

*Berkshire Housing
Development
Corporation*



*Benefit
Overview*



Benefit Highlights



The employee benefits made available to you through Berkshire Housing Development Corporation have evolved by listening to our people, and by making it a top priority to offer you the most comprehensive benefit package possible. The following is a brief overview of your benefit package. For more complete information including summary plan descriptions, please see our Human Resource Coordinator.

Medical

Carrier:	Health New England
Plan Type:	HNE Essential 500
Effective Date:	1st of the month following date of hire
Group #:	116023
Office Visit:	\$20 Co-payment
Emergency Room:	\$100 Co-payment
Rx 30 Day Supply:	\$10 Generic \$30 Preferred Brand \$60 Non-Preferred Brand
Rx 90 Day (Mail Order) Supply:	\$20 Generic \$60 Preferred Brand \$180 Non-Preferred Brand
Inpatient Hospital Services:	100% after deductible
Outpatient Hospital Services:	100% after deductible
X-Rays, MRI, CT, PET Scans :	100% after deductible
Plan Year Deductible:	\$500 Single \$1,000 Family
Employee Cost/Bi-weekly Pay Period:	
Employee:	\$58.21
Employee + one:	\$115.92
Family:	\$174.08

Dental

Carrier:	Guardian	
Plan Type:	In-Network	Out-of-Network
Effective Date:	1st of the month following date of hire	
Group #:	445588	
Preventative Services: (Preventive and Diagnostic)	100%	100%
Basic Services: (Fillings, Root 130Canals, etc.)	100%	80%
Major Services: (Bridges, Crowns, etc.)	60%	50%
Calendar Year Deductible:	\$50 Individual \$150 Family Waived for Preventative Services	
Maximum Benefit:	\$1,500 per Calendar Year	
Orthodontics Benefit:	50% to age 19 \$1,000 Lifetime Maximum	
Employee Cost/Bi-weekly Pay Period:		
Employee:	\$0.00	
Employee + one:	\$15.29	
Family:	\$40.22	

Basic Life & AD&D

Carrier:	Guardian
Group #:	445588
Effective Date:	1st of the month following date of hire
Basic Coverage:	\$10,000
AD&D Coverage:	Provides an additional benefit equal to your life insurance
Contributions:	Employer Paid

Supplemental Life

Carrier:	Guardian	
Group #:	445588	
Effective Date:	1st of the month following date of hire	
Coverage:	Employee:	\$20,000, \$50,000, \$100,000, \$150,000
	Spouse:	\$75,000 maximum at 50% of employee's coverage
	Children:	\$10,000 maximum at 10% of employee's coverage, based on age
Contributions:	Employee Paid	





Disability

Short Term Disability

Carrier:	Guardian
Effective Date:	1st of the month following date of hire
Group #:	445588
Elimination Period:	30 Days Accident 30 Days Illness
Weekly Benefit	60% of Salary
Weekly Maximum:	\$750
Benefit Duration:	9 weeks
Contributions:	Employer Paid
Pre-Existing Clauses:	None

Long Term Disability

Carrier:	Guardian
Effective Date:	1st of the month following date of hire
Group #:	445588
Elimination Period:	90 Days
Monthly Benefit	60% of Salary
Monthly Maximum:	\$5,000
Benefit Duration:	To Age 65 or SSNRA
Contributions:	Employer Paid
Pre-Existing Clauses:	6/24 months*
* Any condition treated up to 6 months prior to effective date of coverage will not be a covered benefit until coverage has been in force 24 months.	

Flexible Spending Accounts

Pay for the following items with TAX-FREE Dollars:

- *Dependent Care Expenses: Up to \$5,000 per year maximum
- *Out-of-pocket Health Care Expenses: Up to \$2,500 per year maximum
- *Qualified Transportation Expenses:
 - Parking: \$215 monthly maximum
 - Transit: \$110 monthly maximum

Employee Assistance Telephone Numbers

John P. Quinto (Broker--Colt Insurance)	413-445-5648
Health New England (Medical)	800-842-4464
Guardian Dental	888-600-1600
Guardian (Life, LTD, STD)	888-600-1600
Work Life Matters (Guardian EAP)	800-386-7055
John F. McAvoy (401k)	781-453-9600
Ameriflex (Flexible Spending Accounts)	888-868-3539
www.flex125.com	

401k

Effective Date:	Minimum of one (1) year from date of hire with entry in plan on 1/1 or 7/1
Mutual Fund Provider:	Vanguard, American and Ariel Funds
Employer Contribution:	100% match of first 3% of contributions, 50% of next 2% of contributions
Employee Contribution:	As outlined by IRS regulations
Vesting:	Employee contribution - Immediate Employer contribution - 6 years
Pension Contribution:	Varies per plan year

Paid Holidays

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

Sick Days

Seven (7) Per Calendar Year, Maximum accrual is 45 days.

Personal Days

Three (3) Sick Days can be converted each year into Personal Days.

There is no accrual of Personal Days

Vacation

1-3 Years	10 Days (Accrues 5/6 day per month)
4-10 Years	15 Days (Accrues 1 1/4 days per month)
11+ Years	20 Days (Accrues 1 2/3 days per month)
Maximum accrual is 25 days	

Tuition Reimbursement

After one year of employment, \$1,000 maximum per calendar year. Written approval must be obtained by the Vice President of Finance & Administration. This program is available for full-time employees only.



Colt Insurance Agency

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