



# 2024 Summary of Employee Benefits

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## ALL OFO employees are eligible for the following benefits (regardless of weekly hours):

- Eligibility for Public Service Loan Forgiveness (PSLF) program
- TotalCare Employee Assistance Program (EAP), including FREE access to Talkspace Go resources

### Insurance Benefit eligibility:

- Employees are eligible to receive benefits listed below if they are regularly scheduled to work at least 20 hours per week.
- Employees must be regularly scheduled to work at least 30 hours per week to be eligible for health insurance.
- Policies will not be effective until the 1<sup>st</sup> of the month following 30 days of employment.

### Health Insurance: **Excellus BlueCross/BlueShield – option to choose single, 2-person, or family coverage**

- **Signature Hybrid** – a plan with co-pays for office visits and deductibles for hospitalization
- **Signature HDHP 1600** – a plan with high deductibles and Health Savings Account (HSA) option
- **Signature HDHP 6350** – a plan with high deductibles and Health Savings Account (HSA) option; includes employer HSA contribution

Excellus Health Insurance									
35+ hours per week		Annual Deductions	24 Pay Periods	20 Pay Periods	30-34 hours per week		Annual Deductions	24 Pay Periods	20 Pay Periods
Signature Hybrid	Single	\$3,195.00	\$133.13	\$159.75	Signature Hybrid	Single	\$3,807.00	\$158.63	\$190.35
Signature Hybrid	2-Person	\$7,325.52	\$305.23	\$366.28	Signature Hybrid	2-Person	\$8,441.52	\$351.73	\$422.08
Signature Hybrid	Family	\$9,979.56	\$415.82	\$498.98	Signature Hybrid	Family	\$11,503.56	\$479.32	\$575.18
Signature HDHP 1600	Single	\$955.80	\$39.83	\$47.79	Signature HDHP 1600	Single	\$1,567.80	\$65.33	\$78.39
Signature HDHP 1600	2-Person	\$2,952.12	\$123.01	\$147.61	Signature HDHP 1600	2-Person	\$4,068.12	\$169.51	\$203.41
Signature HDHP 1600	Family	\$4,029.24	\$167.89	\$201.46	Signature HDHP 1600	Family	\$5,553.24	\$231.39	\$277.66
Signature HDHP 6350	Single	\$791.40	\$32.98	\$39.57	Signature HDHP 6350	Single	\$1,163.40	\$48.48	\$58.17
Signature HDHP 6350	2-Person	\$2,505.36	\$104.39	\$125.27	Signature HDHP 6350	2-Person	\$3,141.36	\$130.89	\$157.07
Signature HDHP 6350	Family	\$3,415.56	\$142.32	\$170.78	Signature HDHP 6350	Family	\$4,267.56	\$177.82	\$213.38

  

Guardian Dental Insurance					Guardian Vision Insurance				
20+ hours per week		Annual Deductions	24 Pay Periods	20 Pay Periods	20+ hours per week		Annual Deductions	24 Pay Periods	20 Pay Periods
Single		\$503.28	\$20.97	\$25.16	Single		\$118.56	\$4.94	\$5.93
Family		\$1,430.40	\$59.60	\$71.52	Family		\$254.76	\$10.62	\$12.74
<i>Voluntary Benefit (No Agency Contribution)</i>					<i>Voluntary Benefit (No Agency Contribution)</i>				

### Health Savings Account (HSA)

Option 1: Employees enrolled in OFO's Signature HDHP 1600 may establish and contribute to an HSA. There is no Agency HSA contribution when enrolled in this plan.

Option 2: Employees enrolled in OFO's Signature HDHP 6350 may contribute to an HSA. There are Agency HSA contributions when enrolled in this plan as indicated on right.

Employer Annual HSA Contributions	35+ hours per week	30-34 hours per week
Signature HDHP 6350 Single	\$2,424.00	\$2,184.00
Signature HDHP 6350 2-Person	\$4,608.00	\$4,128.00
Signature HDHP 6350 Family	\$6,264.00	\$5,592.00

### Guardian Short-Term Disability

*Voluntary Benefit (No Agency contribution)* – employee cost depends on age and level of coverage.

### MetLife Critical Illness

*Voluntary Benefit (No Agency contribution)* – employee cost depends on age and level of coverage.

### MetLife Accident

*Voluntary Benefit (No Agency contribution)* – employee cost depends on level of coverage.

### MetLife Legal Plan

*Voluntary Benefit (No Agency contribution)* - employee cost is flat rate for family coverage.

Annual Deductions	24 Pay Periods	20 Pay Periods
\$231.00	\$9.63	\$11.55

Accident Coverage Level	Annual Deductions	24 Pay Periods	20 Pay Periods
Employee	\$122.40	\$5.10	\$6.12
Employee + Spouse	\$240.72	\$10.03	\$12.04
Employee + Child(ren)	\$279.96	\$11.67	\$14.00
Employee + Family	\$335.64	\$13.99	\$16.78

### Retirement Plan 403(b)

Employees are eligible to participate in a 403(b) plan through payroll deductions immediately upon hire. After the employee completes a full year of service (minimum of 1,000 hours of employment in that year), OFO will match employee contributions dollar for dollar up to a maximum of 3% of the employee's monthly gross income. Employer contributions are subject to a vesting schedule.

### Holidays

12 days per year

### Annual Leave - Accrual

Annual leave is earned on an accrual rate of .0615 per hour worked or on qualifying paid status.

Ex: 40 hrs X 52 weeks = 2080 hrs. 2080 hrs X .0615 = 127.92 hrs annual or 15.99 (8 hr) days

Ex: 30 hrs X 44 weeks = 1320 hrs. 1320 hrs X .0615 = 81.18 hrs annual or 13.53 (6 hr) days

Annual leave rate increases after five years of service and again after twelve years of service with the agency.

### Sick Leave - Accrual

Sick leave is earned on an accrual rate of .0462 per hour worked or on qualifying paid status.

Ex: 40 hrs X 52 weeks = 2080 hrs. 2080 hrs X .0462 = 96.096 hrs sick or 12 (8 hr) days

**NOTE:** Details regarding OFO Benefits are provided in Employee Benefits Guide, Summary Plan Descriptions and OFO Personnel Policies.