Employee Benefits

QUICKLOOK©

Questions?

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INSURANCE Benefits

MEDICAL

PLAN OVERVIEW		ELIGIBILITY		
Plan Year	Plan Year: 1/1/2026 → 12/31/2026	**Employee Groups**	**Eligible?**	**Eligibility Date**
Plan Information	Group number: 10030497 Phone: 888.217.2363 Website: www.modahealth.com	Regular (working an average of 20 hours/week or more)	Yes	1st of the month coinciding with or following the first 60 days of employment
		Temporary, Seasonal or On-Call	No	

OPTION 1

Moda Health
Connexus Gold
1500

PLAN SUMMARY	
Deductibles:	In-Network: $1,500/per person; $3,000/per family (2 or more). Out-of-Network: $5,000/per person; $10,000/per family (2 or more). Waived for most office visits, most preventive care and urgent care services.
Calendar year out-of-pocket max:	In-Network: $8,000/person; $16,000/family (2 or more). Out-of-Network: $10,000/per person $20,000/per family (2 or more).
Co-pays & Co-insurance:	In-Network: $-0- preventive; $25/primary care visit; $50/specialist visit; $50/urgent care visit. Out-of-Network: 50% co-insurance after deductible.
Prescription Coverage:	In-Network: Value - $2/Select - $10, Preferred - $50/Non-Preferred – 50%/Preferred Specialty – 25%/Non-Preferred Specialty – 50%

MONTHLY EMPLOYEE & COMPANY COSTS							
EMPLOYEE ONLY		EMPL + PARTNER/SPOUSE		EMPL + CHILD(REN)		EMPL + FAMILY	
EMPLOYEE	COMPANY	EMPLOYEE	COMPANY	EMPLOYEE	COMPANY	EMPLOYEE	COMPANY
$0	$782.51	$0	$1565.02	$0	$1447.64	$0	$2230.15

OPTION 2

Moda Health
Connexus Silver
HDHP 3200

PLAN SUMMARY	
Deductibles:	In-Network: $3,200/per person $6,400/per family (2 or more). Out-of-Network: $5,000/per person 10,000/per family (2 or more). Waived for preventive care visits.
Calendar year out-of-pocket max:	In-Network: $6,400/per person $12,800/per family (2 or more). Out-of-Network: $10,000/per person $20,000/per family (2 or more).
Co-pays & Co-insurance:	In-Network: 30% after deductible is met
Prescription Coverage:	In-Network: Value - $2/Select – 30% after deductible/Preferred – 30% after deductible/Non-Preferred – 50% after deductible/Preferred Specialty – 40% after deductible/Non-Preferred Specialty – 50% after deductible

MONTHLY EMPLOYEE & COMPANY COSTS							
EMPLOYEE ONLY		EMPL + PARTNER/SPOUSE		EMPL + CHILD(REN)		EMPL + FAMILY	
EMPLOYEE	COMPANY	EMPLOYEE	COMPANY	EMPLOYEE	COMPANY	EMPLOYEE	COMPANY
$0	$638.55	$0	$1277.10	$0	$1181.32	$0	$1819.87

Employee Benefits

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DENTAL



Ameritas Dental PPO

PLAN OVERVIEW		ELIGIBILITY		
Plan Year	Plan Year: 1/1/2026 → 12/31/2026	**Employee Groups**	**Eligible?**	**Eligibility Date**
Plan Information	Group number: 010-066836 Phone: 1-800-487-5553 Website: https://www.ameritas.com/employee-benefits/	Regular (working an average of 20 hours/week or more)	Yes	1st of the month coinciding with or following the first 60 days of employment
		Temporary, Seasonal or On-Call	No	

PLAN SUMMARY	
Deductibles:	$50, waived for preventive services.
Calendar year benefit maximum:	$3,000
Co-pays & Co-insurance:	Preventive covered at 100%. Basic: 80%, Major: 50%, Orthodontics: 50% (lifetime maximum of $2,000)

MONTHLY EMPLOYEE & COMPANY COSTS							
EMPLOYEE ONLY		EMPL + PARTNER/SPOUSE		EMPL + CHILD(REN)		EMPL + FAMILY	
EMPLOYEE	COMPANY	EMPLOYEE	COMPANY	EMPLOYEE	COMPANY	EMPLOYEE	COMPANY
$0	$51.43	$0	$102.73	$0	$115.49	$0	$183.24

HEALTH SPENDING ACCOUNT

PLAN OVERVIEW		ELIGIBILITY		
Plan Year	Plan Year: 1/1/2026 → 12/31/2026	**Employee Groups**	**Eligible?**	**Eligibility Date**
Plan Information		Regular (working an average of 20 hours/week or more)	Yes	1st of the month coinciding with or following the first 60 days of employment
		Temporary, Seasonal or On-Call	No	

PLAN SUMMARY	
Description	Employees who choose to enroll in the HDHP medical plan option can set up a Health Savings account with the bank of their choosing. IRS contribution limit for 2026 is $4,400 for individuals and $8,750 for family coverage (employee and employer contributions combined).
Health Spending Account	Casa of Oregon will contribute $100 per month into the employee's Health Saving Account up to a maximum of $1,200 per year. The employee must provide Casa of Oregon with their HSA Account information upon enrolling so that account contributions can take place.

Employee Benefits

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Questions?

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VISION



Ameritas Vision Plan

PLAN OVERVIEW		ELIGIBILITY		
Plan Year	Plan Year: 1/1/2026 → 12/31/2026	**Employee Groups**	**Eligible?**	**Eligibility Date**
Plan Information	Group number: 010-066836 Phone: 1-800-877-7195 Website: https://www.vsp.com/	Regular (working an average of 20 hours/week or more)	Yes	1st of the month coinciding with or following the first 60 days of employment
		Temporary, Seasonal or On-Call	No	

PLAN SUMMARY	
Exams: (every 12 months)	Annual eye exam: $10 copay Contact lens fit and follow up exam: Provider can charge up to $60.00
Glasses: (every 12 months)	Copay: $25. Covered in full: single vision, bifocal, trifocal and lenticular lenses. Frame allowance: $180
Contacts: (every 12 months)	Allowance: Up to $180

MONTHLY EMPLOYEE & COMPANY COSTS

EMPLOYEE ONLY		EMPL + PARTNER/SPOUSE		EMPL + CHILD(REN)		EMPL + FAMILY	
EMPLOYEE	COMPANY	EMPLOYEE	COMPANY	EMPLOYEE	COMPANY	EMPLOYEE	COMPANY
$0	$9.36	$0	$20.20	$0	$16.32	$0	$27.16

FLEXIBLE SPENDING PLAN



PNC Bank

PLAN OVERVIEW		ELIGIBILITY		
Plan Year	Plan Year: 1/1/2026 → 12/31/2026	**Employee Groups**	**Eligible?**	**Eligibility Date**
Plan Information	Phone: 844-356-9993 Website: pnc.com/pncbenefitplus	Regular (working an average of 20 hours/week or more)	Yes	1st of the month coinciding with or following the first 60 days of employment
		Temporary, Seasonal or On-Call	No	

PLAN SUMMARY	
Deductibles:	Employee can choose to contribute pre-tax dollars to a Flexible Spending Account (FSA) to use for approved expenses. Expenses must be submitted for reimbursement no later than 90 days after the end of the plan year. If you separate from the company during the plan year, only expenses incurred on or before your separation date will be eligible for reimbursement. Expenses must be submitted for reimbursement no later than 90 days after your date of separation.
Health FSA:	Health-related annual limits: up to $3,400/plan year Up to $680 can be carried over from one year into the next. Any dollars set aside in excess of $680 that are not used in the plan year will be forfeited.
Dependent Care FSA:	Dependent-care related annual limits: Up to $7,500 per plan year, or $3,750 if married filing separately Any unused dollars from plan year will be forfeited.

Employee Benefits

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Questions?

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LIFE INSURANCE

PLAN OVERVIEW		ELIGIBILITY		
Plan Year	Plan Year: 1/1/2026 → 12/31/2026	**Employee Groups**	**Eligible?**	**Eligibility Date**
Plan Information	Group number: 00967041 Phone: 866.679.3054 Website: www.unum.com/support/employees	Regular (working an average of 20 hours/week or more)	Yes	1st of the month coinciding with or following the first 60 days of employment
		Part-Time, Temporary, Seasonal or On-Call	No	



UNUM Group & Voluntary Life

GROUP LIFE PLAN SUMMARY	
Insurance Benefit:	$10,000 for Life and AD&D
Age Reduction Schedule:	Coverage amounts will reduce to 65% of the original amount when you reach age 65, and will reduce to 50% of the original amount when you reach age 70.
Employee Cost:	100% company paid

VOLUNTARY LIFE PLAN SUMMARY	
Insurance Benefit:	You: $10,000 increments up to a max of $500,000, up to 5 times your earnings. Your Spouse: $5,000 increments up to a max of $500,000 not to exceed employee amount Your Children: $2,000 to $10,000 in $2,000 increments
Age Reduction Schedule:	Coverage amounts will reduce to 65% of the original amount when you reach age 65, and will reduce to 50% of the original amount when you reach age 70.
Employee Cost:	100% employee paid. Rates will vary by age and coverage amount.

Employee Benefits

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Questions?

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DISABILITY INSURANCE



UNUM Group Long-Term Disability

PLAN OVERVIEW		ELIGIBILITY		
Plan Year	Plan Year: 1/1/2026 → 12/31/2026	**Employee Groups**	**Eligible?**	**Eligibility Date**
Plan Information	Group number: 00967041 Phone: 866.679.3054 Website: www.unum.com/support/employees	Regular (working an average of 20 hours/week or more)	Yes	1st of the month coinciding with or following the first 60 days of employment
		Part-Time, Temporary, Seasonal or On-Call	No	

PLAN SUMMARY	
Weekly Benefits Begin:	Elimination period: 180 days
Benefit Replacement Percentage:	60% of monthly income
Max Benefit and Period:	Maximum benefit amount is $5,000/month. Benefits can be paid up to normal Social Security retirement age.
Plan Features:	Employee assistance program, worldwide emergency travel assistance, survivor benefit.

Employee Benefits (Non-Medical/Dental Insurance, Vision, HSA, FSA or Life Insurance)

2026 QUICKLOOK

Questions?
Contact Shared Services @ 503.828.0255 x105 | CASA-hr@trupphr.com

TIME OFF Benefits

Holidays



OVERVIEW		ELIGIBILITY		
Benefit	CASA observes eleven (11) paid holidays a year.	Employee Groups	Eligible?	Eligibility Date
Paid Holidays Include:	• New Year's Day • Martin Luther King, Jr. Birthday • Memorial Day • Juneteenth • Independence Day • Labor Day • Indigenous Peoples Day • Thanksgiving Day • Day After Thanksgiving • Christmas Eve • Christmas Day For more information, please visit the Employee Handbook and CBA.	Regular full-time and part- time (working an average of 20 hours/week or more)	Yes	Immediately upon date of hire.
		Temporary, Seasonal or On-Call	Yes	

Celebration



OVERVIEW		ELIGIBILITY		
Benefit	CASA provides 2 (two) Celebration Days each calendar year.	Employee Groups	Eligible?	Eligibility Date
Information	In addition to the holidays listed above, and in recognition that each employee may observe additional days or events throughout the year. Celebration Days may be used for birthdays, anniversaries, in observance of other faith-based holidays, or for any other occasion which the employee chooses to recognize For more information, please visit the Employee Handbook and CBA.	Regular full-time and part- time (working an average of 20 hours/week or more)	Yes	Immediately upon date of hire.
		Temporary, Seasonal or On-Call	No	

Employee Benefits (Non-Medical/Dental Insurance, Vision, HSA, FSA or Life Insurance)

2026 QUICKLOOK

Questions?
Contact Shared Services @ 503.828.0255 x105 | CASA-hr@trupphr.com

Vacation



OVERVIEW		ELIGIBILITY		
Benefit	CASA provides paid vacation	Employee Groups	Eligible?	Eligibility Date
Information	Employees accrue vacation time over the course of the year on a per-pay-period basis. The accrual rate depends on length of service, as demonstrated below. Hours are pro-rated for employees working less than 40 hours per week. Years of Service — Hours per Month/Days per Year 1 — 8 hours a month/12 days a year 2 — 10 hours a month/15 days a year 3 — 12 hours a month/18 days a year The maximum number of vacation hours that may be carried over at year-end is 120. Any hours in excess of this will not be carried over and will be forfeited. Employees may request that any hours over 80 be cashed out. Requests for cash out must be made two weeks prior to year-end. For more information, please visit the Employee Handbook and CBA.	Regular full-time and part- time (working an average of 20 hours/week or more)	Yes	Employees begin accruing vacation time upon their date of hire and can begin using accrued hours after 90 days of continuous employment.
		Temporary, Seasonal or On-Call	No	

Sick Leave



OVERVIEW		ELIGIBILITY		
Benefit	CASA offers paid sick leave to all full-time and part-time employees.	Employee Groups	Eligible?	Eligibility Date
Information	Full-time employees accrue sick leave at a rate of 8 hours per month, up to a maximum balance of 225 hours (approximately 28 full-time work days). The maximum balance for part-time employees is pro-rated, based on 225 hours. Once the employee has reached the maximum balance, accrual stops and starts up again only when the employee has used some of the sick leave time and reduced the balance below the maximum. For more information, please visit the Employee Handbook and CBA.	Regular full-time and part- time (working an average of 20 hours/week or more)	Yes	Employees begin accruing sick time on their date of hire and can begin using accrued sick time immediately after hire to the extent that accrued sick leave is available.
		Temporary, Seasonal or On-Call	No	

Employee Benefits (Non-Medical/Dental Insurance, Vision, HSA, FSA or Life Insurance)

2026 QUICKLOOK

Questions?
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Personal Leave



OVERVIEW		ELIGIBILITY		
Benefit	Prorated amount of 16 hours full time equivalent granted per year.	Employee Groups	Eligible?	Eligibility Date
Information	Personal Leave pay is based on regular straight time rate of pay and does not count towards overtime. Personal leave balances do not rollover from one year to the next. For more information, please visit the Employee Handbook and CBA.	Regular full-time and part-time (working an average of 20 hours/week or more)	Yes	Available beginning on the last day of the month coinciding with one-year anniversary date and annually thereafter.
		Temporary, Seasonal or On-Call	No	

Shared Sick Leave



OVERVIEW		ELIGIBILITY		
Benefit	Allows employees to request additional leave upon exhaustion of all earned leave and Paid Family and Medical Leave (if applicable) of the affected employee for a qualifying reason.	Employee Groups	Eligible?	Eligibility Date
Information	The intent of CASA of Oregon's Voluntary Shared Sick Leave Policy is to allow employees to assist another in the event of a prolonged medical condition that results in the exhaustion of all earned leave and Paid Family and Medical Leave (if applicable) of the affected employee. For more information, please visit the Employee Handbook and CBA.	Permanent full-time and permanent part-time employees assigned to at least 20 hours/week	Yes	The employee applying for shared sick leave must be employed by CASA of Oregon for no shorter than a consecutive 12-month period. Eligibility for shared leave is terminated when an employee returns to work, separates from employment or a medical condition improves where it no longer qualifies the recipient for shared sick leave. .
		Temporary, Seasonal or On-Call	No	

Employee Benefits (Non-Medical/Dental Insurance, Vision, HSA, FSA or Life Insurance)

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Questions?
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Jury/Witness Duty



OVERVIEW		ELIGIBILITY		
Benefit	Employees may receive up to five days of paid jury duty leave per year.	Employee Groups	Eligible?	Eligibility Date
Information	Unless an employee's job responsibilities require it, CASA will not ordinarily ask or encourage an employee to request to be excused from or postpone a call to jury duty. Employees required to appear in court in compliance with a subpoena or to serve as a witness will be allowed time off to do so, provided the employee is not a party to the case, appearing as an expert witness for compensation or receiving compensation for such appearances (other than normal witness fee paid by the court), and their appearance is not directly related to any outside employment or business activities. For more information, please visit the Employee Handbook and CBA.	Regular full-time and part-time (working an average of 20 hours/week or more)	Yes	Upon date of hire.
		Temporary, Seasonal or On-Call	No	

Bereavement Leave



OVERVIEW		ELIGIBILITY		
Benefit	Allows employees to request 3 paid days off.	Employee Groups	Eligible?	Eligibility Date
Information	Employees may request up to three weeks of time off related to the death of an immediate family member. The first three days of this leave will be paid. Employees may request to use available vacation, sick leave, personal days or celebration days to cover any additional days off related to bereavement. For more information, please visit the Employee Handbook and CBA.	Regular full-time and part-time (working an average of 20 hours/week or more)	Yes	Upon date of hire.
		Temporary, Seasonal or On-Call	No	

Employee Benefits (Non-Medical/Dental Insurance, Vision, HSA, FSA or Life Insurance)

2026 QUICKLOOK

Questions?
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Summer Schedule



OVERVIEW		ELIGIBILITY		
Benefit	36-hour work week during summer	Employee Groups	Eligible?	Eligibility Date
Information	CASA observes a summer schedule from Memorial Day to Labor Day. During this time, the Standard Work Week is a 36-hour work week with no change in salary for exempt staff and non-exempt staff receiving a full 40 hours pay each week.	Regular full-time and part-time (working an average of 20 hours/week or more)	Yes	Upon date of hire.
		Temporary, Seasonal or On-Call	No	

Paid Leave Oregon (PLO)



OVERVIEW		ELIGIBILITY		
Benefit	CASA will supplement employees' PLO benefit in cases necessary to ensure that an employee receive 100% of their gross pay, minus withholdings.	Employee Groups	Eligible?	Eligibility Date
Information	Paid Leave Oregon state benefit amount is based on a formula tied to income and has a weekly cap, so employees might receive less than their full weekly earnings while on approved leave. To address this gap, CASA provides a supplemental pay benefit: • Paid Leave Oregon pays first. The state determines the weekly benefit amount and issues payment directly to the employee. • CASA then makes up the difference. If the Paid Leave Oregon benefit is less than the employee's normal weekly earnings, CASA will supplement pay through payroll to bring total compensation up to 100% of eligible weekly wages, in accordance with CASA's handbook and CBA.	Regular full-time and part-time (working an average of 20 hours/week or more)	Yes	Once an employee has been approved for Paid Leave Oregon through the state, and the employee provides notice of approval and benefit details to CASA.
		Temporary, Seasonal or On-Call	No	

Employee Benefits (Non-Medical/Dental Insurance, Vision, HSA, FSA or Life Insurance)

2026 QUICKLOOK

Questions?
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Personal Leave



OVERVIEW		ELIGIBILITY		
Benefit	CASA provides unpaid time off for time needed in excess of five continuous work days.	Employee Groups	Eligible?	Eligibility Date
Information	Leave is discretionary for personal reasons of a compelling nature depending on reason, length of service, performance and the business needs of CASA at the time of the request. Leave for medical reasons requires a physician certification before the leave can be approved. All requests for a personal leave must be submitted prior to the first day of leave in writing to the Executive Director stating the purpose and beginning and ending dates of the leave. The Executive Director will determine if the leave is approved. For more information, please visit the Employee Handbook and CBA.	Regular full-time and part-time (working an average of 20 hours/week or more)	Yes	1st of the month coinciding with, or next following, 90 days of employment.
		Temporary, Seasonal or On-Call	No	

Sabbatical



OVERVIEW		ELIGIBILITY		
Benefit	After seven years, employees can take a one-month sabbatical with pay. At ten years and every five years thereafter, employees are eligible for a two-month sabbatical.	Employee Groups	Eligible?	Eligibility Date
Information	All employees with seven years of service will be eligible to take a sabbatical. Employees are eligible for additional sabbaticals after ten years of employment and every five years after their initial ten years of service. Employees must plan their sabbatical in consultation with their supervisor. The employment relationship, health benefits and all related agreements remain in effect. For more information, please visit the Employee Handbook and CBA.	Regular full-time and part-time (working an average of 20 hours/week or more)	Yes	Beginning seven years from date of hire.
		Temporary, Seasonal or On-Call	No	

Employee Benefits (Non-Medical/Dental Insurance, Vision, HSA, FSA or Life Insurance)

2026 QUICKLOOK

Questions?
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PAY Benefits

401k



PLAN OVERVIEW		ELIGIBILITY		
Benefit	Employees must enroll and make investment elections	Employee Groups	Eligible?	Eligibility Date
Plan Information	Employer contributions up to 6% of gross wages made regardless of employee contribution. Employee must enroll and make investment elections to receive employer contribution at 1 year of service and can choose to make contributions after 90 days of employment. Provides pre-tax retirement savings through payroll deductions in accordance with annual maximum deferrals limits set for each year by the Internal Revenue Service Code. Note additional contributions (catch-up contributions) available to employees age 50 and over.	Regular (working an average of 20 hours/week or more)	Yes	Employee contribution after 90 days. Employer contributions begin after employee completes one year of service.
		Temporary, Seasonal or On-Call	No	

Wellness Stipend



OVERVIEW		ELIGIBILITY		
Benefit	$20 per month	Employee Groups	Eligible?	Eligibility Date
Information	Employees of CASA are eligible for a wellness stipend of $20 per month. This benefit's purpose is to encourage and support employee self-care. The wellness benefit covers out of pocket expenses. Examples of eligible expenses include, but are not limited to, gym memberships, class fees, health subscriptions, weight loss programs, massage, equipment, etc.	Regular (working an average of 20 hours/week or more)	Yes	1st of the month coinciding with or following the first 90 days of employment.
		Temporary, Seasonal or On-Call	No	

Communications Stipend



OVERVIEW		ELIGIBILITY		
Benefit	$50 per month	Employee Groups	Eligible?	Eligibility Date
Information	Employees of CASA are eligible for a communications stipend of $50 per month. The stipend is to offset part of the costs of cell phone and internet access.	Regular (working an average of 20 hours/week or more)	Yes	Upon date of hire.
		Temporary, Seasonal or On-Call	No	

Employee Benefits (Non-Medical/Dental Insurance, Vision, HSA, FSA or Life Insurance)

2026 QUICKLOOK

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Office Stipend



OVERVIEW		ELIGIBILITY		
Benefit	$500	Employee Groups	Eligible?	Eligibility Date
Information	One-time stipend for expenses related to employee's work-from-home space	Regular (working an average of 20 hours/week or more)	Yes	Upon date of hire.
		Temporary, Seasonal or On-Call	No	

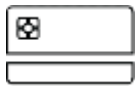
Language Stipend



OVERVIEW		ELIGIBILITY		
Benefit	$200	Employee Groups	Eligible?	Eligibility Date
Information	CASA provides a $200 monthly language stipend ($100 per pay period) for employees who use a language other than English as part of their job duties.	Regular (working an average of 20 hours/week or more)	Yes	Upon date of hire.
		Temporary, Seasonal or On-Call	No	

OTHER Benefits

COSTCO Membership



OVERVIEW		ELIGIBILITY		
Benefit	100% Employer Paid for Gold Membership	Employee Groups	Eligible?	Eligibility Date
Information	Employee must submit the annual membership dues receipt of employee payment for reimbursement to your supervisor.	Regular (working an average of 20 hours/week or more)	Yes	1st of the month coinciding with or following the first 90 days of employment
		Temporary, Seasonal or On-Call	No	

Employee Benefits (Non-Medical/Dental Insurance, Vision, HSA, FSA or Life Insurance)

2026 QUICKLOOK

Questions?
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Volunteer Work

OVERVIEW		ELIGIBILITY		
Benefit	Employees may use work time for volunteer activities.	Employee Groups	Eligible?	Eligibility Date
Information	Employees are encouraged to volunteer to serve on boards and committees of organizations that serve the community and have a positive impact on CASA and its work. Time serving in such positions is compensable time with the approval of the employee's supervisor.	Regular (working an average of 20 hours/week or more)	Yes	Upon date of hire.
		Temporary, Seasonal or On-Call	No	