



## Benefits Summary

**Benefit Eligibility:** Policies, provisions and procedures that govern the Agency's benefit program apply to all regular full-time and part-time employees with a regular work schedule of 20 hours or more per work week, whether exempt or non-exempt, unless otherwise stated in a particular benefit plan. Benefits, not including Oregon Sick Time and Retirement benefits, do not apply to employees with a regular work schedule of less than 20 hours per week, temporary or on-call employees.

### Vacation Pay

- Standard: 2 weeks of paid vacation; accrue approximately 3.33 hours/pay period; 6.66 hours/month.
  - Prior non-profit/educational work experience of at least two years will qualify for 3 weeks of paid vacation; accrue approximately 5 hours/pay period; 10 hours/month.
- 240 hour cap on accrued vacation time

### Sick Pay

- Accrue paid sick time at rate of 8 hours per month
- 464 hour cap on accrued sick time

### Personal Days

- 2 days of paid personal time available each year.

### Holiday Pay

- The Agency observes 13 holidays per calendar year; paid days off.

### Health Insurance

The benefit plan year is July 1<sup>st</sup> – June 30<sup>th</sup>. Eligible employees have the ability to have employee-only medical/dental/vision paid in full by the Agency.

- Medical – 6 different plan options
- Dental/Vision – 3 dental plans; RETA VSP
- Life / AD&D – Agency provides \$25,000 of basic life insurance for eligible employees
- Additional Life/AD&D – Employees have the option of purchasing additional life insurance coverage for themselves and spouse.
- Long Term Disability – Agency provides basic LTD coverage, 50% of monthly gross wages, with a maximum monthly benefit of \$4000.
- Additional LTD – Employees have the option of purchasing additional LTD coverage for themselves
- Short Term Disability – Employees have the option to purchase STD coverage for themselves. Coverage provides up to 60% of weekly wages to a maximum of \$500/week; cost of monthly premium is dependent on duration of waiting period selected (14-day, 30-day, or 44-day).
- Health Care Flexible Spending Account – Contribute up to \$3,300 per plan year on a pre-tax basis; entire contribution is available at the beginning of the plan year.
- Dependent Care Flexible Spending Account – Contribute up to \$5,000 per year on a pre-tax basis (\$2,500 if married & filing separate tax returns). Funds are only available as deposited into FSA account.

#### 403b Retirement Plan

- All employees (temporary, part-time, or full-time) are eligible to participate in the salary deferral component of the retirement plan benefit.
- Employees are eligible for the employer match and the employer discretionary contribution after working for Catholic Charities for at least 12 months, and have worked at least 300 hours during that 12-month period\*
- \*The 12-month waiting period will be waived for employees who have worked for a prior 501c3 employer for at least 12 consecutive months.
- Employer match schedule:

| <u>Length of Service</u>                                   | <u>Employer Match</u> |
|--|-----------------------|
| ○ 1+ years (Agency or other previous nonprofit experience) | 1% of gross wages     |
| ○ 5-10 years (Agency experience exclusively)               | 1.5% of gross wages   |
| ○ 10+ years (Agency experience exclusively)                | 2% of gross wages     |

#### Employee Assistance Program (EAP)

- The EAP is a FREE and CONFIDENTIAL benefit that can assist you and your eligible family members with any personal problems, large or small. Our EAP is with Canopy and they can assist in areas such as: face-to-face counseling, 24-hour crisis line support, text & instant messaging; work/family/life balance in areas such as childcare/eldercare services, and identity theft services; legal consultations and mediation; financial coaching; pet insurance discounts; wellbeing toolkits; and overall self-care and wellness resources. Crisis counselors are available 24 / 7 / 365.

#### Discounted Childcare Benefit

Catholic Charities has partnered with Grandma's Place to offer 50% off childcare at either of their locations:

- Powell Blvd: 2740 SE Powell Blvd. (base of our building)

#### Parking

Free parking is available in the lot, as well as street parking. Parking in the CFC building garage is available on a rotation schedule. [Employee Parking Guide.](#)

## EXCLUDED SERVICES AND PRESCRIPTIONS IN MEDICAL COVERAGE

**NOTICE:** Certain services and prescriptions may not be covered by our RETA medical coverage plan options.

### Excluded Services and Prescriptions

The RETA medical coverage does not include coverage for contraceptive medications or devices for contraceptive purposes only. If you are prescribed a contraceptive for reasons besides contraception, you can go through the appeal process to attempt to obtain approval for coverage. You may also contact Reta Trust client services at: 1-877-303-7382; [service@retaenroll.org](mailto:service@retaenroll.org).

### RETA Blue Shield medical plan:

Plan: REA

Group ID#: W0072385

For prescription questions call CVS Caremark

Bin: 004336 PCN: ADV Group: RX21AE

### **Excluded Services: Services Your Plan Generally Does NOT Cover (Check your Benefit Booklet for more information and a list of any other excluded services.)**

- Alteration or reshaping body structures or tissues (other than reconstructive surgery)
- Abortion procedures
- Artificial insemination
- Assisted conception services
- Assisted suicide and euthanasia
- Contraceptives
- Cosmetic surgery
- Dental care (Adult and child)
- Experimental or investigational services
- Eye surgery
- Gender reassignment services
- Genetic testing
- Hearing Aids
- Infertility treatment
- Long-term care
- Non-emergency care when traveling outside the U.S.
- Non-medically necessary services
- Private-duty nursing
- Religious, personal growth counseling or marriage counseling
- Routine eye care (Adult and child)
- Routine foot care
- Sex reassignment services
- Sterilization
- Third generation dependents
- Treatments using tissue from aborted fetuses or embryonic cells
- Weight loss programs

## **RETA Kaiser Permanente medical plan:**

Group ID#: 19969

For questions call: Reta Kaiser medical and pharmacy plan  
1-800-570-5183; kp.org

### **Excluded Services: Services Your Plan Generally Does NOT Cover (Check your Benefit Booklet for more information and a list of any other excluded services.)**

- Alteration or reshaping body structures or tissues (other than reconstructive surgery)
- Abortion procedures
- Artificial insemination
- Assisted conception services
- Assisted suicide and euthanasia
- Contraceptives
- Cosmetic surgery
- Dental care (Adult and child)
- Experimental or investigational services
- Eye surgery
- Gender reassignment services
- Genetic testing
- Hearing Aids
- Infertility treatment
- Long-term care
- Non-emergency care when traveling outside the U.S.
- Non-medically necessary services
- Private-duty nursing
- Religious, personal growth counseling or marriage counseling
- Sex reassignment services
- Sterilization
- Third generation dependents
- Treatments using tissue from aborted fetuses or embryonic cells
- Weight loss programs

RETA medical plan summary of benefits coverages and summary plan descriptions are available at [www.retatrust.org](http://www.retatrust.org) and [www.benefitspdx.org](http://www.benefitspdx.org).