

2023 Benefits at a Glance

Core Benefits

Bellwether Housing provides the following core benefits at no cost to you if you work 20 or more hours per week:

Life/AD&D Insurance

- One times your annual base salary
- Up to \$150,000 benefit maximum

Long-Term Disability Insurance

- 60% of your monthly pre-disability earnings
- \$10,000 monthly maximum
- Tax free benefit at time of claim

Employee Assistance Program (EAP)

- Up to 3 face to face sessions, per issue, per year. Counselors can help with work/life balance, family and relationship issues

Choice Benefits

Bellwether housing pays 95% of the employee cost for the Core HMO or Access PPO Buy-Up plan cost options and 100% of the cost for the HDHP/HSA PPO plan. Bellwether also covers generous portions of the premiums for an employee's spouse or domestic partner, and children. Eligible dependents for medical, dental and vision coverage are your spouse or domestic partner and dependent children up to age 26.

Medical Coverage- Kaiser Permanente three options

- Access PPO Buy- Up Plan \$750 deductible (in and out of network benefits)
- HDHP/HSA PPO Plan \$1,500 deductible (in and out of network benefits)
- Core HMO \$500 deductible (in-network only)

Dental Coverage- Delta Dental

- Plan pays \$2,000 yearly per person.
- Preventive - 100%, Basic - 80%, Major - 50%
- Orthodontia \$1,500 lifetime maximum

Vision Coverage- Vision Service Plan

- Exams, glasses (\$150 allowance) or contacts (\$130 allowance) paid each year
- In and out of network benefits payable



BELLWETHER
H O U S I N G

OVER

Additional Choice Benefits

Health Reimbursement Account (HRA)

- Provided to those enrolled on the Core HMO plan
- Bellwether contributes \$500 for an individual or \$1,000 if enrolled with one or more dependents
- First dollar HRA for eligible medical expenses that run through the medical plan (copays, coinsurance, deductible expenses)
- HealthEquity is the Plan Administrator

Health Savings Account (HSA)

- Must be enrolled in the HDHP plan
- Bellwether contributes \$100 monthly for an individual or \$200 monthly if enrolled with any dependents. Contributions will be at the beginning of each quarter.
- IRS total yearly maximum contributions allowed at \$3,650 individual/\$7,300 family. \$1,000 additional deposit is allowed if you are age 55 or older
- Money rolls over each year (the funds are not “use it or lose it”)
- HealthEquity is the Plan Administrator

Optional Benefits

Voluntary coverage to meet your needs where most benefits are 100% employee paid

Voluntary Life/AD&D Insurance

- Coverage available for you, your spouse and dependent child(ren)

Health Care Flexible Spending Account (FSA)

- \$3,050 annual maximum election
- To pay for health care expenses
- \$610 annual rollover amount

Dependent Care Flexible Spending Account

- \$5,000 annual maximum
- See your Benefit Guide for more information

403(b) Retirement Plan

- You may contribute pre-tax or post-tax (Roth) up to the maximum amount allowed by law.
- At the beginning of the calendar quarter following one year of employment, Bellwether Housing will match employee contributions equal to 100% match on the first 3% of your salary deferral and a 50% match on the next 2% of your salary deferral up to 4% of your pay.
- Participants may customize their portfolio or select an appropriate “Model Portfolio” which meets their investment objectives and risk tolerance. The default fund holds a diversified mix of stocks and bonds. This mix shifts from riskier investments to more conservative investments as your target retirement date draws closer.
- Amounts contributed to the Plan by both you and Bellwether Housing are subject to a 2-year vesting schedule.



COST OF YOUR BENEFITS

January 1, 2022 - December 31, 2022

Listed below is the monthly cost to enroll in our benefit plans. These rates are valid from January 1, 2022 through December 31, 2022.

Medical/Rx	Core HMO Plan	Buy-Up Access PPO Plan	HDHP/HSA Access PPO
	You Pay	You Pay	You Pay
Employee	\$31.88	\$37.72	\$0.00
Employee + Spouse/DP*	\$282.00	\$404.55	\$149.40
Employee + Child(ren)	\$133.90	\$158.42	\$90.35
Employee + Family	\$390.39	\$532.80	\$245.39

	Dental
	You Pay
Employee	\$5.18
Employee + Spouse/DP*	\$61.40
Employee + Child(ren)	\$21.24
Employee + Family	\$77.41

	Vision
	You Pay
Employee	\$0.84
Employee + Spouse/DP*	\$5.88
Employee + Child(ren)	\$1.90
Employee + Family	\$10.31

*DP = Domestic Partner