human Resource Contacts

Jessica Arrowsmith	(413) 931-5206
Director of Human Resources	
Brittany Roy	(413) 931-5313
HR & Payroll Specialist	(415) 751-5515

Austen Riggs Center reserves the right to change or amend its policies at any time and for any reason without prior notice.