



## BENEFITS SUMMARY/GENERAL INFORMATION

**A Detailed description of benefits can be found in the CSHA Employee Benefits Enrollment Guide**

<b>MEDICAL INSURANCE</b>	Employee may choose from multiple tiers of coverage from option plans for themselves and dependents. CSHA provides 80% of the cost.
<b>DENTAL INSURANCE</b>	Employees may choose from Ameritas Dental for themselves and dependents. CSHA provides 80% towards the cost of premium.
<b>VISION CARE INSURANCE</b>	Employees may choose between EyeMed and VSP for vision insurance. Employees may choose the coverage for the employee and their family. Employee pays the entire cost of this benefit.
<b>BASIC LIFE/AD&amp;D INSURANCE</b>	Employer provides 1.5x annual base salary of life/AD&D insurance with a maximum of \$250,000 in life benefit. CSHA provides the cost of premium for employees.
<b>BASIC DEPENDENT TERM LIFE INSURANCE</b>	Basic Term Life coverage of \$5,000 is provided to all CSHA employees without cost by HAI (written with UNUM. Policyholder is Housing Authority Insurance, Inc.)
<b>VOLUNTARY LIFE/AD&amp;D INSURANCE</b>	Participation in this plan provides coverage for the employee, spouse and/or dependent children. Employee pays the entire cost of this benefit.
<b>PERA STD INSURANCE &amp; DISABILITY RETIREMENT</b>	PERA provides members having five or more years of earned PERA service credit with a two-tier disability program. One tier is a short-term disability plan which provides a maximum salary replacement of 60% and vocational rehabilitation after a 60-day qualifying period. The other tier is a disability retirement benefit based on employee's highest average salary and service credit. The monthly benefit continues if employee is totally and permanently incapacitated from regular and substantial gainful employment.
<b>RETIREMENT</b>	Participation in the Public Employees Retirement Association (PERA) is mandatory in lieu of employee's contribution to Social Security. Employee contributes 9%; CSHA contributes 11% to PERA, 2.2% to PERA AED, and 1.5% to PERA SAED and .06% to DC Supplement for a total Employer Contribution of 14.76%. Employees hired after March 1, 1986, contribute 1.45% of taxable gross wages to Medicare.
<b>VOLUNTARY SUPPLEMENTAL RETIREMENT PLANS</b>	In addition to PERA, Employee may contribute to a voluntary supplemental retirement plan with as little as \$1.00 per pay period. Investment plans available include PERA 401(k)
<b>COBRA</b>	If employment terminates, employee and covered dependents have the right to continue group health coverage (medical, dental, and vision). Employee/Dependent pays entire premium and a 2% administration fee.
<b>PERSONAL DAY</b>	Employees are provided one 8-hour personal day each year to be used for health or family needs.

<b>ANNUAL LEAVE</b>	Effective the first pay date in January of each year 100% of regular, full-time employee's vacation will be placed in their vacation bank. Vacation received is based on years of service. A new employee will receive 88 hours of vacation upon completing 6 months of employment. Employees are required to use 75% of allotted hours each year. Upon resignation/termination/retirement, employees will receive a payout prorated on the number of months worked during that year.
<b>SICK LEAVE</b>	Leave provided in the event time off is needed for health reasons for employee. Employee is provided sick leave in the amount of 96 hours which is placed in their sick bank for use through the year. Sick leave forfeited when employment terminates. Under the Healthy Families and Workplace Act, new employees will begin accruing sick leave immediately at a rate of 3.69 per pay period. At 6 months, the new employee will receive the balance of their sick leave load up to 96 hours. Employee's sick leave accumulation in excess of 960 hours will be paid out annually in January at a rate of four-to-one.
<b>HOLIDAY LEAVE</b>	CSHA observes the following paid holidays per calendar year: NewYear's day, Martin Luther King Day, President's Day, Memorial Day, Juneteenth, Independence Day, Labor Day, Veterans Day, Thanksgiving and Christmas.
<b>FUNERAL LEAVE</b>	Provides up to 40 hours of paid leave at the time of death of a family member or other person. Amount of leave granted is based on the relationship to the deceased and the distance and mode of transportation to the funeral.
<b>MILITARY LEAVE</b>	Provides up to 15 paid workdays in a calendar year to permanent employees who are members of the National Guard, military reserves, or National Disaster Medical Service to attend the annual encampment or equivalent training or who are called to active service, including declared emergencies. Unpaid leave is granted after exhaustion of the 15 workdays; however, employee may request the use of annual leave before being placed in unpaid leave. Employee is entitled to the same position or a like position with reinstatement of pay, seniority, rights and benefits as provided by statute. When unpaid, this leave is not a break in service.
<b>FAMILY MEDICAL LEAVE (FMLA)</b>	Employees with one year of total state service and who have worked 1250 hours within the 12 months prior to the date that leave is to begin are eligible for up to 480 hours of leave (paid or unpaid based on circumstances and leave balances available) for the birth and first year care of that employee's child; placement and first year care of an adopted or foster child; during the serious illness of employee, spouse, child, or employee's parent; active duty family leave is granted to an eligible employee when a parent, child, or spouse experiences a qualifying exigency directly related to being called to, or on active duty for a contingency operation. In addition, up to 1040 hours of leave is granted to eligible employees who are a military caregiver leave is granted to care for a parent, child, spouse, or next of kin (nearest blood relative) who suffers a serious injury or illness in the line of duty while on active duty in support of a contingency operation.
<b>LEAVE SHARING (Vacation Donation)</b>	Allows an employee with one year of employment who is experiencing a catastrophic medical hardship, to request the voluntary transfer of annual leave from another qualifying employee. All personal accrued leave must be exhausted, and employee may not be receiving STD or Worker's Comp benefits.
<b>JURY LEAVE</b>	Provides paid leave for jury duty.

<b>WORKER'S COMPENSATION</b>	Provides reimbursement for time loss, medical expenses, and rehabilitation associated with work-related injury or illness. Accidents must be reported to the Human Resources Office within 10 working days.
<b>LIFE ASSISTANCE PROGRAM</b>	CSHA offers free, confidential and professional services to employees and/or family members, dependents and any other person residing in their household by providing a professional assessment, referral, and short-term counseling service. Telephone number is 1.800.538.3543
<b>DIRECT DEPOSIT</b>	Payday is bi-weekly on Friday unless otherwise stated. All employees must be on direct deposit.
<b>STAFF ID CARD</b>	Employee ID cards can be obtained from IT and must be on-person and presented as needed to be identified as essential personnel.
<b>PERSONNEL POLICY MANUAL</b>	All Employees will receive a copy of the most current Personnel Policy Manual (PPM).
<b>CSHA ALERT</b>	Employee will need to set-up their cell phone by text to receive emergency notifications i.e., weather delays and closures and other CSHA information.
<b>QUESTIONS?</b>	Contact your Human Resources Office, (719) 387-6730

***Important Note:*** *The information provided in this chart provides you with a broad overview of your insurance and leave benefits. Please refer to the CSHA Employee Benefits Enrollment Guide and benefit plan descriptions for additional information and specific detail.*

**2024 Medical Local Plus Base**

CIGNA	Total Premium Cost	Employee Monthly Amount	Employer Monthly Amount	Employee Bi-Weekly Deduction	Employer Bi-Weekly Payment	Employee Annual Contribution	Employer Annual Contribution	Total Annual Contribution Per Premium Type	Employee %	Employer %
Employee	\$972.26	\$194.45	\$777.81	\$97.23	\$388.90	\$2,333.42	\$9,333.70	\$11,667.12	20.00%	80.00%
Employee & Spouse	\$2,041.57	\$408.31	\$1,633.26	\$204.16	\$816.63	\$4,899.77	\$19,599.07	\$24,498.84	20.00%	80.00%
Employee & Child (ren)	\$1,847.19	\$369.44	\$1,477.75	\$184.72	\$738.88	\$4,433.26	\$17,733.02	\$22,166.28	20.00%	80.00%
Family	\$2,916.50	\$583.30	\$2,333.20	\$291.65	\$1,166.60	\$6,999.60	\$27,998.40	\$34,998.00	20.00%	80.00%

**2024 Medical OAP Choice Buy Up**

CIGNA	Total Premium Cost	Employee Monthly Amount	Employer Monthly Amount	Employee Bi-Weekly Deduction	Employer Bi-Weekly Payment	Employee Annual Contribution	Employer Annual Contribution	Total Annual Contribution Per Premium Type	Employee %	Employer %
Employee	\$1,112.21	\$222.44	\$889.77	\$111.22	\$444.88	\$2,669.30	\$10,677.22	\$13,346.52	20.00%	80.00%
Employee & Spouse	\$2,335.65	\$467.13	\$1,868.52	\$233.57	\$934.26	\$5,605.56	\$22,422.24	\$28,027.80	20.00%	80.00%
Employee & Child (ren)	\$2,113.17	\$422.63	\$1,690.54	\$211.32	\$845.27	\$5,071.61	\$20,286.43	\$25,358.04	20.00%	80.00%
Family	\$3,336.69	\$667.34	\$2,669.35	\$333.67	\$1,334.68	\$8,008.06	\$32,032.22	\$40,040.28	20.00%	80.00%

**2024 Dental**

Ameritas Dental	Total Premium Cost	Employee Monthly Amount	Employer Monthly Amount	Employee Bi-Weekly Deduction	Employer Bi-Weekly Payment	Employee Annual Contribution	Employer Annual Contribution	Total Annual Contribution Per Premium Type	Employee %	Employer %
Employee	\$37.48	\$7.50	\$29.98	\$3.75	\$14.99	\$89.95	\$359.81	\$449.76	20.00%	80.00%
Employee & Spouse	\$70.20	\$14.04	\$56.16	\$7.02	\$28.08	\$168.48	\$673.92	\$842.40	20.00%	80.00%
Employee & Child (ren)	\$97.56	\$19.51	\$78.05	\$9.76	\$39.02	\$234.14	\$936.58	\$1,170.72	20.00%	80.00%
Family	\$137.40	\$27.48	\$109.92	\$13.74	\$54.96	\$329.76	\$1,319.04	\$1,648.80	20.00%	80.00%

**2024 Vision**

VSP	Total Premium Cost	Employee Monthly Amount	Employer Monthly Amount	Employee Bi-Weekly Deduction	Employer Bi-Weekly Payment	Employee Annual Contribution	Employer Annual Contribution	Total Annual Contribution Per Premium Type	Employee %	Employer %
Employee	\$12.56	\$12.56	\$0.00	\$6.28	\$0.00	\$150.72	\$0.00	\$150.72	100.00%	0.00%
Employee & Spouse	\$20.08	\$20.08	\$0.00	\$10.04	\$0.00	\$240.96	\$0.00	\$240.96	100.00%	0.00%
Employee & Child (ren)	\$20.52	\$20.52	\$0.00	\$10.26	\$0.00	\$246.24	\$0.00	\$246.24	100.00%	0.00%
Family	\$33.04	\$33.04	\$0.00	\$16.52	\$0.00	\$396.48	\$0.00	\$396.48	100.00%	0.00%

**EyeMed**

EyeMed	Total Premium Cost	Employee Monthly Amount	Employer Monthly Amount	Employee Bi-Weekly Deduction	Employer Bi-Weekly Payment	Employee Annual Contribution	Employer Annual Contribution	Total Annual Contribution Per Premium Type	Employee %	Employer %
Employee	\$8.32	\$8.32	\$0.00	\$4.16	\$0.00	\$99.84	\$0.00	\$99.84	100.00%	0.00%
Employee & Spouse	\$15.80	\$15.80	\$0.00	\$7.90	\$0.00	\$189.60	\$0.00	\$189.60	100.00%	0.00%
Employee & Child (ren)	\$16.64	\$16.64	\$0.00	\$8.32	\$0.00	\$199.68	\$0.00	\$199.68	100.00%	0.00%
Family	\$24.44	\$24.44	\$0.00	\$12.22	\$0.00	\$293.28	\$0.00	\$293.28	100.00%	0.00%