

## WASHINGTON RESEARCH LIBRARY CONSORTIUM

### BENEFITS SUMMARY FY 25 (July 1, 2024– June 30, 2025)

As of the above date, WRLC provides the following benefits for all full-time regular employees. All benefits are subject to the conditions of each plan. Plan booklets will provide complete details of coverage and exclusions. These benefits are subject to change from time to time.

1. **Health insurance** – From date of hire, medical, hospital, pharmacy benefits, and dental coverage are provided through CareFirst Blue Choice HMO. WRLC participates in a high deductible health plan and expects to contribute 100% of the participant's deductible, \$1,800 for single and \$3,600 for other than single. WRLC will fund 50% of the deductible on July 1 and the remaining balance will be funded evenly over the next eleven (11) months. Employees hired during the fiscal year will receive a prorated portion of the deductible based on the number of months remaining in the fiscal year. WRLC will fund 50% of the prorated amount in the first month and the remaining balance over the remaining months in the fiscal year. WRLC pays 80% of the monthly premium for single coverage of the employee. For employees electing coverage other than single, WRLC will pay 65% of the monthly premium. The remaining 20% and 35% respectively, may be paid through pre-tax salary reduction.

Below is the total monthly premium for health insurance only. Locate your age and you will see the premium. If others are to be covered locate their age and add them all together for the total monthly premium.

Beginning in FY 20: Because the WRLC has 19 employees (or less), Medicare encourages employees to sign up for at least Part A and strongly recommends Parts B, C and/or D, otherwise lifetime penalties could be incurred by the employee. After much discussion with at least six health care insurance and Medicare experts with One Digital and HealthPlanOne, our health coverage brokers, as well as the State Health Insurance Assistance Program (SHIP) in Maryland, it seems the best course of action is for employees 65 and older to sign up for Medicare.

If a WRLC employee enrolls in Medicare Parts A, B, C and/or D when they reach 65, the WRLC will reimburse the employee for verified, Medicare-related insurance expenses up to but not exceeding what the WRLC would have paid under the current health care plan in place. This will ensure that WRLC employees enrolled in Medicare receive an equivalent financial benefit from the WRLC to those employees covered by the employer-provided health insurance benefit. The WRLC will not pay out more to employees covered by Medicare than would be covered by the current WRLC health care plan.

#### **Dental and Vision**

The Total Premiums for Dental and Vision are attached. WRLC will pay 80% of the

total premium for individual coverage and WRLC will pay 65% of the total premium for all other coverage.

2. **Life insurance** – From date of hire, fully paid coverage by WRLC equal to the employee's annual salary to a maximum of \$100,000, plus an additional \$15,000 of life coverage is provided and fully paid by WRLC.

3. **Short Term disability** – From the date of hire, the employee is eligible for short-term disability coverage, fully paid by WRLC. If the employee becomes disabled, the plan begins to pay benefits after a 15 day waiting period. The plan pays the employee 60% of the weekly salary, up to a maximum of \$1,500 per week, up to 11 weeks.

4. **Long-term disability insurance** – The plan begins to provide benefits 90 days after the employee becomes disabled. The plan pays 60% of the employee's monthly salary, up to a monthly maximum of \$5,000, continuing to the normal Social Security retirement age.

5. **Retirement** - To be eligible to participate in the WRLC retirement program, you must complete six months of continuous service and be 21 years of age or older. WRLC makes a minimum contribution of 5% of the employee's salary and also matches whatever the employee contributes, up to an additional 5%.

6. **Vacation leave** – Regular full-time employees are entitled to 140 hours of vacation leave (20 days) each year, accrued monthly at the rate of 11.67 hours.

Unused hours will remain in the employee's vacation leave account until they are used, up to a maximum balance of 245 hours. If the employee's balance reaches the maximum allowed (245 hours), leave accrual will cease until the employee uses paid leave hours and the accrual drops below the limit.

Upon termination of employment, the departing staff member will be paid his or her accrued unused paid leave up to 245 hours.

7. **Personal hours** – The WRLC provides full-time employees 14 personal hours per fiscal year upon completion of the probationary period. Personal hours must be taken within each fiscal year, and cannot be carried over to the next fiscal year.

8. **Medical leave** - Medical leave begins to accrue at the time of hire. Unused medical leave will not be paid to employees while they are employed or upon termination. Regular full-time employees will accrue medical leave at the rate of 7 hours per month up to a maximum accumulation of 630 hours (90 days). Regular part-time employees will accrue medical leave at the rate of 1 hour for every 20 hours worked with the maximum accumulation pro-rated on the same basis.

9. **Holidays** - The WRLC celebrates the following paid holidays for full and part-time employees:

- New Year's Day (January 1)
- Martin Luther King, Jr. Day (third Monday in January)
- Memorial Day (last Monday in May)
- Juneteenth
- Independence Day (July 4)

- Labor Day (first Monday in September)
- Thanksgiving (fourth Thursday in November)
- Day after Thanksgiving
- Christmas Eve (December 24)
- Christmas (December 25)
- The week between Christmas and New Years
- New Year's Eve (December 31)

A recognized holiday that falls on a Saturday will be observed on the preceding Friday, a holiday that falls on a Sunday will be observed on the following Monday.

**10. Work Schedules** - The standard work week is 35 hours. An unpaid 30-minute meal period is expected to be included when defining the work schedules (i.e., the starting and ending times must result in 7.5 hours per day for a five-day work week.)

The WRLC supports alternate work arrangements for staff whose responsibilities can be accomplished outside of the WRLC office and/or outside a traditional work schedule, so long as the WRLC's work requirements can be met effectively. The responsible Director must justify these work arrangements. Participation in alternate work arrangements is a privilege and not a right, and will only be granted to eligible employees in eligible positions.



Family of health care plans

Prepared For: Washington Research Library Consortium  
Group ID: 0VWB

Quote ID: QR-2702568  
Effective Date: 07/01/2024

The benefit descriptions on the proposal are for illustrative purposes only and the wording does not create a binding contract. Please refer to your Group Contract for the exact descriptions.

<b>Member Pays</b>		
<b>These Plans are Member-Level Rated - Member Level Billed</b>	<b>BlueChoice HMO HSA BlueFund (Silver) Silver Plan - \$1,800 Ded <sup>1</sup></b>	
<b>Off Exchange</b>	<b>AHHMC02Z Prescription Drug RXCMC318</b>	
<b>Health Plan Highlights</b>	<b>Member Pays</b>	
	<b>In-Network</b>	<b>Out-of-Network</b>
Non-Preventive Doctor Copay (PCP/Specialist)	PCP: Deductible, then \$25 Copay per visit / SPEC: Deductible, then \$50 Copay per visit	PCP: Not Covered / SPEC: Not Covered
Preventive Doctor Copay (PCP/ Specialist)	No Charge	Not Covered
Inpatient Charge per Admission	Deductible, then \$500 Copay Per Admission	Not Covered
Deductible (Individual/Family)	\$1,800/\$3,600	\$0/\$0
Coinsurance (Insurance/Member)	None	N/A
Out-of-Pocket Maximum (Individual/ Family)	\$8,000/\$16,000	\$0/\$0
Emergency Room	Deductible, then \$350 Copay per visit	Paid as In-Network
Pediatric Dental	Included	Included
Pediatric Vision	Included	Included
Maximum Benefit	None	None
<b>Prescription Drug Highlights</b>	<b>PPACA Prescription Integrated Drug RXCMC318</b>	
<b>Off Exchange</b>		
Deductible	\$1800/\$3600 Combined with Medical	
Copay (Retail)	\$15/\$45/\$65	
Copay (Mail)	\$30/\$90/\$130	
Preferred Specialty	Specialty- Ded then 50% up to \$100 (Tier 4)	
Non-Preferred Specialty	Ded then 50% up to \$150 (Tier 5)	

<sup>1</sup> Refer to the Issuing Company table for complete information on the issuer's legal name for this product.

The benefit descriptions on the proposal are for illustrative purposes only and the wording does not create a binding contract. Please refer to your Group Contract for the exact descriptions.



Prepared For: Washington Research Library Consortium  
Group ID: 0VWB

Quote ID: QR-2702568  
Effective Date: 07/01/2024

Member Pays	
Dental Plan Highlights	Traditional Dental , Plan 4 w/ \$1,500 Annual Max <sup>1</sup> , DDAMBA11
Off Exchange	
Annual Deductible (Individual/ Family)	\$50/\$150
Preventive and Diagnostic Services	No Charge from Participating Dentist <sup>2</sup>
Basic Services	20% of Allowed Benefit after Deductible <sup>2</sup>
Major Surgical Services	20% of Allowed Benefit after Deductible <sup>2</sup>
Major Restorative Services	50% of Allowed Benefit after Deductible <sup>2</sup>
Orthodontics	50% of Allowed Benefit to \$1,200 Lifetime Maximum <sup>2</sup>
Annual Maximum	\$1,500

<sup>1</sup> Refer to the Issuing Company table for complete information on the Issuer's legal name for this product.  
<sup>2</sup> NOTE: CareFirst and CareFirst BlueChoice payments are based on the CareFirst and CareFirst BlueChoice Allowed Benefit. Participating Dentists accept 100% of the Allowed Benefit as payment in full for covered services. Non-participating dentists may bill the member for the difference between the Allowed Benefit and their charges.

The benefit descriptions on the proposal are for illustrative purposes only and the wording does not create a binding contract. Please refer to your Group Contract for the exact descriptions.

Member Pays	
Enhanced Vision Highlights	BlueVision Plus , Option 1 <sup>1</sup> , VPLMB001
Off Exchange	
Copay	\$0
Contract Period	12/12/12 mo benefit periods exam/lens/frame

<sup>1</sup> Refer to the Issuing Company table for complete information on the Issuer's legal name for this product.

Dental and Vision Rates		
	Traditional Dental Plan 4 w/ \$1,500 Annual Max	BlueVision Plus Option 1
Individual	\$38.05	\$6.60
Individual & Children	\$91.32	\$13.86
Individual & Adult	\$76.10	\$13.20
Family	\$148.40	\$19.34
Medicare	\$38.05	\$6.60

CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc. CareFirst of Maryland, Inc., Group Hospitalization and Medical Services, Inc., CareFirst BlueChoice, Inc., and The Dental Network, Inc. are independent licensees of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.



Family of health care plans

Prepared For: Washington Research Library Consortium  
Group ID: 0VWB

Quote ID: QR-2702568  
Effective Date: 07/01/2024

Individual Member Rates (Medical & Drug) - Member-Level Billed	
Age	BlueChoice HMO HSA BlueFund (Silver) Silver Plan - \$1,800 Ded
0-14	\$294.92
15	\$321.14
16	\$331.16
17	\$341.19
18	\$351.99
19	\$362.77
20	\$373.95
21	\$385.52
22	\$385.52
23	\$385.52
24	\$385.52
25	\$387.06
26	\$394.77
27	\$404.02
28	\$419.06
29	\$431.40
30	\$437.57
31	\$446.82
32	\$456.07
33	\$461.85
34	\$468.02
35	\$471.11
36	\$474.19
37	\$477.27
38	\$480.36
39	\$486.53
40	\$492.69
41	\$501.95
42	\$510.81
43	\$523.15
44	\$538.57
45	\$556.69
46	\$578.28
47	\$602.57
48	\$630.33
49	\$657.70
50	\$688.54
51	\$718.99
52	\$752.54
53	\$786.46
54	\$823.09
55	\$859.71
56	\$899.42
57	\$939.51
58	\$982.30
59	\$1,003.51
60	\$1,046.30
61	\$1,083.31
62	\$1,107.60
63	\$1,138.06
64	\$1,156.56
65+	\$1,156.56

CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc. CareFirst of Maryland, Inc., Group Hospitalization and Medical Services, Inc., CareFirst BlueChoice, Inc., and The Dental Network, Inc. are independent licensees of the Blue Cross and Blue Shield Association. BLUE CROSS® and BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.