Eligibility

All full-time and part time USAID GHSI-I contractor employees are eligible to participate in medical, dental, vision, Disability, life, accidental death and dismemberment (AD&D), and retirement benefit plans. They are provided the flexibility to choose the package of benefits that makes the most sense for their personal circumstances and have an option to make changes to those plans each year during annual enrollment. Many of these choices are offered on a pre-tax basis (cafeteria plan) which provides additional cost savings to the plan participants.

Effective Date

There is no pre-existing condition limitation in the medical, dental, vision, or life insurance plans. There is a 3 month pre-existing period in the disability plans.

Medical

Cost share

Individual coverage provided under the Domestic and International Medical Plans is 100% Employer paid.

All other tiers of coverage (employee + spouse or children or family) is 90% employer paid / 10% employee paid.

Domestic

There are two medical plan options: In-Network Only, or In-Out-Network. Both plans feature a network of nationwide providers that are easy to find even when traveling for business or vacation.

Under the In-Network only plan, there is no primary care physician (PCP) or referral requirement and members may see any participating provider. There is no annual deductible and all covered expenses are paid in full after a small member co-payment.

The In-Out-Network plan allows for the flexibility of going outside the network when you need medical care. There is no PCP or referral requirement and most doctor office visits are covered after a small co-payment while in-patient care is covered at a percentage (co-insurance) after the annual deductible is met.

In addition to the In-Network and In-Out-Network plan options, an HMO plan is offered to employees. Under the HMO, a referral is required and all care is coordinated through a PCP. Most covered services are paid after a small co-payment and appropriate referral.

Pharmaceutical

Prescription drug coverage is automatically included in all medical plans. Three tiered co-payment plan for generic, preferred and non-preferred.

The following chart summarizes the Domestic medical plan benefits offered.

Benefit Highlights	In-Network Member pays	In-Out-Network Member pays	HMO Member pays
Annual Deductible			

Individual Family	No deductible No deductible	$400 / $800 $800 / $1,600	No deductible No deductible
Annual Out-of-Pocket Maximum Individual Family	Unlimited Unlimited	$2,000 / Unlimited $4,000 / Unlimited	$3,500 $9,400
Co-insurance Levels	N/A	20% / 40%	N/A
Doctors Office **Specialist*** **	$20 co-pay $30 co-pay	$20 co-pay /40% after deductible $30 co-pay /40% after deductible	$15 co-pay $25 co-pay
Routine X-Rays / Lab With Office Visit With Outside Hospital or Lab Facility	No charge No charge	No charge 20% / 40% After deductible	No charge No charge
Hospital care (when pre-certified) with overnight stay**	$500 Inpatient co-pay	20% / 40% After deductible	No charge
Emergency Treatment / Emergency Room	$150 co-pay	20% / 40% After deductible	$50 co-pay
Inpatient Physician / Surgical Services**	No charge	20% / 40% After deductible	No charge
Outpatient Surgery / Facility**	$250 co-pay**	20% / 40% After deductible	$50 co-pay
Outpatient Surgery / Professional**	No charge	20% / 40% After deductible	No charge
Ambulance / ER	No charge	20% / 40% After deductible	$50 co-pay
Mental Health and Substance Abuse Treatment Outpatient** Individual / Group (30 visit combined	$10 co-pay / $10 co-pay	$10 co-pay / 40% after deductible $10 co-pay	$25 co-pay

maximum) Inpatient** (30 visit combined maximum)	$50 per day co-pay	$50 per day co-pay / 40%*	No charge
Prescription Drugs Retail (30 day supply) Mail Order (90 day supply)	$15 co-pay for generic $30 co-pay for preferred $50 co-pay for non-preferred $30 co-pay for generic $60 co-pay for preferred $100 co-pay for non- preferred	$15 co-pay for generic $30 co-pay for preferred $50 co-pay for non-preferred $30 co-pay for generic $60 co-pay for preferred $100 co-pay for non-preferred	$15/$25/$40 co-pay at Kaiser facility $20/$45/$60 co-pay at non-Kaiser facility $13/$24/$38
Maximum Lifetime Benefits	$1 million	$1 million	$1 million

International

The medical coverage is provided through an international provider.

The international plan includes:

- Repatriation / evacuation services
- Concierge and travel assistance services
- Expert second opinions
- International Employee Assistance Program (IEAP) with access to telephonic behavioral counseling toll free from any location.

Eligible expenses incurred by expatriates when outside the Continental United States (OCONUS) are covered at 100%. Expenses incurred with network providers by dependents with who reside within the Continental United States (CONUS) are covered at 80% after a small deductible. Dr. Office visits and routine physicals are covered at 100% with no member co-payment.

Pharmaceutical

Prescription drug coverage is automatically included in all medical plans. Three tiered co-payment plan for generic, preferred and non-preferred.

The following chart summarizes the International medical plan benefits offered.

Benefit Highlights	International (OCONUS) Member pays	In-Network (CONUS) Member pays	Out-Of-Network (CONUS) Member pays
Annual Deductible			
Individual	No deductible	$350	$600
Family	No deductible	$700	$1200

Annual Out-of-Pocket Maximum Individual Family	Unlimited Unlimited	$3,000 per person $6,000 per family	$5,000 per person $10,000 per family
Co-insurance Levels	N/A	20%	40%
Doctors Office **Specialist*** **	0%, plan pays 100% 0%, plan pays 100%	0%, plan pays 100% 0%, plan pays 100%	0%, plan pays 100% 0%, plan pays 100%
Routine X-Rays / Lab With Office Visit With Outside Hospital or Lab Facility	0%, plan pays 100% 0%, plan pays 100%	No charge 20% after deductible	No charge 40% after deductible
Hospital care (when pre-certified) with overnight stay**	0%, plan pays 100%	20% after deductible	40% after deductible
Emergency Treatment / Emergency Room	0%, plan pays 100%	20% after deductible	40% after deductible
Inpatient Physician / Surgical Services**	0%, plan pays 100%	20% after deductible	40% after deductible
Outpatient Surgery / Facility**	0%, plan pays 100%	20% after deductible	40% after deductible
Outpatient Surgery / Professional**	0%, plan pays 100%	20% after deductible	40% after deductible
Ambulance / ER	0%, plan pays 100%	20% after deductible	40% after deductible
Mental Health and Substance Abuse Treatment Outpatient** Individual / Group (30 visit combined maximum) Inpatient** (30 visit combined maximum)	50% 50%	50% after deductible 50% after deductible	40% after deductible 40% after deductible
Prescription Drugs			

Retail (30 day supply)	0%, plan pays 100%	$15 co-pay for generic $30 co-pay for preferred $50 co-pay for non-preferred	40%
Mail Order (90 day supply)	0%, plan pays 100%	$30 co-pay for generic $60 co-pay for preferred $100 co-pay for non-preferred	40%
Maximum Lifetime Benefits	$1 million	$1 million	$1 million

Dental

Domestic and International Coverage

Both Domestic and International offer two options of coverage, Preventive and Comprehensive.

Preventive coverage includes two exams, two cleanings and a set of x-rays annually. In addition to all the benefits included in preventive coverage, comprehensive coverage includes basic work, major work, and orthodontia.

The following chart summarizes the dental plan benefits provided.

Feature	Preventive Only Plan	Comprehensive Plan
Calendar-year deductible Individual Family	 None None	 $50 $150
Preventive and diagnostic care (cleanings, checkups, X-rays)	No deductible; plan pays 100%	No deductible; Plan pays 100% of U&C
Basic care (fillings, simple extractions)	Not covered	After deductible; Plan pays 80% of U&C
Major care* (crowns, bridgework, dentures, periodontics, root canal)	Not covered	After deductible; Plan pays 50% of U&C
Orthodontic care**	Not covered	After deductible; Plan pays 50% of U&C

Non-surgical temporomandibular joint disorder (TMJ)	Not covered	After deductible; Plan pays 50% of U&C
Yearly plan limits	$250 a year for preventive and diagnostic care	$1,500 a year for preventive and diagnostic care
Lifetime limit** Orthodontic care Non-surgical TMJ	 Not covered Not covered	 $1,500 lifetime benefit $1,000 lifetime benefit

Vision

A vision plan is offered through Vision Service Plan "The plan provides coverage for an exam, contact lenses or prescription lenses annually and frames bi-annually after a small member co-payment.

Employee Assistance Plan (EAP)

The EAP is globally available 24/7 to all employees, providing 3 face to face mental health counseling visits, legal consultation, financial consultation, and referrals for various services (i.e., child care, adult day care, pet services, etc.) The EAP is provided at no cost to employees and their family members.

Basic Life Insurance

Domestic

Basic life insurance of $50,000.at no cost.

International

Basic life insurance of 1 X Annual Base Salary to a minimum of $100K, maximum $150K.

Supplemental Life Insurance

Domestic only

Eligible employees may elect to purchase additional coverage in increments of 1 to 4 times their base salary. Rates are based on age and the coverage amount.

Accidental Death and Dismemberment (AD&D)

Basic AD&D insurance to eligible employees. Eligible employees receive coverage of $50,000 at no cost. Eligible employees may elect to purchase additional coverage in increments of 1 to 4 times their base salary. Rates are based on age and the coverage amount.

Dependent Life

Domestic

Eligible employees may purchase coverage to protect their spouse in increments of $10,000; $20,000; or $50,000 and / or $10,000 in child life insurance. Each eligible child will be covered at a $10,000 flat rate.

International

Eligible employees may purchase dependent life coverage to protect their spouse for $25,000 or child for $5,000.

Short Term Disability (STD)

Eligible employees receive STD coverage at no cost. This coverage is a weekly benefit that pays 60% of the employee's base salary (up to a maximum of $2,000 per week) when the employee is unable to work for more than 14 days due to injury or illness. Coverage extends for a maximum duration of 26 weeks from the date of injury or illness.

Long Term Disability (LTD)

Eligible employees may choose from two LTD options: 40% or 60% of the employee's base salary, up to a maximum of $5,000 or $7,500 monthly at no cost. This benefit is payable when the employee is unable to work for more than 180 days. Coverage extends until recovery or retirement age, whichever comes first.

Note: *If an employee becomes disabled after age 60, he/she will be paid according to the LTD scheduled benefits, which will have a reduced time period.*

Flexible Spending Accounts (FSA)

Eligible employees may elect to set aside money on a pre-tax basis into a Health Care FSA or Dependent Day Care FSA and use the pre-tax dollars to pay for any Internal Revenue Service (IRS) allowed health or dependent daycare expenses.

401K Retirement Savings Plan

Regular full-time and part time employees are eligible on the first day of employment. The Retirement Savings Plan includes 17 plus investment options. Employees may defer up to 30% of eligible compensation, before taxes, and/or up to 20% of their after-tax eligible compensation. There may be annual IRS and plan limitations for highly compensated employees. Employees 50 years of age or older during the calendar year, may contribute up to 50% additional before-tax "catch-up" contributions to the Plan, subject to the annual IRS dollar limits.

Eligible employees are immediately vested and receive automatic company contributions equaled to 10% of their eligible compensation.

Educational Assistance

Reimbursement is at 100% for the cost of tuition and required school fees up to $1000 per calendar year.

Paid Absences

Full-time employees receive 10 holidays per year and 1 floating holiday. Vacation accrues at a rate equivalent to 20 days (160 hours) of annual leave eligibility and is available for use following the first 90 days from date of hire. Sick hours are accrued at the rate of 12 days per year (96 hours) of sick leave per year. Sick leave is cumulative and may be taken following completion of the probationary period.

Public Transportation Allowance

Reimbursement up to a maximum of $115.00 per month for the use of public transportation and parking in the Washington, D.C. area.

NOTE 1: The incumbent's medical plan ends at midnight on the date of employee termination (contract end date). The new contractor's plan should offer a "Transition of Care" option, in which, the new plan will cover the expense at the better benefit until the treatment is complete. Transition of Care option provides continued same level of coverage for existing treatment, i.e. 2nd trimester pregnancy or other existing treatment/conditions.