



2024

# Benefit Highlights

EMPOWERING YOUR WELLBEING

Children’s National is dedicated to taking care of our employees by providing benefits and resources that can improve work-life balance, and help ensure that you and your family are healthy and happy. We are proud to offer an attractive and comprehensive benefits package, designed to support many aspects of your life—from health and wellness services to income protection and retirement.

The benefits program described below is a significant investment in our employees, above and beyond your salary. Details about the various benefits may be found in the more comprehensive Benefits Guide. If there is any discrepancy between this summary and the provisions of any plan document or contract, the official Plan documents and contracts will govern. Children’s National reserves the right to change or terminate its benefit plans at any time and for any reason.

If you have questions about how the Children’s National benefits program works, please contact a member of our benefits team at **301-830-7640** or [Benefits@ChildrensNational.org](mailto:Benefits@ChildrensNational.org).

## Residents and Fellows:

YEARS OF SERVICE	VACATION ACCRUAL	SICK / ASSLA ACCRUAL
0 < 15 years	160 hours	96 hours

## ANNUAL VACATION LEAVE

Residents and Fellows receive a front load of annual vacation leave up to 160 hours for the fiscal year. Unused vacation may **NOT** be carried over and is not eligible for vacation payout upon separation. The front load of hours occurs at the beginning of the fiscal year. Hours may be prorated accordingly based on start date and FTE, if applicable.

## SICK LEAVE AND ASSLA

Sick leave and ASSLA leave are front loaded at the beginning of the fiscal year. Combined it is 12 days annually into separate leave banks and subject to the appropriate policy for usage. Each bank has its own carry forward rules and is forfeited upon separation. Hours may be prorated accordingly based on start date and FTE, if applicable.

## PARENTAL LEAVE

Parental leave is a Children’s National provided benefit that offers 100% salary continuance for new parents to use after the birth or adoption of a child. Effective on your date of hire, benefit eligible, non-union and CIR union employees may receive 12 weeks of parental leave for the birth or adoption of a child, and baby bonding.



**Children’s National.**

## MEDICAL / RX BENEFITS

Children's provides four health insurance plans: a Preferred Provider Organization (PPO), two Health Maintenance Organizations (HMO) and a High Deductible Health Plan with a Health Savings Account. Premiums are deducted each pay period from an employee's pay on a pre-tax basis. We are pleased to offer a comprehensive infertility benefit under our Aetna plans and Transgender Health Services coverage under all four of our medical plans.

BI-WEEKLY PREMIUM COST	AETNA PPO	AETNA HDHP	AETNA HMO	KAISER HMO
Employee Only	\$53.29	\$33.06	\$105.27	\$82.00
Employee + Spouse / Domestic Partner*	\$200.38	\$109.62	\$320.44	\$301.65
Employee + Child(ren)	\$181.29	\$100.83	\$298.22	\$280.73
Family	\$286.26	\$149.23	\$420.49	\$395.83

## FLEXIBLE SPENDING ACCOUNTS

Children's offers eligible employees the opportunity to save tax dollars by participating in the Flexible Spending Accounts (FSA). Employees may enroll in the FSA within 30 days of employment, during annual open enrollment, or if they experience a qualifying life event. FSA account may be used for eligible non-reimbursed health care expenses of up to \$3,050 per year and / or eligible dependent care expenses of up to \$5,000 per year.

## RETIREMENT PLAN

Children's National Hospital offers you the opportunity to save for retirement through our 401(k) Deferred Compensation Plan. By automatic payroll deduction, you may elect to contribute either a flat dollar amount or a fractional percentage (e.g., 5.75%) of your bi-weekly salary up to an IRS maximum contribution limit of \$23,000. If you have reached or will reach age 50 during the calendar year, you may make an additional "catch-up" contribution of \$7,500.

To start saving or change your deduction, contact Fidelity Investments at 888-461-2662, or log on to: [www.Netbenefits.com/atwork](http://www.Netbenefits.com/atwork).

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## PAID HOLIDAYS

Children's currently recognizes the following 9 days as paid holidays:

- New Year's Day
- Memorial Day
- Veterans Day
- Martin Luther King Day
- Independence Day
- Thanksgiving Day
- President's Day
- Labor Day
- Christmas Day

In addition, eligible employees earn a personal day equivalent to 8 hours, which is added to their vacation bank in July. (CSS and CP&A holiday schedules vary slightly. Refer to the payroll calendar for when holidays are observed during the work week.)

MEDICAL BENEFITS AT A GLANCE	BEAR ADVANTAGE PPO	BEAR HIGH DEDUCTIBLE HEALTH PLAN
	In-Network	In-Network
Deductible: Individual / Family	\$300 / \$600	\$1,500 / \$3,000
Out-of-Pocket Maximums (OOPM): Individual / Family	\$3,500 / \$7,000	\$3000 / \$6,000
<b>Category of Service</b>		
Preventive Care	No charge	No charge
<b>Office Visits</b>		
Primary Care for illness or injury	\$25 copay; no deductible	10% coinsurance after deductible
Specialist	\$40 copay; no deductible	10% coinsurance after deductible
Telemedicine (general medical)	\$15 copay	\$49 / consult
<b>Hospital / Facility Services</b>		
Inpatient <sup>1</sup> or Outpatient Surgery	20% coinsurance	10% coinsurance after deductible
Emergency Room	20% after \$200 copay	10% coinsurance after deductible
Urgent Care Center	\$40 copay; no deductible	10% coinsurance after deductible
<b>Prescription Drug</b>		<b>Must satisfy deductible before copay applies</b>
<b>Retail</b>		
• Generic	\$15 copay	\$15 copay
• Preferred Brand	\$35 copay	\$35 copay
• Non-Preferred Brand	80% coinsurance up to OOPM	80% coinsurance up to OOPM
• Specialty	20% coinsurance up to of \$150 max	20% coinsurance up to of \$150 max
<b>Mail Order</b>		
• Generic	\$30 copay	\$30 copay
• Preferred Brand	\$70 copay	\$70 copay
• Non-Preferred Brand	80% coinsurance up to OOPM	80% coinsurance up to OOPM
• Specialty	20% coinsurance up to of \$150 max	20% coinsurance up to of \$150 max

<sup>1</sup> Pre-certification required for inpatient confinements to avoid \$200 penalty.

## LIFE & ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

Employees receive group term basic life and accidental death & dismemberment (AD&D) at no cost to you.

NON-EXEMPT, EXEMPT, FELLOWS & RESIDENTS COVERAGE MAXIMUM	
2X Annual Base Salary	\$200,000

  

FACULTY, DIRECTORS, AND ABOVE COVERAGE MAXIMUM	
3X Annual Base Salary	\$600,000

Employees may also purchase additional life insurance for themselves as well as spousal and child life for eligible dependents through the voluntary life insurance plan.

## SHORT TERM DISABILITY

Short-term disability insurance is a voluntary benefit. Employees who elect coverage, pay the full cost through after-tax payroll deductions. Eligibility for short-term disability benefits begin once enrolled employees are out of work for 14 consecutive days. There are two vendor options:

- The Hartford Group Insurance Plan replaces 60% of base salary to a maximum weekly benefit of \$2,310 or 50% of base salary up to a maximum weekly benefit of \$1,950.
- Unum individual insurance plan replaces up to 60% of your income with a maximum monthly benefit of \$5,000.

## LONG TERM DISABILITY

Children's offers long-term disability (LTD) insurance at no cost to you. LTD may cover you if your illness or injury continues beyond 90 days. You become automatically enrolled after six months of continuous employment. The plan pays benefits as shown below:

BENEFITS		
Non-exempt	60%	\$5,000
Exempt / Managers	60%	\$5,000
Faculty, Directors, Fellows / Residents	70%	\$10,000

## OPTIONAL INCOME PROTECTION

- Accident Insurance
- Critical Illness
- Hospital Protection
- Whole Life with
- Long-term Care

## OTHER KEY BENEFITS

- Back-Up Care
- Commuter (SmartBenefits)
- Credit Union Membership
- Discount on CNH Services
- Employee Assistance Program
- Fitness Centers
- Homeowners & Auto Coverage
- Identity Theft Protection
- Legal Insurance
- Pet Insurance
- Tuition Assistance
- Wellness Program

BEAR SELECT HMO	KAISER PERMANENTE HMO
In-Network	In-Network
None	None
\$2,750 / \$6,500	\$2,250 / \$4,500
No charge	No charge
\$20 copay	\$20 copay (Waived for child under age 5)
\$20 copay	\$20 copay
\$15 copay	No charge
Inpt: \$500 copay / stay; Outpt: \$250 copay	Inpt: \$500 copay / stay; Outpt: \$250 copay
10% coinsurance after \$200 copay	\$200 copay
\$50 copay	\$20 copay
Retail @ CVS / Caremark	
\$15 copay	\$15 copay; \$25 at Participating Pharm
\$35 copay	\$25 copay; \$40 at Participating Pharm
80% coinsurance up to OOPM	\$40 copay; \$55 at Participating Pharm
20% coinsurance up to of \$150 max	50% coinsurance up to \$100 max
\$30 copay	\$15 copay; \$25 at Participating Pharm
\$70 copay	\$25 copay; \$40 at Participating Pharm
80% coinsurance up to OOPM	\$40 copay; \$55 at Participating Pharm
20% coinsurance up to of \$150 max	50% coinsurance up to \$100 max

\* Unless otherwise noted, the applicable deductible must be met before the coinsurance applies.

DENTAL BENEFITS	BI-WEEKLY PREMIUM COST		
Children's provides two dental insurance PPO plans through Delta Dental. Both plans cover preventive, basic and major care. Premiums are deducted per pay period from an employee's paycheck on pre-tax basis.	<b>Delta Dental</b>	<b>Standard Plan</b>	<b>Enhanced Plan</b>
	Employee Only	\$9.01	\$22.37
	Employee + Spouse	\$16.74	\$43.86
	Employee + Child(ren)	\$15.22	\$37.28
	Family	\$20.91	\$59.08

DELTA DENTAL	STANDARD PLAN	ENHANCED PLAN
Deductible per calendar year per individual Benefit maximum per calendar year per individual Orthodontic lifetime maximum	\$50 Plan pays up to \$1,500 N/A	\$25 Plan pays up to \$2,000 \$3,000
<b>PREVENTIVE / DIAGNOSTIC</b>		
Oral exams, prophylaxis / cleaning, fluoride treatments, space maintainers, X-rays	No charge	No charge
<b>BASIC RESTORATIVE</b>		
Fillings, simple extractions, surgical extractions Oral Surgery, Endodontics, Periodontics	You pay 40% coinsurance	You pay 20% coinsurance
<b>MAJOR RESTORATIVE &amp; PROSTHODONTICS</b>		
Dentures, bridges, implants, inlays / onlays, and crowns, implants	You pay 40% coinsurance	You pay 20% coinsurance
<b>ORTHODONTICS</b>		
Covered employees, spouses and dependent children up to age 26. (Subject to lifetime maximum.)	N/A	You pay 50% coinsurance \$3,000 maximum per person

VISION BENEFITS	BI-WEEKLY PREMIUM COST		
Children's provides two vision insurance PPO options through Vision Service Plan (VSP). VSP has a group of participating ophthalmologists and optometrists. Non-participating ophthalmologists and optometrists may be used for services and reimbursement will be on a pre-determined fee schedule basis. Coverage under the plan includes eye exams, prescription glasses and contact lenses.	<b>Vision Service Plan</b>	<b>Standard Plan</b>	<b>Enhanced Plan</b>
	Employee Only	\$2.81	\$5.49
	Employee + Spouse	\$4.93	\$8.76
	Employee + Child(ren)	\$5.01	\$9.08
	Family	\$8.75	\$15.15

VSP	VSP STANDARD	VSP SIGNATURE	NON VSP PROVIDER
Exam (Once every 12 mos.)	\$10 co-pay	\$10 co-pay	\$52 allowance
Prescription Glasses			
Single Vision	100% coverage after co-pay	100% coverage after co-pay	\$55 allowance
Lined Bifocal	100% coverage after co-pay	100% coverage after co-pay	\$75 allowance
Lined Trifocal	100% coverage after co-pay	100% coverage after co-pay	\$100 allowance
Frames	\$150 frame allowance 20% discount on amount over allowance	\$150 frame allowance 20% discount on amount over allowance	\$70 allowance
Contact Lenses (Covered every 12 months when you choose contacts instead of glasses.)	\$60 copay; \$130 allowance	\$60 copay; \$130 allowance	\$105 allowance
Additional Pairs of Eyewear Prescription Glasses Contact Lenses	Discount Only	\$10 copay; \$150 allowance \$60 copay; \$130 allowance	Discount Only

