2026 BENEFITS SUMMARY

Flipbook Full Guide: https://cloud.3dissue.net/40523/40435/40875/104218/index.html

Benefit	Provider / Details	Eligibility	
Health Insurance	**Harvard Pilgrim**	**1st of the month, following date of hire**	
	PLAN DEDUCTIBLE *	**PREMIUM - WEEKLY**	
Plan 1 - Best Buy HMO-LP 4000 Harvard Pilgrim Health Care	Deductible Individual $4,000 Deductible Family $12,000	Individual Emp. + Spouse Emp. + Child(ren) Emp. + Family	$33.99 $141.74 $134.63 $247.85
Plan 2 - Best Buy HMO-LP 3000 Harvard Pilgrim Health Care	Deductible Individual $3,000 Deductible Family $9,000	Individual Emp. + Spouse Emp. + Child(ren) Emp. + Family	$64.35 $202.82 $192.66 $338.94
Elevante Health - HMO 4000 Harvard Pilgrim Health Care	Deductible Individual $4,000 Deductible Family $12,000	Individual Emp. + Spouse Emp. + Child(ren) Emp. + Family	$12.15 $97.80 $92.89 $182.33

** No one family member may contribute more than the individual deductible amount to the family deductible.*

ADDITIONAL PLAN DETAILS	SERVICES	CO-PAY FOR SERVICES
Medical Benefits (both plans) **Plan 1 - HMO-LP 4000** **Plan 2 - HMO-LP 3000** *Broad New England Network*	PCP Office Visit - Sickness…….. PCP Office Visit - Preventative…….. Specialist Office Visit (referral required)…….. Mental/Behavioral Health…….. Emergency Room Visit……	$30 copay 100% covered by plan Level 1-$30, Level 2-$60 $30. Deductible then $350, Non-Medical ER Deductible then 50% coinsurance
Medical Benefits Elevate Health HMO 4000 *Limited network of New Hampshire providers and hospitals*	PCP Office Visit - Sickness…….. PCP Office Visit - Preventative…….. Specialist Office Visit (referral required)…….. Mental/Behavioral Health…….. Emergency Room Visit……	$30 copay 100% covered by plan Level 1-$30, Level 2-$60 $30. Deductible then $300 copay
Pharmacy Benefits Retail **(30 day supply)**	Tier 1 - Generic…… Tier 2 - Preferred…… Tier 3 - Non-Preferred (Specialty)…… Tier 4…… Tier 5……	$10 $25 $50 30% up to $250 40% up to $350
Pharmacy Benefits Mail Order **(90 day supply)**	Tier 1 - Generic…… Tier 2 - Preferred…… Tier 3 - Non-Preferred (Specialty)…… Tier 4…… Tier 5……	$20 $50 $100 30% up to $500 40% up to $700
Doctor-on-Demand	Appointment with Medical Doctor Appointment with Psychologist Appointment with Psychiatrist	$30.00 $30.00 $30.00

Dental Insurance	The Standard	1st of the month, following date of hire	
SERVICES	PLAN DETAILS	PREMIUM - WEEKLY	
Preventative 100% Basic Restorative 80% Major Restorative 50% Orthodontia 50%	Deductible Individual $50 Deductive Family $150 Maximum Annual Benefit per member $1250	Single Emp. + 1 Emp. + Family	$3.75 $8.22 $15.66
Vision Insurance	**VSP - Choice**	**1st of the month, following date of hire**	
SERVICES/FREQUENCY	COPAY	PREMIUM - WEEKLY	
Eye Exam (every calendar year)..... Frames (every other calendar year)..... Lenses: Single vision, lined bifocal, and lined trifocal lenses (every calendar year)..... Contact Lenses (every calendar year).....	$20 copay $130 allowance: wide selection of frames (20% savings over allowance) $150 allowance: featured frame brands (20% savings over allowance) Included in prescription glasses $130 allowance; copay does not apply	Premium paid by WCBH	
Life Insurance*	**Sun Life Financial**	**1st of the month, following date of hire**	
PLAN	DETAILS	PREMIUM - WEEKLY	
Life and AD&D (accidental death & dismemberment)	1 X Basic Annual Earnings - up to a maximum of $150,000	Company Paid	
Voluntary Life	Choose an amount between $10,000 - $200,000 - in increments of $10,000, not to exceed 5 times your basic annual earnings	Based on employees age & coverage amt.	
Spouse Life	Choose coverage amount between $10,000 - $100,000 - in increments of $5,000. Cannot exceed 50% of employee's coverage amount.	Based on spouses age & coverage amt.	
Child Life	Choose either a $5000 OR $10,000 policy (1 policy per family covers all children). Cannot exceed 50% of employee coverage amount.	$0.85 ($5000 policy) $1.70 ($10,000 policy)	
Disability Insurance*	**Sun Life Financial**	**1st of the month, following date of hire**	
PLAN	DETAILS	PREMIUM - WEEKLY	
Short Term Disability	Weekly Benefit: $50-$750, select up to 70% of total weekly earnings. Benefit Waiting Period: Day 1 due to accident/ 8 days due to illness Maximum Benefit Period: 13 weeks	Based on coverage amt.	
Long Term Disability	Weekly Benefit: 60% of total monthly earnings, up to $6,000/month. Benefit Waiting Period: 90 days Maximum Benefit Period: Later of Age 65 or SS Retirement Age	Based on coverage amt.	
**If you decline Life and/or Disability coverage in your initial eligibility period you will be required to complete an Evidence of Insurability (EOI) on all late enrollments.*			
Accident Insurance	**Sun Life Financial**	**1st of the month, following date of hire**	
PLAN	DETAILS	PREMIUM - WEEKLY	
Accident - Low	Coverage for you, spouse and children in the event of an accident. Helps covers related expenses, deductibles, and copays.	Individual Emp. + Spouse Emp. + Child(ren) Emp. + Family	$5.74 $10.69 $11.68 $16.63
Accident - High	Coverage for you, spouse and children in the event of an accident. Helps covers related expenses, deductibles, and copays.	Individual Emp. + Spouse Emp. + Child(ren) Emp. + Family	$9.35 $17.43 $19.50 $27.58
Critical Illness Insurance	**Sun Life Financial**	**1st of the month, following date of hire**	
PLAN	DETAILS	PREMIUM - WEEKLY	
Critical Illness - Employee	Choose between $5,000 and $20,000 of coverage, in increments of $5,000.	Based on employees age & coverage amt.	
Critical Illness - Spouse	Elect coverage between $2,500 and $10,000, in increments of $2,500. Not to exceed 50% of employee coverage amount.	Based on employees age & coverage amt.	

Critical Illness - Child	Elect coverage of $2,500 or $5,000. Employee must have coverage. Not to exceed 50% of employee coverage amount.	Based on employees age & coverage amt.
LegalGUARD	**Legal Access Plans**	**1st of the month, following date of hire**
PLAN	**DETAILS**	**PREMIUM - WEEKLY**
LegalGUARD	Access to a national network of attorneys that are matched to meet your needs. Members get paid in full coverage on most legal matters.	$3.60
Flexible Spending Account	**London Health Administrators**	**1st of the month, following date of hire**
PLAN	**DETAILS**	**PREMIUM - WEEKLY**
Flexible Spending Account (FSA)	Contribute up to $1500 per calendar year Pay for eligible health care expenses on a pre-tax basis Must use it by 12/31 of plan year or lose it.	Based on amount elected, divided by the number of pay periods remaining in calendar year
Dependent Care Account	Contribute up to $5000 per calendar year Pay for daycare for children under the age of 12 or other care for other dependents on a pre-tax basis. Use it by 12/31 or lose it.	Based on amount elected, divided by the number of pay periods remaining in calendar year
Pet Insurance	**Crum & Forster/ASPCA**	**Immediate**
For that special family member	Customizable coverage options. Elect amount of coverage, reimbursement percentage and deductible.	Enroll directly with Crum & Forster This is not a payroll deduction, pay Crum & Forster directly
Retirement Plan	**TIAA - CREF**	**1st of the month, following date of hire**
PLAN	**Employee Contributions**	**Employer Contributions**
403B Retirement Plan	Employee Tax Deferred Annuity Plan. Pre-tax and Roth plans Eligible first day of employment for employee contributions Employee contributions 100% vested immediately. Annual contribution determined by IRS.	Employer matching after 1 year and 1,000 hours of service. Employer match 50 cents on the dollar up to 4% employee contribution. Vesting based on years of service

For full plan details on any of the benefit plans, refer to the individual summary plan description (SPD).
This is provided to summarize the benefits available to eligible West Central Behavioral Health employees and is intended to be used as a reference guide only.
For more information, please contact WCBH Human Resources: **hr@wcbh.org**

Paid Time Off (PTO)	**Details**	
PTO is a combination of vacation, personal and sick time.	Calendar Year: Jan-Dec Weekly accrual based on the number of hours worked per week, excluding overtime, and length of service. May carry over up to 40 hours of unused PTO into the new calendar year	Eligibility: Employees that work 20 or more hours per week.
Other Leave Benefits	**Details**	**Usage**
Sick Leave Reserve (SLR)	Any unused PTO amounts above 40 will be transferred to the employees SLR account.	Access SLR after 3 consecutive days sick utilizing PTO
Holiday Time	Agency recognizes 8 holidays per year	
Bereavement	Company paid leave up to 3 days off when a death occurs in an employee's immediate family.	

Other Benefits	Details	Eligibility
EAP - Employee Assistance Program	Confidential information, support, and referral service offering tools and resources designed to help maximize productivity and meet the challenges of modern life. Available to all employees at no additional cost	Immediately
Harvard Pilgrim Living Well Program	Earn Amazon Gifts Cards depending on level of activity. Participate in fitness related challenges. New and different challenges each month	1000 points = $20 gift card 3000 points = $40 gift card 5000 points = $60 gift card
SmartConnect	SmartConnect is an exclusisve program created specifically for working or retiring adults (and family members) who are Medicare-eligible and may not have fully explored the benefits of Medicare coverage.	Immediately
Discount Programs	Wireless plans, gym memberships, movie tickets, amusement theme parks, Broadway and theater shows, sporting events, concerts, hotels, travel, shopping, pet care, health and behavioral health services, family care and child learning, home and home office, heating oil and propane, computers, laptops and accessories	
Education Assistance	**Details**	**Eligibility**
Tuition Reimbursement	Full time employees may be reimbursed up to $1,500 per year to offset the costs of job-related course fees and expenses. Part time employees are eligible for a pro-rated reimbursement amount.	After 1 year of employment
Student Loan Assistance Program (SLAP)	Up to $10,000 over a 3-year period for a full-time employee,. Amount is pro-rated for part-time employees Funds paid to a third-party to process payment to student loan servicer	Employed for at least 1 year Average at least 16 hours per week during the preceding year
Public Service Loan Forgiveness (PSLF)	PSLF forgives the remaining balance on your Direct Loans after you have made 120 qualifying monthly payments under a qualifying repayment plan..	Employed by non-profit organization Work full-time Consolidate balances into a Direct Loan
NH State Loan Repayment Program (SLRP)	NH SLRP provides funds to health care professionals working in areas of the state designated as being medically underserved.	US citizen Not receiving loan repayment money from other programs Licensed in the State of NH
Champlain College-truEd Online Programs	Discounted tuition rates for WCBH employees, spouse & child(ren) between the ages: 23-26	1st of the month, following date of hire
Employee Recognition	**Details**	**Eligibility**
Quarterly Employee Awards	Employees are nominated by fellow co-workers across the agency in recognition of achievements and contributions.	Must be employed 6 months
Years of Service Award	Employees are recognized for their length of service.	Completed 5 years of continuous service and awarded in five-year increments
Fred Hesch Award	Nominated by Executive Leadership to the employee, clinical and non-clinical, who best embraces Fred Hesch's commitment to serving West Central's mission	8 or more years of service