



THE
DIFFERENCE
PRINCIPLE

2024 BENEFITS SUMMARY

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The information contained in this document are subject to change at any time and without any notification.

The Difference Principle is proud to offer a competitive benefits package for our staff. From paid vacation (enjoy your birthday off!), holidays, and sick time to extremely affordable health & dental insurance options, short- and long-term disability, and free vision insurance, we're confident that we can meet your needs as an employee in our network.

We are always reviewing and strengthening our offerings to find ways to benefit all employees.

PAY PERIODS

Employees are paid semi-monthly on the 15th and last day of the month.

VACATION

Full-time employees are entitled to 80 hours of paid vacation during each of the first two years of employment. Upon completion of the second and for the third, fourth and fifth year of employment, full-time employees are eligible for 120 hours of paid vacation. Upon completion of five years of employment, employees are eligible for 160 hours of paid vacation for each full year of employment thereafter. Carryover of vacation is not allowed. New employees are credited with 80 hours of vacation following their 90-day anniversary.

90 days - 2 years: 80 hours | **3-5 years:** 120 hours | **5 years:** 160 hours

PAID HOLIDAYS

- New Year's Day
- Martin Luther King Day
- Memorial Day
- Juneteenth Day
- July 4th (*Independence Day*)
- Labor Day
- Thanksgiving Day
- Thanksgiving Friday
- December 24th
- December 25th
- December 31st

SICK LEAVE

Full-time employees are entitled to 9 paid sick days per anniversary year. An employee with less than full-time service in any anniversary year will receive sick time on a pro-rated basis based on the number of hours worked during that anniversary year. Sick leave may be accumulated to a maximum of 20 days.

PERSONAL DAYS

Full-time employees are provided with 3 paid personal days per anniversary year.

BIRTHDAY LEAVE

Employees receive a paid day off on their birthday.

HEALTH INSURANCE

NETWORK: firsthealth.com • ADMIN: alliedbenefit.com

Full-time employees are eligible for health insurance on the first of the month following their hire date. Our insurance is administered by Allied, and our employees have access to in-network services with First Health Network.

Plan 1 • Traditional-Copay/PPO Plan

Deductible:	\$1,000 Single/ \$2,000 Family (Embedded) (In-Network) \$5,000 Single/ \$10,000 Family (Out of Network)
Coinsurance:	80% In-Network / 60% Out of Network
Preventive Care (In-Network):	Covered at 100%
Annual Out of Pocket Maximums:	\$3,000 Single/ \$6,000 Family (In-Network) \$11,000 Single/ \$22,000 (Out of Network)
Prescription Drugs:	\$15 Tier 1 / \$45 Tier 2 / \$85 Tier 3
Office Visits (PCP/SCP) (In-Network):	\$35 Primary Care (Under 19:100%) /\$70 Specialist
Emergency Room:	\$350 Copay
Urgent Care:	\$100 Copay
Virtual Visits:	\$0 through Teladoc
Hospitalization	Deductible & Coinsurance

ELECTION	PER PAYCHECK DEDUCTION (24)
EMPLOYEE ONLY	\$40.37
LIMITED FAMILY*	\$80.74
FAMILY	\$124.73

**Limited Family is Employee + Spouse or Employee + 1 or more children*

Plan 2 • HDHP/HSA Plan

Deductible:	\$2,000 Single / \$4,000 Family (In-Network) \$3,500 Single / \$7,000 Family (Out of Network)
Coinsurance:	80% In-Network / 60% Out of Network
Preventive Care (In-Network):	Covered at 100%
Annual Out of Pocket Maximums:	\$4000 Single/ \$8,000 Family (In-Network) \$9,500 Single/\$19,000 Family (Out of Network)
Office Visits (PCP/SCP) (In-Network):	Deductible & Coinsurance
Emergency Room:	Deductible & Coinsurance
Urgent Care:	Deductible & Coinsurance
Virtual Visits:	Deductible & Coinsurance (\$50 Fee)
Hospitalizations:	Deductible & Coinsurance
Retail Drug Co-pays:	\$0 Tier1 / \$15 Tier 2 / \$30 Tier 3

ELECTION	PER PAYCHECK DEDUCTION (24)
EMPLOYEE ONLY	\$22.50
LIMITED FAMILY*	\$45.00
FAMILY	\$67.50

**Limited Family is Employee + Spouse or Employee + 1 or more children.*

DENTAL INSURANCE

WWW.DELTADENTALWI.COM

Available on a voluntary basis at the employee's expense via payroll deduction. The dental insurance is with Delta Dental. Member website is www.deltadentalwi.com

Dental Plan • Highlights

Deductible:	\$50 single/\$150 Family
Preventive	100% (not subject to deductible)
Basic Services	80% coverage after deductible
Major Services	50% coverage after deductible
Annual Maximum	\$1,500 per person/per calendar year
Orthodontic Services (up to age 19)	50%
Lifetime Orthodontic Maximum	\$1,500 per person

ELECTION	PER PAYCHECK DEDUCTIONS
EMPLOYEE ONLY	\$2.50
EMPLOYEE + SPOUSE	\$5.00
EMPLOYEE + CHILD(REN)	\$5.00
FAMILY	\$7.50

VISION INSURANCE

WWW.DELTADENTALWI.COM/S/DELTAVISION

Vision insurance is available on a voluntary basis with Delta Vision and provided a **NO COST!**

Delta Vision Plan • Highlights

Vision Exam:	Employee pays \$10 then covered at 100% every 12 months
Lenses:	Covered after a \$10 copay every 12 months (upgrades/other add-on's available at additional copayments)
Frames:	\$130 allowance, then 30% off balance every 24 months
Contact Lenses (in lieu of eyeglasses):	\$130 retail allowance, Formulary-Up to four boxes

The above are in-network benefits only. Please refer to the complete benefit summary for out of network benefits.

FLEXIBLE SPENDING ACCOUNT (FSA)

This plan allows employees to pay for certain expenses using pre-tax dollars. Employees deduct monies from their paycheck before federal, state, Social Security and Medicare taxes are calculated. The monies are withheld from each paycheck in equal installments and reimbursed once an employee shows proof that the service was rendered. Expenses that qualify for reimbursement are Dependent Care and Medical Reimbursement (maximum \$3200/yr). Our Flexible Spending Account is administered through Diversified Benefit Services.

HEALTH SAVINGS ACCOUNT (HSA)

Employees that enroll in the Option 2 High Deductible Health Plan (HDHP) can set up a Health Savings Account (HSA). This is a tax-favored account that can be used for current and future medical expenses. A health savings account can be funded with your tax-exempt dollars, by your employer, to help pay for eligible medical expenses not covered by an insurance plan, including the deductible, and coinsurance. Our Health Savings Account is administered by Optum Bank.

LIFE & AD&D

The Difference Principle provides benefit eligible employees with \$25,000 of group life and accidental death & dismemberment (AD&D) insurance at no cost to you. The life insurance is provided by The Standard insurance company.

Supplemental Life/AD&D • UnitedHealthcare

Employees who wish to supplement their employer sponsored Life and Accidental Death & Dismemberment (AD&D) insurance benefits may purchase additional insurance as outlined below.

BENEFIT	COVERAGE
EMPLOYEE LIFE BENEFIT AMOUNT	INCREMENTS OF \$10,000 UP TO 5 TIMES YOUR ANNUAL EARNINGS OR \$500,000
EMPLOYEE AD&D BENEFIT AMOUNT	INCREMENTS OF \$10,000 UP TO 5 TIMES YOUR ANNUAL EARNINGS OR \$500,000
DEPENDENT LIFE BENEFIT AMOUNT	
SPOUSE	INCREMENTS OF \$5,000 UP TO 50% OF THE EMPLOYEE AMOUNT OR \$250,000
CHILD	INCREMENTS OF \$2,000 UP TO 50% OF THE EMPLOYEE AMOUNT OR \$10,000
GUARANTEE ISSUE AMOUNT	
EMPLOYEE	\$100,000
SPOUSE	\$20,000
CHILD	\$10,000

AGE REDUCTION FORMULA (REDUCES THE ORIGINAL AMOUNT BY THE FOLLOWING)

35% AT AGE 65 | 50% AT AGE 70 | 65% AT AGE 75

SHORT & LONG-TERM DISABILITY

Short- and long-term disability insurance is provided to you at **NO COST!**

Short-term Disability Plan • Highlights

Maximum Weekly Benefit: 60% of your earnings up to \$1,000 per week

Duration of Benefits: Up to 180 days

Your weekly benefit becomes payable after you have been continuously disabled for seven days.

Long-term Disability Plan • Highlights:

Maximum Monthly Benefit: 60% of your earnings up to \$5,000 per month

Duration of Benefits: Up to 3.5 years

If you become disabled, your benefits begin after the 180th day of your disabling ACCIDENT or ILLNESS. Long Term Disability benefits start after your short term disability benefits have been exhausted.

ACCIDENT INSURANCE

Accident insurance can help you pay for expenses not covered by health insurance (such as out-of-pocket costs to meet deductibles) if you have one of 80 covered injuries and need treatment. A preset amount is payable to you based on the type of injury and required treatment. You can use the payment as you see fit for doctor visits, ambulance fees, hospital bills, daily expenses, etc. There are two enrollment options for this benefit, with different payable amounts for each option. The deductions are:

ELECTION	OPTION A	OPTION B
EMPLOYEE ONLY	\$3.22	\$4.27
EMPLOYEE + SPOUSE/PARTNER	\$5.10	\$6.81
EMPLOYEE + CHILDREN	\$6.07	\$8.41
FAMILY	\$9.45	\$13.00

CRITICAL ILLNESS INSURANCE

Critical illness insurance supplements health insurance coverage by providing a lump sum benefit that can be used to pay for the direct and indirect costs related to a covered critical illness such as a heart attack, cancer diagnosis, stroke, etc. The benefit is paid per diagnosis. So, if there were more than one covered critical illness diagnosis in the year, the lump sum amount would be paid for both. There are two plan options for this benefit. The paycheck deductions are based on age-banded rates.

Deductions start as low as \$.60/pay period.

401(K)

Employees may enroll on the 1st of the calendar year quarter following 3 months of service and 300 hours of work. Contributions to the plan are voluntary and limited by the maximum amount allowed by law.