



Chimes offers a comprehensive benefits package to all full-time employees who work at least 30 hours/week. Below is an executive summary of the benefits:

- **2 Medical plans (Minimum Value & HNO)**
- **2 Dental plans (Low & High)**
- **2 Vision plans (Base & Buy-up)**
- **Flexible Spending Accounts (Medical, Dependent Care, Transportation)**
- **Company paid life insurance**
- **Employee voluntary life insurance**
- **Employee voluntary dependent life insurance**
- **Disability benefits (Short-term & Long-term)**
- **Employee Assistance Program (EAP)**
- **Paid holidays (10)**
- **Paid time off (PTO) – minimum of 20 days/year based on hours worked up to 40 per week**
- **Bereavement**
- **Tickets at work**
- **403(b) Retirement Plan with an employer match**
- **Employer Discretionary Basic Contribution**
- **Payroll deductions**

Benefits Summary - 2025

ELIGIBILITY for HEALTH & WELFARE BENEFITS

- Full-time employees who work at least 30 or more hours per week
- Benefits are effective the 1st of month following One (1) full month of employment
- Must enroll within 14 days from date of hire or eligibility for benefits
- Dependent Verification is required for all dependents enrolled in the health plan (i.e. spouse = marriage certificate and second form of document showing joint ownership, children = birth certificate)

MEDICAL/PRESCRIPTIONS OPTIONS – CareFirst Administrators & RX Benefits

The choice of two () Health Plans:

No PCP or Referrals required

Preventive Care Services – 100%

- **Minimum Value Plan (ACA Compliance & In-Network only)**
 - Annual Deductible - \$4,500/individual & \$9,000/Family
 - Annual Out-of-Pocket Maximum Per Plan Year - \$6,000/Individual & \$12,000/Family
 - Retail drugs up to 30-day supply & Mail Order up to 90-day supply
 - Mandatory Generic
 - Retail & Mail Order Preferred Generic Copay - \$15/\$30
 - Retail & Mail Order Preferred Brand Copay - \$20/\$40
 - Retail & Mail Order Non-Preferred Copay – 50%/50%
 - Specialty Generic and Preferred Brand Copay \$150.00
- **HNO (In-Network Only)**
 - Annual Deductible - \$500/Individual & \$1,000/Family
 - Annual Out-of-Pocket Maximum Per Plan Year - \$5,000/Individual & \$10,000/Family
 - Mandatory Generic
 - Retail drugs up to 30-day supply & Mail Order up to 90-day supply
 - Retail & Mail Order Preferred Generic Copay - \$20/\$40
 - Retail & Mail Order Preferred Brand Copay - \$30/\$60
 - Retail & Mail Order Non-Preferred – 50%/50%
 - Specialty Generic and Preferred Brand Copay \$150.00

DENTAL OPTIONS – Lincoln Financial

The choice of two (2) PPO Dental Plans:

- **High Plan (In & Out-of-Network)**

- Annual Deductible - \$50/Individual & \$150/Family
- Annual Maximum - \$1,300 per covered member
- Preventive & Diagnostic Services – 100%, no deductible
- In-Network Basic Services – 90% after deductible
- Out-of-Network Basic Services – 80% after deductible
- Lifetime Maximum for orthodontia for children under age 19 - \$1,000

- **Low Plan (In & Out-of-Network)**

- In-Network Annual Deductible - \$25/Individual & \$75/Family
- Out-of-Network Annual Deductible - \$75 Individual & \$225/Family
- Annual Maximum - \$1,000 per covered member
- Preventive & Diagnostic Services – 100%, no deductible
- Basic Services – 70% after deductible
- Lifetime Maximum for orthodontia for children under age 19 - \$1,000

VISION OPTIONS – UnitedHealthcare (UHC)

The choice of two (2) Vision Plans:

- **Base Plan (In & Out-of-Network)**

- In-Network Comprehensive Eye Exam - \$10 copay (once every 12 months)
- Out-of-Network Comprehensive Eye Exam - \$45 copay (once every 12 months)
- Benefit Frequency for Frames/Lenses/Contact Lenses – (once every 24 months)

- **Buy-Up Plan (In & Out Network)**

- In-Network Comprehensive Eye Exam - \$10 copay (once every 12 months)
- Out-of-Network Comprehensive Eye Exam - \$45 copay (once every 12 months)
- Benefit Frequency for Frames/Lenses/Contact Lenses – (once every 12 months)

FLEXIBLE SPENDING ACCOUNTS - WEX

Health & Dependent Care – allow you to set aside pre-tax dollars to pay yourself back for eligible health care and dependent care expenses.

- **Health Care FSA**

- Plan Year maximum of \$3,300
- \$660 carryover feature
- Debit card or paper claim

- **Dependent Care FSA**

- Plan Year maximum of \$5,000 or \$2,500 if you are married and file taxes separately from your spouse
- Allows you to pay dependent care expenses so that you and your spouse can work, look for

work, or attend school full-time

- Eligible expenses include: care for your dependent child who is under the age of 13 whom you can claim, dependent child who resides with you and who is physically or mentally incapable of caring for him/herself or care for your spouse who is physically or mentally incapable of caring for him/herself
- Programs includes: after school care, summer camp, daycare center, elder care

TRANSPORATION ACCOUNT - WEX

You can establish a pre-tax account to pay for qualified work-related commuting expenses.

- **Eligible Expenses**
- Public Transportation (bus, train, ferry, subway)
- Commuter Highway Vehicles (vanpools)

Depending on your tax bracket, you can save up to 40% on your commuting costs by using pre-tax dollars.

LIFE & AD&D INSURANCE – Lincoln Financial

The Agency provides you with Life and AD&D insurance in the amount of 1 time your base salary up to a maximum benefit of \$200,000 at **no cost to you**.

- Coverage over \$50,000 is considered taxable imputed income
- Benefits are subject to a reduction schedule and reduce to 67% at age 70 and 50% at age 75
- Benefits terminate at retirement and termination of employment
- You have the option to continue the benefit through conversion option

VOLUNTARY LIFE INSURANCE – Lincoln Financial

You may purchase additional Voluntary Life Insurance for yourself, your spouse, or your dependent children. Participation is voluntary and **you pay 100% of the cost**.

- Employee: coverage in increments of \$10,000 up to a maximum of \$100,000 or 3 times your annual compensation, whichever is less
- Coverage is subject to a reduction schedule by 33% at age 70 and an additional 17% at age 75
- Spouse: \$10,000
- Children: \$5,000 (birth to age 6 months - \$500)

DISABILITY Insurance – Lincoln Financial

Voluntary Short-Term Disability (STD) replaces a portion of your income and **you pay 100% of the cost.**

- Premium is after-tax which means the benefit is tax free when received
- Benefit is 60% of weekly earnings, up to a maximum of \$1,000 per week for up to 11 weeks
- Benefits begin after you have been disabled for 14 days due to an accident, injury or illness
- Pre-existing condition limitations apply

Long-Term Disability (LTD)

- The Agency provides this benefit at **no cost to you**
- Benefit is 60% of base salary, up to a maximum of \$5,000 per month (taxed as ordinary income)
- Benefits payments begin after 90 days of continuous disability
- Pre-existing condition limitations apply

EMPLOYEE ASSISTANCE PROGRAM (EAP) – Lincoln Financial

Available to all eligible employees and their immediate family members at **no cost to the employees.**

- Includes unlimited telephone access to legal, financial, and work-life services and up to four - face-to-face counseling sessions per person, per issue, per Plan year
- Assist with issues such as: stress management, grief/loss, family problems, etc.

HOLIDAYS

Holidays:

Holidays – 10 holidays for full-time employees, Exempt employees who work the holiday must take another day off within the pay period. Hourly employees who work the holiday will be paid holiday pay plus time worked on the holiday. Must work the day before and after to receive holiday pay.

Holidays - 10

- New Year's Day
- Martin Luther King
- President's Day
- Memorial Day
- Juneteenth (June 19)
- July 4th
- Labor Day
- Thanksgiving Day
- Day after Thanksgiving
- Winter Day (Christmas)

PAID TIME OFF

PTO:

- Full-time (30+ hours/week) – see below chart for accrual rates based on years of service
- Carryover maximum - 120 hours

1-2 years – accrual rate of .0769 per hour worked up to 40 hours
3-5 years – accrual rate of .0808 per hour worked up to 40 hours
6 years – accrual rate of .0846 per hour worked up to 40 hours
7 years – accrual rate of .0885 per hour worked up to 40 hours
8 years – accrual rate of .0961 per hour worked up to 40 hours
9 years – accrual rate of .1038 per hour worked up to 40 hours
10+ years – accrual rate of .1154 per hour worked up to 40 hours

For example, an employee whose accrual rate is .0769 and has worked 60 hours per pay would accrue 4.614 hours which equals to 119.964 hours annually.

PAID TIME OFF

PTO:

Part-time (25-29 hours/week) – see below chart for accrual rates based on years of service
Carryover maximum – 40 hours

1-2 years – accrual rate of .01923 per hour worked up to 29 hours
3-7 years – accrual rate .023077 per hour worked up to 29 hours
8 years – accrual rate .030769 per hour worked up to 29 hours
9 years – accrual rate .034615 per hour worked up to 29 hours
10+ years – accrual rate .038461 per hour worked up to 29 hours

For example, an employee whose accrual rate is .01923 and has worked 50 hours per pay would accrue 09615 hours which equals to 25 hours annually.

BEREAVEMENT

- 3 days for immediate family member (spouse, children, siblings, parents, parent's in-law, grandparents)
- 5 days for out-of-state

DISCOUNTS

- Tickets at Work

RETIREMENT – ADP Retirement Services

403(b)

- Eligibility - Immediate
- Maximum annual elective contributions - \$23,500 plus \$7,500 “catch-up” if you are over 50 years old
- Employer Discretionary Matching Contributions per pay – 100% of your elective contributions up to a maximum of 3%.
- Vesting for Employer Discretionary Matching Contributions – 3 years

Employer Discretionary Basic Contributions

- Eligibility – January 1 that coincides with or follows the date you are credited with 2 years of service
- Year of Service – Completion of 1,000 hours in both the first 12 months of employment and the Plan Year beginning after your date of hire
- Vesting – 100% upon entrance into the Plan

Payroll Deductions Per Pay (based on 24 pays per year)

Medical/Prescription

Annual Salary	\$10,000 - \$39,999	\$40,000+
Minimum Value Plan		
Employee Only	\$6.70	\$6.70
Employee/Spouse	\$13.35	\$26.69
Employee/Child(ren)	\$10.06	\$23.44
Family	\$35.61	\$49.07
HNO		
Employee Only	\$12.56	\$25.96
Employee/Spouse	\$195.62	\$208.98
Employee/Child(ren)	\$162.99	\$176.45
Family	\$349.79	\$363.09

Dental

	Low Plan	High Plan
Employee Only	\$7.51	\$17.98
Employee/Spouse	\$14.88	\$35.94
Employee/Child(ren)	\$18.79	\$34.95
Family	\$24.94	\$58.87

Vision

	Base Plan	But-Up Plan
Employee Only	\$3.33	\$5.65
Employee/Spouse	\$6.75	\$12.07
Employee/Child(ren)	\$7.05	\$12.64
Family	\$10.01	\$15.89