

consulting engineers and scientists

2018 Benefits Guide



Consulting
Engineers and
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GEI Benefits

Brief Highlights

The employee benefits made available to you through GEI Consultants, Inc. (GEI) have evolved by listening to our people, and by making it a top priority to offer you the most comprehensive benefit package possible. The information in this brochure describes the highlights of the benefits offered to eligible employees. For more complete information including summary plan descriptions, please visit GEI Connections or contact the People Department.

Employee Contact Numbers

Blue Benefit Administrators of Massachusetts (Medical)	1-888-222-9206
Blue Cross Blue Shield of Massachusetts	1-800-358-2227
UNUM (Life, Long-term Care, STD, LTD)	1-800-421-0344
Fidelity Investments (401K)	1-800-835-5097
Work-life Balance (UNUM EAP Program)	1-800-854-1446
Vision Service Plan	1-800-877-7195
Borislow Insurance Medicare Assistance	1-978-722-1120
Health Equity (HSA)	1-866-382-3510
Blue Benefit Administrators of Massachusetts (HRA)	1-888-222-9206
WageWorks (Transit/Parking & FSA)	1-877-924-3967

401(k) & Profit Sharing

Effective Date:	1st of month after the date of hire
Eligibility Requirements:	All staff except interns and co-op students
Mutual Fund Provider:	Fidelity Investments
Profit Sharing:	Percent of salary annual contribution at discretion of the Board of Directors
Employee Contribution*:	2018 IRS Limit of \$18,500
Vesting:	Employee contribution—Immediate Employer contribution—6 years based on date of employment

*If age 50 or older, you may contribute an additional \$6,000 (or maximum amount allowed by IRS) above maximum as catch-up money.

Short Term Disability

Carrier:	UNUM
Effective Date:	1st of month after the date of hire
Elimination Period:	7 days
Weekly Benefit:	60% of salary
Weekly Benefit Maximum:	\$2,500
Benefit Begins:	8th day accident 8th day illness
Duration:	12 weeks
Contributions:	Employee Paid (after tax)
Pre-existing	3/12 months*

*Any condition treated up to 3 months prior to effective date of coverage will not be a covered benefit until coverage has been in force 12 months.

Long Term Disability

Carrier:	UNUM
Effective Date:	1st of month after the date of hire
Elimination Period:	90 days
Monthly Benefit:	60% of salary
Max Monthly Benefit:	\$10,000
Duration:	To age 65
Survivor Benefit:	3 times last monthly payment
Contributions:	Employer Paid
Pre-Existing Clauses:	3/12 months*

*Any condition treated up to 3 months prior to effective date of coverage will not be a covered benefit until coverage has been in force 12 months.

Life Coverage

Carrier:	UNUM
Effective Date:	Date of hire
Life Coverage:	1.5 x salary, up to \$400,000 maximum
AD&D Coverage:	Provides an additional benefit equal to your life insurance coverage
Age Reduction Schedule:	35% @ 70, 50% @ 75
Contributions:	Employer Paid
Optional Life:	Additional Life benefits may be purchased at an additional cost for the employee, his/her spouse, and/or dependents
Employee:	\$10,000 increments, 1-5 x salary, up to \$500,000 maximum Guaranteed Issue: \$150,000
Spouse:	\$5,000 increments, the lesser of 100% of employee election or \$500,000 maximum, Guaranteed Issue: \$25,000
Child(ren):	\$2,000 increments up to \$10,000 Guaranteed Issue: \$10,000
Contributions:	Employee Paid (after tax)

Flexible Spending Accounts (WageWorks)

Pay for the following items with TAX-FREE Dollars:

Dependent Care Expenses: Up to \$5,000 per year maximum (married filing jointly); up to \$2,500 per year maximum (married filing individual)

Out-of-pocket Health Care Expenses: Up to \$2,650 per year maximum, \$500 Rollover included

Long-term Care

Carrier:	UNUM
Effective Date:	1st of month after the date of hire
Contributions:	Employee Paid (after tax)

Long term care is the type of care received either at home or in a facility when someone needs assistance with activities of daily living, such as bathing and dressing, due to an accident, illness or advancing age. Eligible employees can purchase coverage and add eligible family members (parents, siblings, spouse, children over 18) at group rates.

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Medical					
Carrier:	Blue Benefit Administrators of Massachusetts*			Carrier:	Blue Benefit Administrators of Massachusetts*
Plan Type:	HDHP PPO Plan with a HSA or HRA			Plan Type:	PPO Plan \$500/\$1000
Effective Date:	1st of month after the date of hire			Effective Date:	1st of month after the date of hire
	In-Network	Out-of-Network			In-Network
Office Visit:	\$0 after deductible	20% co-insurance after deductible		Office Visit:	\$20 after deductible
Wellness/Preventive:	\$0	20% co-insurance after deductible		Wellness/Preventive:	\$0
Emergency Room:	\$150 after deductible	\$150 after deductible		Emergency Room:	\$100
RX 30 Day Supply: (after deductible)	\$15 Generic \$30 Preferred Brand \$50 Non-Preferred Brand	\$30 Generic \$60 Preferred Brand \$100 Non-Preferred Brand		RX 30 Day Supply:	\$15 Generic \$30 Preferred Brand \$50 Non-Preferred Brand
RX 90 Day Mail Order Supply (after deductible):	\$30 Generic \$60 Preferred Brand \$150 Non-Preferred Brand	not covered		RX 90 Day Mail Order Supply:	\$30 Generic \$60 Preferred Brand \$100 Non-Preferred Brand
Inpatient Hospital Services:	\$0 after deductible	20% co-insurance after deductible		Inpatient Hospital Services:	\$0 after deductible
Outpatient Hospital Services:	\$0 after deductible	20% co-insurance after deductible		Outpatient Hospital Services:	\$0 after deductible
Co-insurance paid once deductible is met:	0%	20%		Co-insurance:	0%
Plan Year Deductible:** (Combined)	\$2,000 Individual, \$4,000 Family			Plan Year Deductible:*** (Combined)	\$500 Individual, \$1000 Family
Medical and Rx Plan Year Out-of-pocket Maximum: (Combined)	\$5,000 Individual, \$10,000 Family			Medical Plan Year Out-of-pocket Maximum: (Combined)	\$5,450 Individual, \$10,900 Family
				Rx Plan Year Out-of-pocket Maximum: (Combined)	\$1,000 Individual, \$2,000 Family

Vision Coverage			
Carrier:	Vision Service Plan Employee		
Contributions:	Paid (pre-tax)		
Effective Date:	1st of month after the date of hire		
Plan Benefits:	VSP Network Doctor Benefit	Non-VSP Provider Benefit	Frequency**
Eye Exam:	\$10.00 co-pay	Up to \$45.00	Available once every 12 months*
LENSES:	Available once every 12 months*		
Single Vision:	\$25.00 co-pay	Up to \$30.00	
Bifocal:	\$25.00 co-pay	Up to \$50.00	
Trifocal:	\$25.00 co-pay	Up to \$65.00	
Lenticular:	\$25.00 co-pay	Up to \$125.00	
FRAMES:	\$130 Allowance	Up to \$70.00	Available once every 24 months*
ELECTIVE CONTACT LENSES:	Available once every 12 months*		
Professional Fees & Materials:	Up to \$60.00 for exam; \$150 allowance for lenses	Up to \$105.00	
VISUALLY NECESSARY CONTACT LENSES:			
Professional Fees & Materials:	Covered in full	Up to \$210.00	
Visually Necessary Contact Lenses are provided in lieu of all other lens and frame benefits available. When contact lenses are obtained, the Covered Person shall not be eligible for lenses again for 12 months and frames for 24 months.			
* Beginning with the first date of service.			
** Additional Discount applies to VSP Network Doctor's usual and customary professional fees.			

- * Domestic Partnership coverage available.
- ** GEI will offer an HRA or HSA with this plan. GEI will fund 65% of the \$2,000 individual deductible or 65% of the employee + one of family \$4,000 deductible for both the HRA and HSA. If you elect the HSA, GEI will make their contributions into your HSA account over the course of the year. GEI's contribution to the HSA will be prorated for mid-year enrollments. Our HSA vendor is Health Equity. Our HRA vendor is Blue Benefits Administrators.
- *** The deductible is fully paid by the employee. The deductible is the first \$500 of covered charges per member each plan year (or \$1000 per family).

Dental		
Carrier:	Blue Cross Blue Shield of Massachusetts*	
Plan Type:	Dental Blue	
Effective Date:	1st of month after the date of hire	
Benefit:	In-Network	Out-of-Network
Preventative Services: (Preventative and Diagnostic)	100% covered	100% covered (after deductible)
Basic Services: (Fillings, Root Canals, etc.)	100% covered	80% covered (after deductible)
Major Services: (Bridges, Crowns, etc.)	60% covered	50% covered (after deductible)
Calendar Year Deductible:	N/A	\$25 Individual/ \$75 Family
Calendar Year Maximum:	\$1,500 (Network & Non-network combined)	
Orthodontics:	100%, up to age 19	80% up to age 19
Orthodontics Lifetime Maximum:	\$1500 (Combined)	
Rollover Max included. Please contact the Human Resources Department for additional information.		
*Domestic Partnership coverage available.		

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Education Assistance

Eligibility: Regular Full-time and Regular Part-time employees

Staff may apply for reimbursement of tuition for courses begun after their date of employment. Course work must be related to the professional development of the employee and also benefit GEI. GEI may reimburse the staff member for tuition and laboratory fees, up to a maximum of \$5,000 in any fiscal year if the course is taken for credit and is completed with a grade of "B" or better.

Employee Assistance Program

Work-life Balance EAP

Website: www.lifebalance.net

User ID & Password: lifebalance

The EAP is a confidential and voluntary counseling referral service provided free of charge to all employees and members of their family household.

Types of concerns the EAP can assist you with:

- Emotional Problems
- Family Concerns
- Drug or Alcohol Abuse
- Marital/Relationship Issues
- Stress Management
- Legal Issues
- Money Matters such as budgeting and how to save

Paid Holidays

7 Holidays per year New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Day after Thanksgiving, Christmas Day.

Paid Personal Leave (PPL)

GEI offers Paid Personal Leave (PPL), which encompasses vacations, sick time, and personal time. The rate of accrual is based on the number of years of employment with GEI, credit for one-half of your past full-time work experience, and the number of hours that you are scheduled to work. The PPL accrual is subject to an accrual limitation policy.

Years at GEI & prior work experience credit	Full-time employees (40 hours/week)		Part-time employees (30-39 hours/week)
	Days per Year	Hrs per Year	Hrs per Year
0-4 years	18.0	144	108
5-9 years	23.0	184	138
10-14 years	25.0	200	150
15-19 years	27.5	220	165
20+ years	30.0	240	180

