



# 2017 SUMMARY OF EMPLOYEE BENEFITS

## **WE ARE THE PEOPLE**

WE ARE PROFESSIONALS  
WE ARE CUSTOMER FOCUSED  
WE VALUE TEAMWORK  
WE SHOW  
LEADERSHIP





As a regular full time or regular part-time employee working 30 or more hours a week, you are eligible to participate in several generous benefit plans here at the American Chemistry Council. Listed below is a brief summary of the benefits offered by the Council.

## Health Benefits

### CareFirst BlueCross Blue Shield

www.carefirst.com

800-321-3497



The Council offers three healthcare plans through CareFirst. Your health coverage is effective on the **first day of the month following your date of hire**. For example, if your date of hire is January 20<sup>th</sup>, your health coverage is effective on February 1<sup>st</sup>. Below is an overview of the 2017 medical plan.

Medical Benefits Description	BlueChoice HMO		Blue Choice Opt-Out Plus POS		BluePreferred PPO	
	In-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	
<b>Annual Deductible</b>						
Employee Only	None	None	\$300	None	\$500	
Employee + Child(ren)	None	None	\$600	None	\$1,000	
Employee + Spouse	None	None	\$600	None	\$1,000	
Employee + Family	None	None	\$600	None	\$1,000	
<b>Annual Out-of-Pocket Maximum</b>						
Employee Only	\$1,300	\$1,300	\$2,000	\$1,500	\$3,000	
Employee + Child(ren)	\$2,600	\$2,600	\$4,000	\$3,000	\$6,000	
Employee + Spouse	\$2,600	\$2,600	\$4,000	\$3,000	\$6,000	
Employee + Family	\$2,600	\$2,600	\$4,000	\$3,000	\$6,000	
<b>Annual Out-of-Pocket Maximum - Pharmacy</b>						
Employee Only	\$4,500	\$4,500	Not Covered	\$4,500	Not Covered	
Employee + Child(ren)	\$9,000	\$9,000	Not Covered	\$9,000	Not Covered	
Employee + Spouse	\$9,000	\$9,000	Not Covered	\$9,000	Not Covered	
Employee + Family	\$9,000	\$9,000	Not Covered	\$9,000	Not Covered	
<b>Lifetime Maximum</b>	None	None	None	None	None	
<b>Office Visits (Illness)</b>						
Primary Care Physician	\$30 copay	\$10 copay	Deductible, then 20% of Allowed Benefit	\$20 copay	Deductible, then 20% of Allowed Benefit	
Specialist	\$40 copay	\$20 copay	Deductible, then 20% of Allowed Benefit	\$20 copay	Deductible, then 20% of Allowed Benefit	

Medical	BlueChoice HMO	Blue Choice Opt-Out Plus POS		BluePreferred PPO	
Benefits Description	In-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Office Visits (Preventive Care)</b>					
Routine Exams	No Charge	No Charge	Not covered	No Charge	Deductible, then 20% of Allowed Benefit
Routine GYN Visit	No Charge	No Charge	Deductible, then 20% of Allowed Benefit	No Charge	Deductible, then 20% of Allowed Benefit
Urgent Care Center	\$40 copay	\$20 copay	Deductible, then 20% of Allowed Benefit	\$20 copay	Deductible, then 20% of Allowed Benefit
Hospital Emergency Room	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay
Inpatient Hospital	\$300 per admission	No Charge	Deductible, then 20% of Allowed Benefit	No Charge	Deductible, then 20% of Allowed Benefit
Outpatient Hospital	No Charge	No Charge	Deductible, then 20% of Allowed Benefit	No Charge	Deductible, then 20% of Allowed Benefit
Routine Eye Exam (once every 12 months)	\$10 per visit	\$10 per visit	Not covered	\$10 at participating vision provider	Plan will reimburse up to \$33
Pharmacy	BlueChoice HMO	Blue Choice Opt-Out Plus POS		BlueChoice Advantage	
Benefits Description	In-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Retail Pharmacy (34 day supply)</b>					
Generic	\$15 copay	\$15 copay	\$15 copay	\$15 copay	Not covered
Formulary brand	\$35 copay	\$35 copay	\$35 copay	\$35 copay	Not covered
Non-formulary brand	\$60 copay	\$60 copay	\$60 copay	\$60 copay	Not covered
<b>Mail Order Pharmacy (90 day supply)</b>					
Generic	\$30 copay	\$30 copay	Not covered	\$30 copay	Not covered
Formulary brand	\$70 copay	\$70 copay	Not covered	\$70 copay	Not covered
Non-formulary brand	\$120 copay	\$120 copay	Not covered	\$120 copay	Not covered
Self-Injectables	50% coinsurance up to a maximum payment of \$200	50% coinsurance up to a maximum payment of \$200	Not covered	50% coinsurance up to a maximum payment of \$200	Not covered



## COST OF HEALTH INSURANCE

Listed below is the cost for healthcare based on the option you choose. These pre-tax deductions are withheld from your paycheck on a bi-weekly basis.

	BlueChoice HMO <i>Open Access</i>	BlueChoice Opt-Out <i>Plus Open Access</i>	Blue Preferred (PPO)
Employee Only	\$0	\$35.43/biweekly	\$65.73/biweekly
Employee + Child(ren)	\$28.89/biweekly	\$70.92/biweekly	\$114.70/biweekly
Employee + Spouse	\$36.18/biweekly	\$99.32/biweekly	\$131.53/biweekly
Family	\$57.89/biweekly	\$113.50/biweekly	\$177.64/biweekly

## Pharmacy Benefit

Generic Drugs	100% after \$15 Co-pay
Preferred Brand	100% after \$35 Co-pay
Non Preferred Brand	100% after \$60 Co-pay

## MAIL ORDER DRUGS

[www.caremark.com](http://www.caremark.com)



Receive a 90-day supply of prescription drugs for 2x retail co-pay, delivered to your address.

## VSP VISION PLAN BENEFITS

[www.vsp.com](http://www.vsp.com)

800-877-7195



Benefit maximum (per 12 month period) from a VSP Provider:

Eye Examinations and Prescription Eyeglass Lenses are covered in full:

- Single vision, lined bifocal and lined trifocal lenses and tint
- Polycarbonate lenses for dependent children

Frames

- Frame of your choice covered up to \$120.00
- 20% off any out of pocket costs

Contact Lens Care receives a \$120.00 allowance towards contacts and contact lens exam.

NOTE: The VSP benefit is provided free of charge to all ACC employees and to dependents enrolled in the CareFirst medical program\* and is effective on the first of the month coincident with or following your date of hire.

## Dental Insurance



### Delta Dental

[www.deltadentalins.com](http://www.deltadentalins.com)

800-932-0783

The Council offers dental insurance through Delta Dental. Your dental coverage is effective on the first day of the month coincident with or following your date of hire.

	In-Network	Out of Network
<b>Deductible</b>	\$0.00	\$50.00
<b>Cleanings</b>	2 per year @ 100%	2 per year @ 100%
<b>Basic Services</b>	90%	80%
<b>Major Services</b>	60%	50%
<b>Plan Year Maximum</b>	\$2,500	\$2,500

Orthodontia is covered at 50% with a lifetime maximum of \$2,500. This benefit is provided to both children and adults. These pre-tax deductions are withheld from your paycheck on a bi-weekly basis.

Plan Options	Per Pay Period Deductions
Employee Only	\$9.90
Employee Plus Child(ren)	\$19.81
Employee Plus Spouse	\$19.81
Family	\$19.81

## Flexible Spending Account (FSA)

Discovery Benefits

[www.discoverybenefits.com](http://www.discoverybenefits.com)



Flexible Spending Accounts allow you to put aside pretax dollars during the calendar year to help you save money on your eligible out-of-pocket medical and dependent care expenses. You may contribute up to an annual maximum of \$2,600 for approved medical expenses and up to \$5,000 for dependent care expenses. Due to modifications by the IRS of the long-standing “use-it or lose-it” rule applicable to health flexible spending accounts (FSA), employees will continue to have the flexibility to transfer up to \$500 of unused FSA dollars into the next plan year.

## Life Insurance

Sun Life Financial

[www.sunlife.com](http://www.sunlife.com)

800-862-6266



The Council provides you with life insurance coverage to protect the financial security of your beneficiaries in the event you pass away while employed at ACC. You are eligible to participate in this plan the first day of the month, coincident with or following your date of hire. The Life Insurance Plan provides you with basic coverage based on your annual salary. You are eligible for two (2) times your annual salary in Life coverage up to a maximum of \$600,000.00, and two (2) times your annual salary in Accidental Death and Dismemberment coverage up to \$600,000, at no cost to employees.

## Voluntary Life Insurance

Sun Life Financial

[www.sunlife.com](http://www.sunlife.com)

800-862-6266

If you elect to purchase supplemental life insurance, the Council will deduct the premiums from your paycheck.

	Employee	Spouse	Child(ren)
<b>Minimum</b>	\$10,000	\$5,000	\$2,000
<b>Maximum</b>	5x annual salary, up to \$500,000	50% of employee's benefits up to \$250,000	50% of employee's benefits up to \$10,000
<b>Guarantee Issue Amount</b>	5x annual salary, up to \$100,000	50% of employee's benefits up to \$30,000	50% of employee's benefits up to \$10,000

NOTE: Premium rates are based on age. Please see handout for more information.

## Disability



Sun Life Financial

[www.sunlife.com](http://www.sunlife.com)

800-862-6266

### Short Term Disability

The Council provides short-term disability to employees that experience a health condition requiring time away from the workplace for longer than five (5) business days for up to 90 calendar days based upon a physician's written documentation and approval by Sun Life. Employees will receive 90% of their base salary (up to \$5,200 per week) for 12 weeks, upon completion of a five (5) day waiting period.

### Long Term Disability

The Council provides employees with Long Term Disability (LTD) coverage to protect their financial security should they become medically disabled and lose their ability to financially support their family. Employees are eligible to participate in the LTD Plan the first of the month coincident with or following their date of hire. The LTD plan provides employees with continuation of their base salary should they become medically certified as disabled. Employees are eligible for the continuation of 60% of their salary in LTD earnings up to \$20,000 per month. This amount is reduced by their Social Security benefits and the amount they may be eligible to receive from other insured programs such as Unemployment Insurance and Workers' Compensation.





## Retirement Benefits

### Retirement Savings Plan

#### John Hancock Retirement Plan Services

www.bcomplete.com

800-294-3575



The Council Thrift/Deferred Compensation Plan and Trust 401(k) helps employees save money for their future through the convenience of payroll deduction. The plan also offers these advantages:

- Tax-deferred contributions
- Roth contributions
- Immediate vesting
- An employer match (described below)
- Profit Sharing
- Tax-deferred earnings
- Flexibility in contribution amount
- A variety of investment options
- Access to your account over the telephone and Internet, 24 hours a day

All regular full-time and part-time employees are eligible to participate in the Plan. All staff may enroll in the plan upon your date of hire. Your deductions will begin as soon as administratively possible.

Employee contributions may be any whole percentage of gross pay from 1% to 80% based on IRS limitations. The IRS sets a maximum contribution limit for this type of plan, which is adjusted periodically. The maximum employee contribution amount for 2017 is \$18,000. The catch-up contribution amount for employees at least age 50 in 2017 is \$6,000.

The Council will contribute \$1.00 for every \$1.00 you contribute, up to 6% of employee compensation.

### Profit Sharing Plan

The Council will automatically contribute 6% of your compensation to the Retirement Savings Plan whether or not you are contributing to the plan. **This contribution is fully paid by ACC and will be immediately 100% vested.**

## Leave Benefits

### Paid Time-off

The Council provides Paid Time-off (PTO) to regular full-time and regular part-time employees, and encourages annual use of accrued vacation for the physical and mental well-being of staff.

All employees begin accruing paid PTO on the first day of a pay period. PTO is accrued per pay-period, based on length of service and employment classification.

Temporary employees and employees generally working less than 20.00 hours per week on a regular continuous basis are not entitled to accrue vacation benefits.

PTO is accrued based on years of service. All eligible employees accrue PTO in accordance with the charts below.

### Regular, Full-Time Employee

Length of Service	Employee's Maximum Annual Accrual by Days	Employee's Per Pay-Period Accrual Rate
Less than one year of service	18 Days	5.19 Hours
After the completion of one year of service	20 Days	5.77 Hours
After the completion of four years of service	25 Days	7.21 Hours
After the completion of nine years of service	30 Days	8.65 Hours



### Employee Assistance Program (EAP)

The Council offers all employees and their immediate family members a mechanism for securing support and assistance with personal issues through the ComPsych® Employee Assistance Program (EAP). All employees have access to confidential EAP services 24 hours a day, 365 days a year, for a wide range of personal issues including: family or job concerns, legal and financial worries, parenting and child care needs, alcohol or drug abuse questions or problems, and emotional or stress related issues.

There is no charge for EAP services. In some cases, referrals to service providers outside the EAP may be recommended.

## Tuition Assistance Program

The Council offers tuition assistance to assist employees in obtaining additional education that will enhance competence in their current positions or help them become more competitive for other opportunities that may occur within the Council.

Tuition assistance is available to full-time employees, and to part-time employees on a pro-rated basis, for degree or certificate programs, such as:

- College courses related to the employee's current degree program
- College courses needed to complete a degree related to jobs at the Council
- Technical/vocational courses, in accredited institutions, related to jobs at the Council

Tuition assistance is dependent on the availability of budget funds and is not a guaranteed benefit. Eligible staff will be reimbursed the cost of registration, tuition, and laboratory fees up to \$2,500 per calendar year for undergraduate and technical/vocational courses and \$3,500 per calendar year for graduate courses.

## Commuter Subsidy

The Council provides an \$80.00 monthly commuter subsidy for Metro, MARC or VRE. Employees must complete a SmartTrip Card Enrollment Form and specify the amount of the subsidy that should be used for transit, parking or a combination of the two as well as to designate additional monies (if any) that should be withheld for commuting costs.



## Fitness Center

The Council provides employees' access to utilize an onsite fitness center, at no charge. The fitness center, located in the D.C. Office and the CHEMTREC office, has state-of-art equipment and is open 24 hours a day, 7 days a week.

## Yoga at Work\*

The Council provides employees access to yoga classes at work. There are three class offerings per eight week session, held every Thursday. The Council subsidizes 50% of the fees.

Offering	Cost	Subsidized Cost
8 Week Session	\$120	\$60

\*Available in the D.C. Office location

## Capital BikeShare



The Council covers the cost of the annual membership fee to join Capital BikeShare. Bicycles are conveniently located outside of the 700 Second Street building as well as throughout the District, Maryland and Virginia. Employees are responsible for the daily cost incurred when renting the bicycle.

## ZipCar

As an ACC employee you are entitled to the following program incentives:



- No application fee (regularly \$25)
- Reduced annual membership fee – just \$35 (regularly \$70)
- Discounted daily rates
- Gas, insurance and 180 miles of complimentary mileage
- Access to over 900 cars in the metro DC area and 11,000 worldwide

To take advantage of this program, go to <https://www.zipcar.com/ACC-Employees> to register.

700 2nd Street, NE  
Washington, DC 20002  
(202) 249-7000  
[www.americanchemistry.com](http://www.americanchemistry.com)



