










Benefit	Carrier Information	Effective Date	Benefit Summary	Contributed by VPI	Contributed by Employee																								
<div>Health Insurance</div> <div></div>	<div>Harvard Pilgrim Health Care</div> <div><b>HMO PLANS</b></div> <div>1. Best Buy HMO \$3,000</div> <div>2. Best Buy HMO \$3,000 Focus</div>	After 30 days of employment	<div>Co-pay - \$30</div> <div>Prescriptions – Retail: \$5/\$20/\$75/\$100</div> <div>Mail: \$10/\$40/\$150/\$300</div> <div>Employee Deductible –</div> <div>\$1,000 Individual Coverage</div> <div>\$2,000 Dual/Family Coverage</div> <div>The only difference between these two plans is where you go to receive the health care services you need.</div> <div>(Note: HRA – HealthEquity covers additional deductible paid by VPI. See benefit packet for details.)</div>	<table><tr><th>Bi-Weekly Cost:</th><th>Best Buy HMO</th><th>Best Buy HMO Focus</th></tr><tr><td>Individual</td><td>\$355.93</td><td>\$331.41</td></tr><tr><td>Dual</td><td>\$706.65</td><td>\$656.78</td></tr><tr><td>Family</td><td>\$893.32</td><td>\$828.85</td></tr></table>	Bi-Weekly Cost:	Best Buy HMO	Best Buy HMO Focus	Individual	\$355.93	\$331.41	Dual	\$706.65	\$656.78	Family	\$893.32	\$828.85	<table><tr><th>Bi-Weekly Cost:</th><th>Best Buy HMO</th><th>Best Buy HMO Focus</th></tr><tr><td>Individual</td><td>\$145.38</td><td>\$109.02</td></tr><tr><td>Dual</td><td>\$261.37</td><td>\$193.67</td></tr><tr><td>Family</td><td>\$297.77</td><td>\$217.57</td></tr></table> <div>Part-time regular employees working 20-29 hours per week or more are eligible to enroll with an agency contribution pro-rated to regular hours worked</div>	Bi-Weekly Cost:	Best Buy HMO	Best Buy HMO Focus	Individual	\$145.38	\$109.02	Dual	\$261.37	\$193.67	Family	\$297.77	\$217.57
Bi-Weekly Cost:	Best Buy HMO	Best Buy HMO Focus																											
Individual	\$355.93	\$331.41																											
Dual	\$706.65	\$656.78																											
Family	\$893.32	\$828.85																											
Bi-Weekly Cost:	Best Buy HMO	Best Buy HMO Focus																											
Individual	\$145.38	\$109.02																											
Dual	\$261.37	\$193.67																											
Family	\$297.77	\$217.57																											
<div>Health Insurance</div> <div></div>	<div>Harvard Pilgrim Health Care</div> <div><b>PPO PLAN</b></div> <div>Best Buy PPO \$3,000</div>	After 30 days of employment	<div>Co-pay - \$30</div> <div>Prescriptions – Retail: \$5/\$20/\$75/\$100</div> <div>Mail: \$10/\$40/\$150/\$300</div> <div>Employee Deductible –</div> <div>\$1,000 Individual Coverage</div> <div>\$2,000 Dual/Family Coverage</div> <div>A PPO network offers more flexibility to see both in and out-of-network providers, it is not required to have a PCP and there are no referrals needed to see specialists.</div> <div>(Note: HRA – HealthEquity covers additional deductible paid by VPI. See benefit packet for details.)</div>	<table><tr><th>Bi-Weekly Cost:</th><th>Best Buy PPO</th></tr><tr><td>Individual</td><td>\$378.40</td></tr><tr><td>Dual</td><td>\$752.47</td></tr><tr><td>Family</td><td>\$979.54</td></tr></table>	Bi-Weekly Cost:	Best Buy PPO	Individual	\$378.40	Dual	\$752.47	Family	\$979.54	<table><tr><th>Bi-Weekly Cost:</th><th>Best Buy PPO</th></tr><tr><td>Individual</td><td>\$186.37</td></tr><tr><td>Dual</td><td>\$338.07</td></tr><tr><td>Family</td><td>\$362.30</td></tr></table> <div>Part-time regular employees working 20-29 hours per week or more are eligible to enroll with an agency contribution pro-rated to regular hours worked</div>	Bi-Weekly Cost:	Best Buy PPO	Individual	\$186.37	Dual	\$338.07	Family	\$362.30								
Bi-Weekly Cost:	Best Buy PPO																												
Individual	\$378.40																												
Dual	\$752.47																												
Family	\$979.54																												
Bi-Weekly Cost:	Best Buy PPO																												
Individual	\$186.37																												
Dual	\$338.07																												
Family	\$362.30																												
<div>Dental Insurance</div> <div></div>	<div>Delta Dental</div> <div>PPO Plus Premier</div> <div><a href="http://www.deltadentalma.com">www.deltadentalma.com</a></div>	After 30 days of employment	<div>I. Preventive–Covered 100%</div> <div>II. Basic Restorative–Covered 80%</div> <div>III. Major Restorative–Covered 50%</div> <div>Calendar Year Maximum: \$1500 / person</div> <div>Calendar Year Deductible: \$50 / person</div> <div>\$150 / family for Type II &amp; III services</div>	<div>Bi-Weekly Cost:</div> <table><tr><td>Individual</td><td>\$4.86</td></tr><tr><td>Family</td><td>\$12.57</td></tr></table>	Individual	\$4.86	Family	\$12.57	<div>Bi-Weekly Cost:</div> <table><tr><td>Individual</td><td>\$14.59</td></tr><tr><td>Family</td><td>\$37.71</td></tr></table> <div>Part-time regular employees working 20-29 hours per week or more are eligible to enroll with an agency contribution pro-rated to regular hours worked</div>	Individual	\$14.59	Family	\$37.71																
Individual	\$4.86																												
Family	\$12.57																												
Individual	\$14.59																												
Family	\$37.71																												
<div>Vision Insurance</div> <div></div>	<div>EyeMed Vision Care</div> <div><a href="https://eyemed.com/en-us/contact-us/members-providers">https://eyemed.com/en-us/contact-us/members-providers</a></div>	After 30 days of employment	<div>Co-Pays - \$10</div> <div>Frequency</div> <div>Exam, Lenses, Contacts – 12 months, Frames – 24 months</div> <div>Details</div> <div>Lenses (single, bifocal, trifocal, lenticular) – Covered at 100%</div> <div>Contact Lenses (elective) - \$130 allowance, 15% off balance</div> <div>Frames - \$130 allowance, 20% off balance</div>	<div>Bi-Weekly Cost:</div> <table><tr><td>Individual</td><td>\$0.58</td></tr><tr><td>Dual</td><td>\$1.11</td></tr><tr><td>Family</td><td>\$1.65</td></tr></table>	Individual	\$0.58	Dual	\$1.11	Family	\$1.65	<div>Bi-Weekly Cost:</div> <table><tr><td>Individual</td><td>\$2.36</td></tr><tr><td>Dual</td><td>\$4.48</td></tr><tr><td>Family</td><td>\$6.57</td></tr></table> <div>Part-time regular employees working 20-29 hours per week or more are eligible to enroll with an agency contribution pro-rated to regular hours worked</div>	Individual	\$2.36	Dual	\$4.48	Family	\$6.57												
Individual	\$0.58																												
Dual	\$1.11																												
Family	\$1.65																												
Individual	\$2.36																												
Dual	\$4.48																												
Family	\$6.57																												
<div>Long-Term Disability</div> <div></div>	<div>Mutual of Omaha</div> <div><a href="http://www.MutualofOmaha.com">www.MutualofOmaha.com</a></div>	Automatically enrolled after 90 days of employment	<div>This plan begins on the 90<sup>th</sup> day of illness or injury and is a secondary payor to any state paid family medical leave payments.</div> <div>The weekly benefit is 60% of earning to a maximum benefit of \$8,000 per month. The maximum period of payments under this plan is according to age.</div>	<div>100% Employer Paid</div>	<div>At least 20 hours of work per week.</div>																								

Benefit	Carrier Information	Effective Date	Benefit Summary	Contributed by VPI	Contributed by Employee
<b>Life &amp; AD&amp;D</b> 	Mutual of Omaha <a href="http://www.MutualofOmaha.com">www.MutualofOmaha.com</a>	Automatically enrolled after 90 days of employment	Life Insurance benefit is equal to the amount of your annual salary rounded to the nearest \$1,000 but not exceeding \$50,000. AD&D insurance is also equal to the Life Insurance benefit. The benefit is paid out when you sustain bodily injuries as a direct result from an accident. The benefit does not cover workers compensation injuries.	<b>100% Employer Paid</b>	At least 20 hours of work per week.
<b>Voluntary Insurance</b> 	Mutual of Omaha <a href="http://www.MutualofOmaha.com">www.MutualofOmaha.com</a>		Employees can participate in supplemental insurance policies: <b>Life and AD&amp;D, Critical Illness, Accident Insurance and Hospital Indemnity.</b>		
<b>Direct Deposit</b>	<i>Victory Programs</i>	Anytime	<i>Employees may choose to have payroll checks deposited directly to their bank accounts.</i>		
<b>Vacation Time</b>	<i>Victory Programs</i>	Date of hire Can be used only after 90 days	<i>Vacation time is accrued at a rate determined by the number of hours worked and years of service.</i>  <div> April 1<sup>st</sup> – June 30<sup>th</sup> You will receive 3 days </div> <div> January 1<sup>st</sup> – March 31<sup>st</sup> You will receive 4 days </div> <div> July 1<sup>st</sup> – September 30<sup>th</sup> You will receive 2 days </div>	Up to 19 days (152 hours) per year Up to 21 days (168 hours) per year Up to 23 days (184 hours) per year Up to 25 days (200 hours) per year	1-3 years of services 3 years of service 5 years of service 7+ years of service  Part-time regular employees working 20 hours per week or more accrue pro-rated to regular hours worked.
<b>Personal Days</b>	<i>Victory Programs</i>	Date of hire	October 1 <sup>st</sup> – December 31 <sup>st</sup> You will receive 1 day  Personal days will be awarded based on employee's regularly scheduled hours. They must be used during the calendar year and cannot be rolled over.		
<b>Sick time</b>	Victory programs	Date of hire Can be used only after 90 days of employment	Sick time accrues at the rate of one hour for every thirty hours worked, up to a maximum of 160 hours in a calendar-year period. At the end of the calendar year you can roll over 160 hours.	<b>See Employee Handbook for details</b>	
<b>Retirement Savings Plan</b> 	VOYA	<b>Open Enrollments:</b> January 1 <sup>st</sup> , April 1 <sup>st</sup> , July 1 <sup>st</sup> and October 1 <sup>st</sup> after 1000 hours worked. You can <b>rollover</b> another product to VOYA at any time.	401(K) tax Deferred Annuity Plan (TDA).	<b>Based on agency budget</b>	The plan is 100% employee paid, through payroll deduction on pretax basis.
<b>Flexible Spending Account</b> 	Cafeteria Plan Advisors, Inc. <a href="http://www.cpa125.com">www.cpa125.com</a>	Date of hire	A program that allows you to set aside (on a pretax basis) a portion of your salary to be used for reimbursement of certain medical expenses not covered under your health insurance plan. <b>Type</b> Health Care FSA Dependent Care FSA <b>Note:</b> It is set on a calendar year basis (January 1st through December 31st).		The plan is 100% employee paid, through payroll deduction on a pretax basis.

Benefit	Carrier Information	Effective Date	Benefit Summary	Contributed by VPI	Contributed by Employee
<b>Tuition Reimbursement</b>	<i>Massachusetts Council of Human Services Providers</i> <a href="http://www.providers.org">www.providers.org</a>	After 6 months of employment	Tuition remission covers tuition for undergraduate classes only at a state supported Massachusetts community college, state colleges, or university. The tuition remission program does not cover the cost of program fees, application fees, laboratory fees, books and supplies, or any other costs.		
<b>Springfield College Grant Program</b>	<i>Springfield College</i> <a href="http://Springfield.edu/partnership">Springfield.edu/partnership</a>	Anytime	Springfield College provides Partner Grants to full and part-time (20+ hours) Victory Programs employees, who are enrolled in a degree or Partner Grants are established and determined by Springfield College for the Grant, an employee must matriculate into a degree or advanced graduate certificate program with a minimum of 15 credits, which can be from a variety of sources (college courses; certifications, etc.). Once enrolled, the College will assist employees in determining eligible credits		
<b>Movie Tickets</b>	AMC Theatres	Anytime	Discounted, <i>non-restricted movie tickets</i> that allow you to attend a movie with no waiting period. Snack vouchers are good for one small drink or popcorn, or it can also be used as credit towards a larger size of drink or popcorn.		AMC Theatres: \$8.50 non-restricted (MA Only) \$4.00 drink ticket  Showcase Cinemas/National Amusements:  \$9.50 non-restricted
<b>Employee Assistance Programs</b>	All One Health Resources <a href="http://www.allonehealth.com">www.allonehealth.com</a>	Anytime	EAP provides 4 counseling sessions to assess a problem, assist in developing a plan to address the problem, offer short-term counseling and arrange referral and follow-up treatment if needed.	This benefit is 100% Employer paid. A free, voluntary and confidential help with personal, professional and family concerns.	
<b>Bike Shares</b>	<i>Blue Bikes</i>	Anytime	VPI offers to pay the corporate annual fee for Metro Boston's public bike share program, which gives our employees access to more than 1,800 bikes at over 200 stations throughout Boston, Brookline, Cambridge, and Somerville.	VPI covers the cost to check out a bike for 45 minutes at a time, as many times as you want. If you keep a bike out longer than 45 minutes a time, extra usage fees apply and will be the employee's responsibility.	
<b>Perq</b>	MBTA Perq Pass		VPI offers our employees your monthly T Passes through the agency on a pretax payroll deduction. Pass types include: <b>Monthly Link Pass: Local bus/train/various commuter rails</b> <b>Monthly Local bus only.</b> Please contact the Office Assistant to sign up for the program.	VPI will provide a 20% subsidy on all passes and a 50% subsidy for those who use the passes for VPI work purposes through the week.	

*\*Victory Programs reserves the right to change any of the above. This is only intended to serve as a summary. Refer to the specific plan document for detailed information or for verification in the event of conflicting information and/or errors in transposition. For further clarification regarding any of the benefit please contact the Human Resources Department at 617-541-0222. Revised May 2025.*