



Save the Children.

2024 International Based Benefits Guide

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Introduction

Welcome!



Save the Children values our employees. We are committed to providing a comprehensive benefits package that is designed to meet the needs of our diverse workforce and allow employees the ability to achieve a healthy work-life balance.

This Benefits Guide provides you with a summary of the comprehensive benefits program provided to you through Save the Children US. This guide will help you understand your benefits, evaluate your options, and select the best plans for you and your family. Our benefit programs are designed to help you maintain a healthy lifestyle – physically, financially and emotionally.

If you are new to Save the Children, you have 30 days from your date of hire to enroll in the benefit program through MySource. Your coverage will be effective your date of hire and you will be responsible for any retroactive premiums. If you do not enroll during this timeframe, your next opportunity to enroll will be during Open Enrollment which is at year end. Any changes made during Open Enrollment will be effective January 1 of the following year.

Programs Include



Physical

Comprehensive affordable health care through Medical and Dental coverage



Financial

Life and Disability Insurance; Retirement Savings Plan; and Flexible Spending Accounts



Emotional\Mental Health

Employee Resilience Program and CALM subscription



Paid Time Off

Vacation, sick, floating holidays, Agency holidays and additional time off days

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Benefits Information

Eligibility

You are eligible to participate in the benefit program if you are a regular full-time employee (working 40 hours per week) or a regular part-time employee (working 20 hours per week or more). All plans are effective your date of hire.

Eligible Dependents

Your eligible dependents include:

- Spouse
- Domestic partner (same sex or opposite sex)
- Dependent child regardless of student status and marital status. Coverage will terminate at the end of the month in which they turn age 26



Changes to Your Benefits

You are able to change or terminate your medical, dental, or Flexible Spending Account benefit elections only during the annual Open Enrollment period or if you have a life event. If you have a life event, you must make the change within 30 days from the date of the event. Coverage will be effective the date of the event and you will pay retroactive premiums for the coverage.

A life event is defined as:

- Your marital status changes through marriage, death of spouse, divorce, legal separation, or annulment
- Your domestic partner status changes
- Your number of dependents changes through birth, adoption, or death
- You/your spouse or dependents terminate or begin employment
- Your/your spouse experience an increase or reduction in hours of employment
- Your dependent child is no longer eligible due to attainment of age

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Physical

Medical and Dental

You have one option for medical and dental coverage administered through Aetna International. This plan provides coverage for services overseas and in the US. Save the Children shares the premium with you.

PPO			
PLAN FEATURES	OUTSIDE THE U.S.	In the U.S.	
		Preferred Benefits (In-Network)	Non-Preferred Benefits (Out-of-Network)
Individual Deductible	None	\$250 per calendar year	\$250 per calendar year
Family Deductible	None	\$625 per calendar year	\$625 per calendar year
Individual Payment Limit	None	None	\$3,000 per calendar year <i>(Does not include deductibles, copays, precertification penalty, 50% items and Outpatient Prescription Drugs. Includes Outpatient Prescription Drugs when outside the US.)</i>
Family Payment Limit	None	None	\$6,000 per calendar year <i>(Does not include deductibles, copays, precertification penalty, 50% items and Outpatient Prescription Drugs. Includes Outpatient Prescription Drugs when outside the US.)</i>
Lifetime Maximum	Unlimited		
Member Payment Percentages			
<i>Hospital Services</i>			
Inpatient	No charge	No charge after deductible	30% after deductible
Outpatient	No charge	No charge after deductible	30% after deductible
Private Room Limit	The institution's semiprivate rate.		
Pre-certification Penalty	No Penalty	No Penalty	\$400 <i>Pre-Certification for certain types of Non-Preferred care received inside the U.S. must be obtained to avoid a reduction in benefits paid for that care. Pre-Certification for Hospital Admissions, Treatment Facility Admissions, Convalescent Facility Admissions, Home Health Care and Hospice Care is required - excluded amount applied separately to each type of expense. Contact the service center to determine if pre-certification is needed for a procedure.</i>
Non-Emergency Use of the Emergency Room	No charge	50% after deductible	50% after deductible
Emergency Room	No charge	No charge after \$25 copay	No charge after \$25 copay
Non-Urgent Use of Urgent Care Provider	No charge	50% after deductible	50% after deductible
Urgent Care	No charge	No charge after deductible	30% after deductible
Physician Services			
Physician Office Visit	No charge	No charge after \$15 copay	30% after deductible
Specialist Office Visit	No charge	No charge after \$15 copay	30% after deductible
Allergy Testing and Treatment	No charge	No charge after \$15 copay	30% after deductible
Allergy Serum and Allergy Injections	No charge	No charge after deductible	30% after deductible

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PLAN FEATURES	PPO		
	OUTSIDE THE U.S.	Preferred Benefits (In-Network)	In the U.S. Non-Preferred Benefits (Out-of-Network)
Mental Health Services			
Mental Health Inpatient Coverage <i>Unlimited days per calendar year</i>	No charge	No charge after deductible	30% after deductible
Mental Health Outpatient Coverage <i>Unlimited visits per calendar year</i>	No charge	No charge after \$15 copay	30% after deductible
Alcohol/Drug Abuse Services			
Substance Abuse Inpatient Coverage <i>Unlimited days per calendar year</i>	No charge	No charge after deductible	30% after deductible
Substance Abuse Outpatient Coverage <i>Unlimited visits per calendar year</i>	No charge	No charge after \$15 copay	30% after deductible
Prescription Drug Coverage			
Generic Drugs <i>(365 day maximum supply)</i>	No charge	\$10 copay per month supply (includes Mail Order Drugs)	30% after deductible
Brand Name Drugs <i>(365 day maximum supply)</i>	No charge	\$20 copay per month supply (includes Mail Order Drugs)	30% after deductible
Wellness Benefits			
Routine Children Physical Exams <i>7 exams in the first 12 months of life, 3 exams in the second 12 months of life, 3 exams in the third 12 months of life, 1 exam per 12 months thereafter to age 22 (includes immunizations)</i>	No charge	No charge after \$15 copay	30% after deductible
Routine Adult Physical Exams <i>Up to \$1,000 calendar year maximum (includes immunizations, x-ray and labs)</i> <i>Adults age 22+ & -65: 1 exam/24 months Adults age 65+: 1 exam/12 months (includes immunizations)</i>	No charge	No charge after \$15 copay	30% after deductible
Routine Gynecological Exams <i>Includes 1 exam and pap smear per calendar year</i>	No charge	No charge	30% after deductible
Mammograms <i>Unlimited visits per calendar year</i>	No charge	No charge	30% after deductible
Prostate Specific Antigen (PSA) <i>Unlimited tests per calendar year</i>	No charge	No charge	30% after deductible
Digital Rectal Exam (DRE) <i>Unlimited exams per calendar year</i>	No charge	No charge	30% after deductible
Cancer Screening <i>Includes 1 flex sigmoid and double barium contrast every 5 years; and at age 50+ 1 colonoscopy every 10 years</i>	No charge	No charge	30% after deductible
Routine Hearing Exam <i>Includes one routine exam every 24 months.</i>	No charge	No charge	30% after deductible
Hearing Aids <i>1 hearing aid per ear to \$1,000 maximum per ear every 3 years for child to age 24</i>	No charge	No charge after deductible	30% after deductible
Vision Care			
Routine Eye Exam <i>(Covered under medical) Includes one routine exam every 12 months</i>	No charge	No charge	30% after deductible

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PLAN FEATURES	PPO		
	OUTSIDE THE U.S.	Preferred Benefits (In-Network)	In the U.S. Non-Preferred Benefits (Out-of-Network)
<i>Other Services</i>			
International SOS Emergency Assistance Program through a Direct Billing Arrangement <i>(Unlimited calendar year maximum)</i>	No charge	No charge	No charge
Skilled Nursing Facility <i>(120 Days per calendar year)</i>	No charge	No charge after deductible	30% after deductible
Hospice Care Facility Inpatient <i>(30 Days lifetime maximum)</i>	No charge	No charge after deductible	30% after deductible
Hospice Care Facility Outpatient <i>(Unlimited lifetime maximum)</i>	No charge	No charge after deductible	30% after deductible
Home Health Care <i>(120 visits per calendar year combined, includes Private Duty Nursing)</i>	No charge	No charge after deductible	30% after deductible
Spinal Disorder Treatment <i>(20 visits per calendar year)</i>	No charge	No charge after \$15 copay	25% after deductible
Short-Term Rehabilitation <i>(Includes coverage for Occupational, Physical and Speech Therapies; 30 Visits combined maximum per calendar year)</i>	No charge	No charge after \$15 copay	30% after deductible
Diagnostic Outpatient X-ray	No charge	No charge after deductible	30% after deductible
Diagnostic Outpatient Lab	No charge	No charge after deductible	30% after deductible
Durable Medical Equipment <i>(\$5,000 calendar year maximum)</i>	No charger	No charge after deductible	30% after deductible
Base Infertility Services <i>(Base plan coverage includes coverage limited to the testing and treatment of underlying condition)</i>	No charge	No charge after deductible	30% after deductible
Autism	Autism covered same as any other expense. Member cost sharing is based on the type of service performed and the place of service where it is rendered		
Payment for Non-Preferred Providers*	Not Applicable	Not Applicable	Professional: 105% of Medicare Facility: 140% of Medicare

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PLAN FEATURES	Passive PPO Dental		
	OUTSIDE THE U.S.	Preferred Benefits (In-Network)	In the U.S. Non-Preferred Benefits (Out-of-Network)
Individual Deductible	None	None	None
Type A Expense (Diagnostic & Preventive)	No charge	No charge	No charge
Type B Expense (Basic Restorative)	20%	20%	20%
Type C Expense (Major Restorative)	50%	50%	50%
Calendar Year Maximum	\$2,000	\$2,000	\$2,000
Orthodontic Treatment Coverage for Dependents up to age 20 Only	50%	50%	50%
Orthodontic Lifetime Maximum	\$1,000	\$1,000	\$1,000
<i>Please refer to the Dental Plan Caveats below for additional benefit coverages for Types A, B and C</i>			
Other Included Services and Programs			
Informed Health Line (24-hour nurse line) Health Care Management Programs International Maternity Management Program Simple Steps To A Healthier Life® red24 - Includes security, political & natural disaster coverage (Program is underwritten by Aetna Life & Casualty (Bermuda) Ltd.)			

2024 Employee Bi-Weekly Premiums

Who's Covered	Aetna International Medical Plan	Aetna International Dental Plan
Employee Only	\$105.82	\$12.27
Employee + 1	\$211.63	\$25.04
Employee + 2 or more	\$317.45	\$36.80
Employee + Domestic Partner (1)*	\$211.63	\$25.04
Employee + Domestic Partner + Family (2)*	\$317.45	\$36.80
Employee + Domestic Partner + Family (3)*	\$317.45	\$36.80

*Domestic partner rates are the sum of pre-tax and post-tax contributions and do not include imputed income.

(1) Assumes that the Domestic Partner is not a tax-qualified dependent

(2) Assume that the domestic partner is not a tax-qualified dependent and all children are tax-qualified

(3) Assumes that the domestic partner is not a tax-qualified dependent and one or more children are not tax-qualified dependents

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Financial

Flexible Spending Accounts (FSA) Healthcare and Dependent Care

The FSA allows employees to direct a portion of compensation, on a pre-tax basis, into these accounts which can be used through the year to reimburse yourself for certain out-of-pocket expenses.

You may use the funds to pay for co-pays, deductibles, unreimbursed dental costs, vision services, and medical equipment. You will receive a debit card from WEX to use toward medical expenses.

You may use the funds to pay for eligible dependent care expenses (like babysitting and elder day care costs for qualified dependents).

Eligible qualified dependent:

- Tax dependent child under age 13
- Tax dependent of yours such as an elderly parent or spouse who is physically or mentally incapable of self-care and has the same principal residence as you

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Life Insurance and Accidental Death & Dismemberment (AD&D)

Basic Life Insurance Plan

The Life Insurance plan will pay a benefit equal to two (2) times your annual salary up to a maximum of \$400,000. Save the Children pays 100% of the premium.

Supplemental Life Insurance

You can elect coverage equal to 1x, 2x, or 3x your annual salary. The maximum amount of Basic Life and Supplemental Life is \$600,000. Supplemental Life Insurance rates are age-banded based on your age and will vary for each employee. You will pay 100% of premium.

AD&D

AD&D covers you for loss of life, sight, hearing, and/or limb(s) due to an accident. The coverage amount is \$150,000. Save the Children pays 100% of the premium.

Short Term and Long Term Disability

Short Term Disability

Short Term Disability provides full income protection for up to six months (26 weeks), if you are unable to work due to maternity, illness, or injury. Save the Children pays 100% of the premium.

Long Term Disability

In order to be eligible for Long Term Disability, you must be disabled for at least 6 months and exhaust your Short Term Disability benefit. Long Term Disability provides income protection of 60% of monthly earnings, up to a maximum of \$10,000 per month if you are disabled for an extended period of time and are unable to perform the duties of your job. Save the Children pays 100% of the premium.

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Retirement Savings Plan

You are eligible to enroll in the Retirement Savings Plan administered through Fidelity Investments and can choose to invest pre-tax or ROTH contributions in several mutual funds. Please note that there may be IRS limits on the amount and total percentage of pay you can contribute to the plan. For more information, please refer to IRS Publication #571.

You will be automatically enrolled in the plan after 31 days of employment. If you do not contact Fidelity and elect not to participate, or elect a different contribution level, four percent (4%) of your compensation will automatically be deducted each pay period as a pre-tax salary deferral contribution to the plan. You are 100% vested in these contributions.

Save the Children will contribute to the plan in two (2) ways beginning the first of the month after one year of service.

- 1. Automatic Agency Contribution:** Save the Children will make an automatic contribution of four percent (4%) of your base pay into this account every pay period, even if you do not contribute. You are 100% vested in these contributions.
- 2. Matching Agency Contribution:** in addition, if you are contributing pre-tax or ROTH, Save the Children will match dollar-for-dollar of your pre-tax contribution, up to a maximum of four percent (4%). You are 100% vested in these contributions.

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Retirement Savings Plan for Third Country Nationals (TCN)

You are eligible to enroll in the Retirement Savings Plan administered through Fidelity Worldwide upon your date of hire. You will have the option to invest in several mutual funds. You will be automatically enrolled the 1st of the month after 31 days of employment at 4% of your salary. If you do not want to enroll you can go to [MySource>Life Events>TCN Retirement Plan Contribution Change](#) and select zero contribution.

Save the Children will contribute to the plan in two (2) ways beginning the first of the month after one year of service.

1. Automatic Agency Contribution: Save the Children will make an automatic contribution of four percent (4%) of the employee's base pay into this account every pay period, even if the employee does not contribute. Employees are 100% vested in these contributions.
2. Matching Agency Contribution: in addition, if you are contributing, Save the Children will match dollar for dollar of your contribution, up to a maximum of four percent (4%). You are 100% vested in these contributions.

457b Deferred Compensation Plan For Expatriate Employees Only

You are eligible to enroll in this plan if your annual salary is \$135,000 or higher. This plan is in addition to the Retirement Savings Plan and you can contribute the IRS maximum to both plans. The Agency does not contribute to this plan. You may elect to make pre-tax contributions to the maximum amount allowed by law and have the option to invest in several mutual funds. You are 100% vested in these contributions.

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Business Travel Accident Insurance (BTA)

The BTA provides you and your family with 24-hour accident protection while travelling on business. Your coverage amount is equal to two (2) times your annual salary up to a maximum of \$1,000,000. The coverage amount for your spouse/domestic partner is \$50,000 and your child is \$25,000. Save the Children pays 100% of the premium.

Workers Compensation

This program provides benefits to you for any job related injuries or illness. Save the Children pays 100% of the premium.

Personal Property Insurance

This program insures employees for full replacement cost of their personal belongings up to \$10,000. Save the Children pays 100% of the premium.



Emotional\Mental Health

Employee Resilience Program (ERP)

This program administered through Konterra Group provides you with access to free and confidential one-on-one counseling sessions through Skype or phone and will help you better manage stress and overall well-being while working overseas.

CALM Subscription

You have access to the CALM app which is designed to help you learn meditation methods, practice guided mental exercises and improve sleep quality.

SOS Emergency Evacuation Insurance

This program provides medical evacuation and repatriation services to employees and their dependents. Save the Children pays 100% of the premium.

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Paid Time-Off Benefits Accompanied Posts

Time off benefits are pro-rated for part-time employees.

- Thirty (30) Vacation days accrued per year.
- Twelve (12) Country Office Holidays per year.
- Three (3) Floating Holidays per year. If you are hired on or after July 1st, you will be eligible for one (1) day.
- Five (5) Sick days per year.
- Sixty (60) Maternity/Paternity Leave days to use within a year of the child's birth, adoption or foster care effective date.
- Ten (10) Caregiver Leave days. If you are hired on or after July 1st, you will be eligible for five (5) days.
- Thirty (30) Critical Child Illness Leave days.
- Up to ten (10) Critical Illness/Bereavement Leave days.
- Home Leave – employees are entitled to an annual ticket to their home of record once a year, after an initial one-year assignment abroad (month 13).

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Paid Time-Off Benefits Unaccompanied Posts

Time off benefits are pro-rated for part-time employees.

- Twenty (20) Vacation days accrued per year.
- Twelve (12) Country Office Holidays per year.
- Three (3) Floating Holidays per year. If you are hired on or after July 1st, you will be eligible for one (1) day.
- Five (5) Sick days per year.
- Sixty (60) Maternity/Paternity Leave days to use within a year of the child's birth, adoption, or foster care effective date.
- Ten (10) Caregiver Leave days. If you are hired on or after July 1st, you will be eligible for five (5) days.
- Thirty (30) Critical Child Illness Leave days.
- Up to ten (10) Critical Illness/Bereavement Leave days.
- Home Leave – employees are entitled to an annual ticket to their home of record once a year, after an initial one-year assignment abroad (month 13).
- Rest & Relaxation days per year (may differ by country).

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Contact Information

SaveNet

[Benefits Information](#)

HR HelpDesk

<https://nethope.service-now.com/>

Telephone: 475-999-3270

Aetna International for Medical and Dental

www.Aetna.com

Member Telephone: 800-231-7729 (toll-free) or 813-775-0190 (direct)

WEX

[Wex Link](#)

Customer Service hours are:

Monday – Friday 6am – 9pm Central

Questions Before Enrolled: 844.561.1337

Questions When Enrolled: 866.451.3399

Email a Question: customerservice@wexhealth.com

Live Chat: www.wexinc.com/contact/health

Fidelity Investments for US and Expatriate Employees

[Fidelity At Work](#)

Telephone: 800-343-0860 (toll-free)

International Telephone: 877-343-0860 by using the AT&T Direct Access Code or use a local operator

Fidelity Worldwide for Third Country National Employees

www.fidelitypensions.co.uk

International Telephone: 44-1737-838-585 lines open Monday through Friday 8:00am – 6:00pm UK Time

Konterra Group

<http://konterragroup.net/resource-hub/resilience/>

Email: SCERP@konterragroup.net to schedule an appointment

This is a brief Summary and does not contain all of the information regarding the plan benefits. Please refer to the plan documents and the Employee Handbook. If there is any discrepancy between this Summary and plan documents or the Employee Handbook, the plan documents or Employee Handbook will control. In addition, Save the Children reserves the right to change, suspend, or terminate any benefit at any time and for any reason.