

Berkshire Housing



Benefits Overview

Benefit Highlights



The employee benefits made available to you through Berkshire Housing 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:	Blue Cross Blue Shield of Massachusetts
Plan Type:	Premier Value HMO
Effective Date:	1st of the month following date of hire
Group #:	4039482
Office Visit:	\$25 Co-payment
Emergency Room:	\$100 Co-payment
RX 30 Day Supply:	\$15 Generic \$30 Preferred Brand \$50 Non-Preferred Brand
RX 90 Day (Mail Order) Supply:	\$30 Generic \$60 Preferred Brand \$100 Non-Preferred Brand
Inpatient Hospital Services:	\$1,000 Co-payment
Outpatient Hospital Services:	\$250 Co-payment
MRI, CT and PET Scans:	\$150
Calendar Year Out-of-Pocket Maximum**:	\$1,000 Single \$2,000 Family
<small>** (Applies to same day surgery co-pay & ER only)</small>	
Employer Contribution:	75%
Employee Cost/Bi-weekly Pay Period:	
Employee:	\$ 52.37
Employee + One:	\$100.94
Family:	\$156.28

Dental

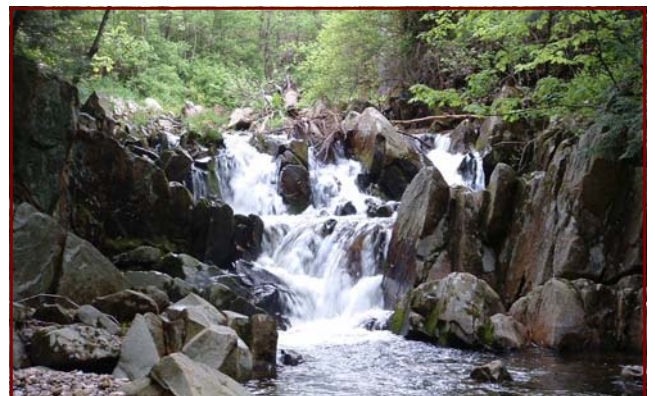
Carrier:	Guardian
Plan Type:	PPO
Effective Date:	1st of the month following date of hire
Group #:	415406
Preventative Services: (Preventative and Diagnostic)	100%
Basic Services: (Fillings, Root Canals, etc.)	80%
Major Services: (Bridges, Crowns, etc.)	50%
Calendar Year Deductible:	\$50 Individual/\$150 Family Waived for Preventative Services
Maximum:	\$1,500 per Calendar Year
Orthodontics:	50% To age 19 \$1,000 Lifetime Maximum
Employee Cost/Bi-weekly Pay Period:	
Employee:	\$0
Employee + One:	\$16.51
Family:	\$34.63

Basic Life & AD&D

Carrier:	Mutual of Omaha
Group #:	G000714F
Effective Date:	1st of the month following date of hire
Basic Coverage:	\$10,000
Contributions:	Employer Paid

Supplemental Life

Carrier:	Mutual of Omaha
Group #:	G000714F
Effective Date:	1st of the month following date of hire
Coverage:	Employee: \$10,000 Increments, not to exceed 5 x salary, max. of \$205,000
	Spouse: \$50,000 maximum at 50% of employee's coverage
	Children: \$10,000



Employee Assistance Telephone Numbers

Blue Cross Blue Shield of Massachusetts (Medical & Dental)	800-358-2227
Mutual of Omaha (Life, LTD, STD)	800-541-7846
John F. McAvoy (401K)	781-453-9600
Baystate Benefit Services (Flexible Spending Accounts)	800-601-3570



Disability

Short Term Disability

Carrier:	Mutual of Omaha
Effective Date:	1st of the month following date of hire
Group #:	G000714F
Elimination Period:	30 Days Accident 30 Days Illness
Weekly Benefit:	60% of Salary
Weekly Maximum:	\$750
Duration:	9 Weeks
Contributions:	Employer Paid
Pre-Existing Clauses:	None

Long Term Disability

Carrier:	Mutual of Omaha
Effective Date:	1st of the month following date of hire
Group #:	G000714F
Elimination Period:	90 Days
Monthly Benefit:	60% of Salary
Max. Monthly Benefit:	\$5,000
Duration:	To age 65 or SSNRA
Survivor Benefit:	3 times last monthly payment
Contributions:	Employer Paid
Pre-Existing Clauses:	3/12 months*

* Any condition treated up to 3 months prior to effective date of coverage will not be a covered benefit until coverage has been in force 12 months.

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.

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:	20% 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

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 \$2,400 per year maximum
- * Qualified Transportation Expenses:
 - Parking: \$215 monthly maximum
 - Transit: \$110 monthly maximum

Tuition Reimbursement

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

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 per month)
Maximum accrual is 25 days

