



Medica

Base Plan



This plan does NOT include out of network coverage

Plan Individual Deductible:	\$4,500
Employer Reimbursement:	\$3,500
Your Individual Deductible:	\$1,000
Coinsurance:	You Pay: 20%, Carrier Pays: 80%
Individual Out of Pocket Max:	\$6,850

Plan Family Deductible:	\$9,000
Employer Reimbursement:	\$7,000
Family Deductible:	\$2,000
Coinsurance:	You Pay: 20% Carrier Pays: 80%
Family Out of Pocket Max:	\$13,700

Tip!
Pull your most
recent Explanation
of Benefits (EOB)
from Aetna portal
to request
reimbursement
from Family
Forward

WE	
Primary Care Office Visit Copay:	\$30 Copay
Specialty Office Visit Copay:	\$75 Copay
Mental Health Office or Virtual Visit	\$30 Copay
CVS Minute Clinic:	No Cost
Lab:	Deductible then 20% coinsurance
Urgent Care:	\$75 Copay
Emergency Room:	\$300 Copay
Deductible Responsibility Before RX Copays:	Not Applicable
Prescriptions Cost:	\$3/\$10/\$35/\$60/\$150
Rx Network Formulary:	Advanced Control

	Carrier Monthly Cost	Your Cost Monthly	Your Cost Per Pay Period
Employee:	\$967.24	\$203.12	\$101.56
Employee + Spouse:	\$1,934.42	\$715.74	\$357.87
Employee + Child/ren:	\$1,692.60	\$592.41	\$296.21
Family:	\$2,659.85	\$1,063.94	\$531.97

This summary is for illustrative purpose only. Details are included in the actual contract and Certificate of

Medical

Buy-Up Plan



This plan includes in and out of network coverage

Plan Individual Deductible:	\$5,000
Employer Reimbursement:	\$4,000
Your Individual Deductible:	\$1,000
Coinsurance:	You Pay: 0%, Carrier Pays: 100%
Individual Out of Pocket Max:	\$7,150

Plan Family Deductible:	\$10,000
Employer Reimbursement:	\$8,000
Family Deductible:	\$2,000
Coinsurance:	You Pay: 0% Carrier Pays: 100%
Family Out of Pocket Max:	\$14,300

Tip!
Pull your most
recent Explanation
of Benefits (EOB)
from Aetna portal
to request
reimbursement
from Family
Forward

w o	
Primary Care Office Visit Copay:	\$15 Copay
Specialty Office Visit Copay:	\$75 Copay
Mental Health Office or Virtual Visit	\$15 Copay
CVS Minute Clinic:	No Cost
Lab:	Deductible
Urgent Care:	\$75 Copay
Emergency Room:	\$300 Copay
Deductible Responsibility Before RX Copays:	Not Applicable
Prescriptions Cost:	\$3/\$10/\$35/\$60/\$150
Rx Network Formulary:	Advanced Control

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	Carrier Monthly Cost	Your Cost Monthly	Your Cost Per Pay Period
Employee:	\$1,060.54	\$222.71	\$111.36
Employee + Spouse:	\$2,121.03	\$784.78	\$392.39
Employee + Child/ren:	\$1,855.90	\$649.57	\$324.78
Family:	\$2,916.48	\$1,166.59	\$583.30

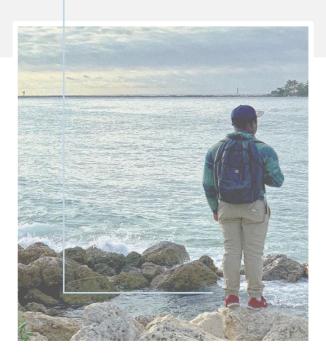
Plan Decision

SUPPORT

EPO Plan (In Network Coverage ONLY) **vs**. PPO Plan (In and Out of Network Coverage)

EPO Plan

Cameron doesn't use their health insurance often. They see a doctor once a year then will use their plan for illness or injury. Cameron understands the EPO plan does not include out of network benefits and knows how to look up the network when prescribed a new doctor. Cameron should be fine signing up for the EPO plan.



PPO Plan

Jordan's doctors are in network with their insurance plan. However, they have a medical condition that requires them to see a specific specialist only when the medical condition begins showing symptoms, which is rare. This specific specialist is not in network with their insurance plan. Jordan should choose the PPO plan so they will still have access to out of network benefits if they need to see their specific specialist.



Prescription
Search
Advanced Control



Provider
Search
Open Access Elect Choice
Open Choice PPO





<u>Wellness</u> Assets



<u>Pharmacy</u> Search



Virtual Visits



Anytime supportAetna Resources For Living[™]

Employee Assistance Program
To access services:
1-888-238-6232, TTY: 711
resourcesforliving.com
Username: FamilyForward
Password: EAP

Emotional wellbeing support



You can access up to 6 counseling sessions per issue each year. You can also call us 24 hours a day for in-the-moment emotional well-being support.

Counseling sessions are available face to face, via televideo or chat therapy. Services are free and confidential. We're always here to help with a wide range of issues including:

- Anxiety
- Relationship support
- Depression
- Stress management
- · Work/life balance
- · Family issues
- · Grief and loss
- Self-esteem and personal development
- Substance misuse and more

The Children's Home Society of Missouri DBA FamilyForward

Aetna Resources For Living is an employer sponsored program, available at no cost to you and all members of your household. Children living away from home are covered up to age 26.

Services are confidential and available 24 hours a day, 7 days a week.

Daily life assistance



Competing day-to-day needs can make it tough to know where to start. Call us for personalized guidance. We'll help you find resources for:

- Child care, parenting and adoption
- Care for older adults
- Caregiver support
- School and financial aid research
- Special needs
- Pet care

- Community resources/ basic needs
- Home repair and improvement
- Summer programs for kids
- Household services and more



Legal services



You can get a free 30-minute consultation with a participating attorney for each new legal topic related to:

- General
- Family
- · Civil/Criminal law
- Elder law and estate planning
- Divorce
- Wills and other document preparation
- · Real estate transactions
- · Mediation services

If you opt for services beyond the initial consultation you can get a 25 percent discount. You also have free access to legal documents and forms on your member website.

*Services must be related to the employee and eligible household members. Work-related issues are not covered. Discount does not include flat legal fees, contingency fees and plan mediator services.

Online resources



Your member website offers a full range of tools and resources to help with emotional wellbeing, work/life balance and more. You'll find:

- Articles and selfassessments
- Adult care and child care provider search tool
- · Stress resource center
- Video resources
- Live and recorded webinars
- Mobile app

Discount Center

Find deals on brand name products and services including electronics, entertainment, gifts and flowers, travel, fitness, nutrition and more.

myStrength

myStrength offers tools to improve your emotional health and help you overcome depression, anxiety, stress, substance misuse and/or chronic pain.

Financial services



Simply call for a free 30-minute consultation for each new financial topic related to:

- Budgeting
- Retirement or other financial planning
- Credit and debt issues
- College funding
- Tax and IRS questions
- · Mortgages and refinancing

You can get a 25 percent discount on tax preparation services. You also have access to financial articles, calculators and a financial assessment on your member website.

*Services must be for financial matters related to the employee and eligible household members.

Additional services



Chat therapy — Send secure text messages to your counselor, who will respond within one working day up to five days a week. A week of texting counts as one session. You can also schedule to meet online for 30-minute televideo sessions. Each televideo session counts as one visit. Work on the same kinds of issues you'd see a counselor face-to-face to talk about.

Identity theft services — One hour fraud resolution phone consultation or coaching about ID theft prevention and credit restoration. Services include a free emergency kit for victims.

MindCheck — Online tools that make it easy to improve your emotional wellbeing. Measure your mindset and get feedback and resources to maintain a positive outlook.



Welcome to Talkspace Aetna Resources For Living^{sм}

What is Talkspace?

Talkspace is an online therapy platform that makes it easy and convenient for you to connect with a licensed behavioral therapist — from anywhere, at any time. With Talkspace, you can send unlimited text, video and audio messages to your dedicated therapist via web browser or the Talkspace mobile app. You can also schedule real-time 30-minute live sessions. No commutes, appointments or scheduling hassles.

After you sign up:

- Use your free sessions: One week of texting counts as one visit, one live session counts as one visit
- You'll continue to message the same therapist unless you request to change providers.
- Your therapist will reply to you daily, during his or her business hours — five days a week.
- Whether on the go or at home, you can access
 Talkspace securely via your web browser or mobile app.

To get started messaging a therapist:

- · Visit your organization's secure landing page.
- · You'll be matched with a therapist within 48 hours.
- Choose a therapist and begin messaging the very same day.
- Remember: There's no limit to the number of messages you can send your therapist each day.



BASE

PLAN



Dental Network		Aetna PPO			
Annual Benefit Paid by	Carrier:	\$1,250 per family member			
Annual Deductible Paid	d by You:	Indiv	idual: \$50	Fa	amily: \$150
Preventive:		Youl	Pay: 0%	Cá	arrier Pays: 100%
Basic:		Youl	Pay: 20%	Cā	arrier Pays: 80%
Major:		Youl	Pay: 50%	Ca	arrier Pays: 50%
Orthodontia Benefit <i>Up to Age 19</i>		You pay: 50%; \$1,000 Lifetime Maximum		ime Maximum	
	Carrier		Your		Your Cost

	Carrier Monthly Cost	Your Cost Monthly	Your Cost Per Pay Period
Employee:	\$23.60	\$5.43	\$2.72
Employee + Spouse:	\$47.13	\$18.85	\$9.43
Employee +Child/ren:	\$64.10	\$28.85	\$14.43
Family:	\$86.54	\$40.67	\$20.34



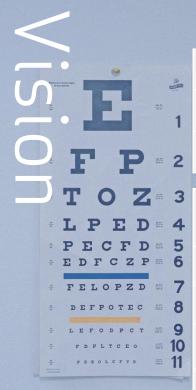
Dental Network	Aetna PPO		
Annual Benefit Paid by Carrier:	\$1,750 per family member		
Annual Deductible Paid by You:	Individual: \$75	Family: \$225	
Preventive:	You Pay: 0%	Carrier Pays: 100%	
Basic:	You Pay: 10%	Carrier Pays: 90%	
Major:	You Pay: 40%	Carrier Pays: 60%	
Orthodontia Benefit <i>Up to Age 19</i>	You pay: 50%; \$1,500 Lifetime Maximum		

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	Carrier Monthly Cost	Your Cost Monthly	Your Cost Per Pay Period
Employee:	\$35.43	\$5.67	\$2.84
Employee + Spouse:	\$70.87	\$22.68	\$11.34
Employee +Child/ren:	\$88.28	\$30.02	\$15.01
Family:	\$119.13	\$45.27	\$22.64



For more information about your dental plan click here!

♥aetna



Eye Exam: Every 12 Months:	\$10 Copay
Frames: Every 24 Months:	\$150 Allowance / 20% Discount
Contact Lenses: Every 12 Months: In lieu of lenses & frame benefit	\$150 Allowance / 15% Discount

	Your Monthly Cost	Your Cost Per Pay Period		
Employee:	\$4.66	\$2.33		
Employee + Spouse:	\$8.85	\$4.43		
Employee + Child/ren:	\$9.31	\$4.66		
Family:	\$13.68	\$6.84		



For more information about your vision plan <u>click here!</u>

Basic



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CONTROL CONTRO	
Employee Benefit:	1x annual salary up to \$150,000
Spouse Benefit:	\$5,000
Child Benefit:	\$2,500
Age Reduction:	35% @ age 65, 50% @ age 70
Waiver of Premium: Continuation of policy if employee becomes totally disabled	Included, employee or beneficiary must apply upon event

This benefit is offered at no cost to you!

Tip!
Make sure your
beneficiaries
are up-to-date!



Employee Guarantee Issue: Employee Max Benefit: Spouse Guarantee Issue: Spouse Max Benefit: Age Reduction:



Employee Guarantee Issue:	5x annual salary, up to \$150,000
Employee Max Benefit:	\$500,000, no more than 5x salary
Spouse Guarantee Issue:	100% of employee's benefit, up to \$25,000
Spouse Max Benefit:	50% of employee's benefit, up to \$250,000
Age Reduction:	35% @ age 65, 50% @ age 70
Child Benefit:	Available from birth to age 26
Child Guarantee Issue:	100% of employees benefit, up to \$10,000
Child Max Benefit:	50% of employee's benefit, up to \$10,000

Monthly Premiums (per \$1,000)

To calculate your monthly premium, use below formula or check the Caravus Connect portal:

Add Life Rate + AD&D Rate Multiply by Benefit Amount Divide by 1,000

Example: \$0.050 + \$0.022 = 0.072 0.072 * \$150000 = 10,800.00 10800.00 / \$10.80 per month

	Employee	Spouse	
Age Under 24	\$0.039	\$0.039	
25-29	\$0.032	\$0.032	
30-34	\$0.036	\$0.036	
35-39	\$0.050	\$0.050	
40-44	\$0.075	\$0.075	
45-49	\$0.118	\$0.118	
50-54	\$0.184	\$0.184	
55-59	\$0.289	\$0.289	
60-64	\$0.393	\$0.393	
65-69	\$0.616	\$0.616	
70-74	\$1.174	\$1.174	
75-79	\$1.174	\$1.174	
AD&D	\$0.022	\$0.022	
Child	Life: \$0.16; AD&D: \$0.040		

Tip!
If electing over the guarantee issue amount, please be sure to submit your Evidence of Insurability to the carrier.





Short Term Disability (STD) is a type of insurance that provides partial income replacement if you are temporarily unable to work due to illness, injury, or medical condition. Think about it like insuring your paycheck.

Below table outlines how much of your paycheck you will receive, when you would begin receiving payments, and how long you can continue to receive payments.

Weekly Benefit:	60% of your pre-disability pay up to \$1,000 per week
Elimination Period Accident / Illness:	Benefits begin to pay after 14 Days
Benefit Duration:	Benefits could pay out for up to 11 Weeks
Pre-Existing Condition Exclusions:	3 Months Prior / 6 Months Insured If you were treated for something in the 3 months before your coverage begins and you become disabled from that same condition within your first 6 months of coverage, the plan likely will not pay for that claim. After 6 months on the plan without treatment, the condition is no longer considered "pre-existing"
Maternity Benefit:	Included; Benefit Duration between 6 – 8 weeks depending on the delivery

Monthly Premiums (per \$10 of Weekly Benefit)		
To calculate your monthly premiums	Age Under 20	\$.980
Annual salary / 52 = Weekly Salary	20 - 24	\$.980
	25-29	\$1.050
Weekly Salary * .60 = Weekly Benefit (this amount is capped at \$1,000)	30-34	\$0.890
Weekly Benefit * Rate / 10 = Monthly	35-39	\$0.760
Premium	40-44	\$0.710
*STD benefit amount and premiums will be based on your salary at the beginning of each plan year (October). Salaries will only be updated once a year at open enrollment.	45-49	\$0.660
	50-54	\$0.780
	55-59	\$0.880
	60-64	\$1.000
	65-69	\$1.230
	70-74	\$1.230
12	75-79	\$1.230

Long Term

DISABILITY



Long Term Disability (LTD) is a type of insurance that provides partial income replacement if you are unable to work due to serious illness or injury for an extended period. Think about it like insuring your paycheck.

Below table outlines how much of your paycheck you will receive, when you would begin receiving payments, and how long you can continue to receive payments.

*LTD benefit amount and premiums will be based on your salary at the beginning of each plan year (October).
Salaries will only be updated once a year at open enrollment.

	Monthly Benefit:	50% up to \$10,000 per month (Managers and above) 50% up to \$7,500 per month (All other eligible employees)	
	Elimination Period:	Benefits begin to pay after 90 Days	
	Benefit Duration	Benefits could pay out up to your Social Security Normal Retirement Age	
	Pre-Existing Condition Exclusions:	3 Months Prior / 12 Months Insured If you were treated for something in the 3 months before your coverage begins and you become disabled from that same condition within your first 12 months of coverage, the plan likely will not pay for that claim. After 12 months on the plan without treatment, the condition is no longer considered "pre-existing"	
	Benefit Age Reduction:	Your benefit amount will reduce by 35% at age 65 and by 50% at age 70	

This benefit is offered at no cost to you!

Accident

For more detailed information on these benefits, please review the carrier's benefit summary

Pays a lump sum benefit after you suffer an accident. Includes more than 40 different circumstances, such as emergency treatment, ambulance, burns, dislocations, fractures, surgery and more. The benefit amount is paid directly to you and most claims are processed in about four business days.

Service		Amount		
Emergency Room		\$200		
Urgent Care		\$175		
Ground Ambulance		\$200		
Fractures & Dislocations		Range from \$100 up to \$6,000		
Lacerations		Range from \$	Range from \$75 up to \$700	
Burns		Range from \$	Range from \$150 up to \$15,000	
X-Ray		\$50		
Transportation, Lodging, Childcare services while in the hospital or treatment facility		Per day dollar amount paid to you		
Medical Device		\$200		
Wellness Exam (Yearly Physical)		\$50 (remember, this is free under the medical plan if you are staying innetwork!)		
	Your Cost Monthly		Your Cost Per Pay Period	
Employee:	\$5.82		\$2.91	
Employee + Spouse:	\$9.30		\$4.65	
Employee +Child/ren:	\$11.08		\$5.54	
Family:	y: \$17.25		\$8.63	



Provides a lump-sum cash benefit if you're diagnosed with a serious illness, such as cancer, heart attack, or stroke. This financial support can help cover medical treatments, out-of-pocket costs, and everyday expenses while you focus on recovery.

You elect a benefit amount to be used towards covered illnesses	Benefit
Employee	\$10,000
Spouse	\$10,000
Child(ren)	\$3,000
Pre-Existing Condition Limitation	6 months prior / 6 months insured
Covered Illnesses (not a complete list)	% of Principal Sum Pay Out
Heart Attack	100%
End Stage Renal Failure	100%
Stroke	100%
Alzheimer's Disease	100%
Parkinson's Disease	100%
Cerebral Palsy	100% (for children only)
Type 1 Diabetes	100% (for children only)
Cancer (Invasive)	100%
Bone Marrow Transplant	50%

Monthly Premiums (per \$1,000)		Employee & Spouse
To calculate your monthly premiums	20-24	\$0.22
	25-29	\$0.30
Rate x Election Amount	30-34	\$0.38
\$1000	35-39	\$0.52
	40-44	\$0.75
Example:	45-49	\$0.48
0.52*10000 = 5,200	50-54	\$1.39
5200/1000 = 5.2	55-59	\$1.84
,	60-64	\$2.39
Monthly Cost = \$5.20	65-69	\$4.17
	70-74	\$2.26
	75-99	\$3.29

Child Critical Illness is automatic if the employee is enrolled, a separate premium is not required.

For more detailed information on these benefits, please review the carrier's benefit summary

Provides financial support by offering a fixed cash benefit for each day spent in the hospital. This benefit helps cover out-of-pocket costs, such as deductibles and co-pays, during a hospital stay

Benefits are paid directly to you. Please note there is a 6/6 pre-existing condition limitation that applies if you do not enroll when you are initially offered this benefit. This pre-existing condition limitation does not apply to newborn children.

Service	Amount
Hospital Admission	\$1,000 per admission
ICU Admission	\$1,000 per admission
Daily Hospital Confinement	\$150 per day
Daily ICU Confinement	\$150 per day
Daily Newborn Nursery Care Confinement	\$75 per day, up to 2 days per policy year

	Your Cost Monthly	Your Cost Per Pay Period
Employee:	\$12.36	\$6.18
Employee + Spouse:	\$23.00	\$11.50
Employee +Child/ren:	\$24.03	\$12.02
Family:	\$36.29	\$18.15

Identity

Helps protect you from the financial and emotional stress of identity theft by offering coverage for expenses related to restoring your identity. This includes services like credit monitoring, fraud resolution, and legal assistance to help you recover quickly.

	Benefit Premier Monthly Rate	Benefit Premier Plus Monthly Rate
Employee:	\$14.99	\$17.99
Employee + Family:	\$29.98	\$32.98

"Keep my personal information and finances safer"

Identity and Financial Protection



Protecting your identity and finances is essential to help prevent fraud, secure personal assets, and maintain peace of mind in an increasingly digital world. Proactive monitoring helps catch cyberthreats early and minimize damage.

"Help protect my online life from scams and security threats"

Digital Protection



Help block scams, malware, and cyberthreats that can steal personal information and compromise both you and your family's security. With robust cybersecurity tools, you can keep tabs on your family, keep your data secure, and your devices running smoothly.

"Give me control of my personal data"

Privacy Online



With tools that monitor accounts for suspicious activity, protect sensitive information, and browse online anonymously, you can help keep cybercriminals away. With the right protections, you can enjoy peace of mind knowing your information is secure and you're free to focus on what matters most.

"Help me understand my finances"

Financial Wellness*



Today, financial wellness goes hand in hand with smart digital habits. Our newest innovations will empower employees with valuable insights into their finances, guiding them on the path to greater, more insightful, financial well-being.

Petinsurance

Helps cover the cost of veterinary care, including emergencies, surgeries, and routine check-ups for your pets. With this plan, you can focus on your pet's health without worrying about expensive medical bills.

	Your Cost Monthly
Employee:	Visit Rainwalk for Quote

We know your pet is family. That's why Family Forward now offers you discounted pet insurance to help you cover illness, unexpected emergencies, and more.

Benefits pet parents love with Rainwalk

- Onsult with a free virtual vet anytime.
- Save \$100 on routine vaccinations.
- ✓ File a claim in minutes through the app.
- Get reimbursed within days, not months.
- Enjoy coverage that lasts as long as your pet needs it.
- Secure lifelong protection with lifetime coverage.
- Additional 10% off for multiple pets

See full benefit summary to learn more. Or visit www.rainwalkpetinsurance.com.

Pet insurance





Flexible

SPENDING ACCOUNT (FSA) How it Works

- Contributions made to your FSA pre-taxed. Since your taxable income will be less after the FSA. contributions, you may save money by paying less in taxes
- The tax law prohibits the co-existence of an FSA with an HSA in one household
- Health FSA funds are subject to the "use it or lose it" rule, meaning unused funds are at risk
 - FSA Rollover allows you to carry over up to a certain amount of unused funds from your Flexible Spending Account (FSA) into the next year, giving you more flexibility to use your remaining balance. (Rollover applies to Health FSA only, NOT Dependent Care FSA)
- Health FSAs can be used towards your copayments, prescriptions, deductibles and other qualifying medical expenses, including dental and vison expenses
- Dependent Care FSA lets you set aside pre-tax money from your paycheck to help pay for childcare (children under age 13) or care for a dependent adult (spouse or an adult dependent who is physically or mentally unable to care for themselves and lives with you) while you work.
- Dependent Care FSA can be used for:
 - Daycare (must be licensed)
 - Preschool or nursery school (NOT kindergarten tuition)
 - Summer day camps (overnight camps don't qualify)
 - After school programs

Tip!

By visiting

fsastore.com you can discover and purchase all the products that are FSA eligible.

• Elder care or Adult Daycare Facilities

Contribution Limits 2025 Health FSA \$3,300 This account is front loaded by your employer and all funds can be used day one



Eligible FSA expenses



To submit a claim for reimbursement, please contact your Third-Party Administration (TPA) using one of the methods below:

Dependent Care FSA

account.

FSA funds must be front loaded. Receipt(s)

for services must be submitted as they are incurred, and the funds must be in your

For more information about FSAs click here!



Or scan the gr code with your phone camera!

\$5,000

What Makes FamilyForward Out Front

VACATION:

At FamilyForward, we believe that you should have opportunities to enjoy time off of work. Full-time employees begin accruing vacation time immediately, and they can accrue up to 15 days a year. Regular part-time employees can accrue up to 60 hours per year.

The amount of vacation you accrue each year is based on your length of service. Vacation is accrued as you work according to the schedule for full-time employees (see right). Eligible part-time employees accrue 2.31 hours of vacation per pay period.

Years of Eligible Service	Maximum Accrual Per Year	Accrual per Pay Period
0-2	120 hours (15 days)	4.62
3-5	160 hours (20 days)	6.16
6-8	200 hours (25 days)	7.70
9 or more	240 hours (30 days)	9.24

FamilyForward also provides salaried overtime-exempt employees earned personal time for hours worked in excess of eighty (80) hours per pay period. Earned personal time will be allowed to accrue up to a maximum of forty (40) hours.

Eligibility and use of vacation, personal, or other paid time off is subject to FamilyForward's policies and procedures within our Employee Handbook.

HOLIDAYS:

FamilyForward provides employees with 10 paid holidays which includes 2 floating holidays. Floating holidays can be used for any religious, cultural, state, or federal holidays not observed by FamilyForward.

WELLNESS WEEK:

In addition to the above described time off,
FamilyForward offices will be closed for
business from December 25th to December 31st.
Full-time and eligible part-time staff will receive
paid time off during this week based on the
eligibility requirements set forth in the
Employee Handbook. If an eligible employee
must work during this week they will receive that
time back as additional vacation time to use at a
later date.

Observed Holidays		
New Year's Day	Labor Day	
Dr. Martin Luther King Jr. Day	Thanksgiving Day	
Memorial Day	Day after Thanksgiving Day	
Juneteenth	Floating Holiday	
Independence Day	Floating Holiday	

What Makes FamilyForward Out Front

HEALTH & WELLNESS LEAVE (SICK TIME):

In addition to Vacation, Wellness Week, and Holidays, FamilyForward offers their employees Health and Wellness leave, which will begin to accrue immediately. Regular full-time employees can accrue up to 15 days per year, and regular part-time employees can accrue up to 40 hours per year, subject to approval and eligibility standards.

EDUCATION ASSISTANCE:

FamilyForward provides employees with \$5,000 to use towards education or tuition assistance annually, subject to approval and eligibility standards.

ASSEMBLY:

Assembly helps us meet employees' needs in the workplace and guides us toward a culture that centers employee well-being. You can find leadership team announcements, updates, share your joy, photos of your pets, find and share resources, and more. With Assembly you can give recognition (in the form of points) to your peers as well as receive recognition. Earned points can be used to redeem rewards such as an extra day off, spa day, lunch for your team, a new book, and more!

RETIREMENT:

FamilyForward offers a 403(b) Retirement Benefit with a 3% match, vested after 3 years.

Notes

