

**Benefits Overview for Employees of The Bridge, Inc.**  
**Plan Year December 1, 2023 - November 30, 2024**

Revised 11/3/23

Benefit	Provider/ Carrier	Employee Cost Per Pay Period	Eligibility	Benefit Information	Contact
<b>403(b) Retirement Plan</b>	Capital Group	Depending on employee's percentage of contribution	Available <b>upon hire</b> to employee 20.5 years of age, working at least 20 hours per week.	Employees who have reached the age of 20-1/2 may begin contributing a minimum of 1% of salary upon hire. The Bridge will <b>match up to 5% of annual salary after completing 6 month waiting period.</b> No guarantee is made regarding performance of the Plan.	Human Resources
<b>Health Insurance, including prescription coverage</b>	BlueCross/Blue Shield of Alabama	<b>Single Coverage: \$96.54 bi-weekly</b>	Available to all full-time employees (avg.30 hrs per week) beginning the <b>first day of the month following completion of 2 month waiting period.</b>	\$400 individual/\$1200 family deductible. The Summary Plan Description outlines coverage in detail. The Bridge pays 70% of the employee's single health coverage	Human Resources
		<b>Family Coverage: \$668.25 bi-weekly</b>	The level of medical coverage chosen will determine the level of dental coverage. You may choose medical without dental coverage.		
<b>Dental Insurance</b>	BlueCross/Blue Shield of Alabama	<b>Single Coverage: \$4.82 bi-weekly</b>	Available to all full-time employees (avg.30 hrs per week) beginning the <b>first day of the month following completion of 2 month waiting period.</b>	\$25 deductible per member. The Summary Plan Description outlines coverage in detail. The Bridge pays 50% of the employee's single dental coverage	Human Resources
		<b>Family Coverage: \$22.79 bi-weekly</b>	The level of medical coverage chosen will determine the level of dental coverage. Dental only is not available.		
<b>Long-Term Disability Insurance</b>	Equitable	\$0	Available to all full-time employees beginning the first day of the month following completion of <b>6 month waiting period.</b>	Long Term Disability Income - 60% of weekly earnings after a disability of 6 months, with medical verification. The Bridge pays 100%.	Human Resources
<b>Group Term Life Insurance</b>	Equitable	\$0	Available to all full-time employees beginning the first day of the month following completion of <b>6 month waiting period.</b>	Group Life - Death benefit equal to the employee's annual salary, with a maximum of \$50,000. The Bridge pays 100%.	Human Resources
<b>Health Care &amp; Dependent Care Flexible Spending Accounts (FSA)</b>	Alerus	<b>Varies, depending on level of contribution: up to \$3050 per year for unreimbursed medical expenses and \$5,000 per year for dependent care expenses.</b>	Available to all full-time employees (40 hrs per week) beginning the first day of the month following completion of <b>6 month waiting period.</b>	Employees may set aside money on a pre-tax basis to pay for unreimbursed medical expenses, like copays, glasses, and certain over-the-counter drugs, and for qualifying child and dependent daycare expenses.	Human Resources
<b>Health Reimbursement Arrangement (HRA)</b>	Alerus	\$0	Available to all full-time employees (40 hrs per week) beginning the first day of the month following completion of <b>6 month waiting period.</b>	The Bridge, Inc. will match the employee's contribution to the FSA, up to \$500. HRA funds are used after an employee has exhausted FSA funds and may be used for similar expenses.	Human Resources
<b>Supplemental Short-Term Disability Insurance</b>	Equitable	Varies, depending on age and level of benefit.	Available to all full-time employees (40 hrs per week) beginning the first day of the month following completion of <b>6 month waiting period.</b>	Short-term disability insurance can replace a portion of an employees income if they get sick or are injured away from work and are unable to work.	Human Resources
<b>Supplemental Voluntary Group Term Life Insurance</b>	Equitable	Varies, depending on age and level of benefit.	Available to all full-time employees (40 hrs per week) beginning the first day of the month following completion of <b>6 month waiting period.</b>	Death benefit for employee, spouse, and eligible dependents.	Human Resources
<b>Supplemental Voluntary Critical Illness</b>	Equitable	Varies, depending on age, level of benefit, tobacco user/non-user.	Available annually during Open Enrollment to all full time employees following completion of <b>6 month waiting period</b> ( generally held one week in October).	Provides additional income during a time of increased need due to certain catastrophic health conditions.	Human Resources
<b>Supplemental Voluntary Accident</b>	Equitable	Varies, depending on selection	Available to all full-time employees (40 hrs per week) beginning the first day of the month following completion of <b>6 month waiting period.</b>	Provides coverage for off-the-job accidents; payable directly to you; pays in addition to any other coverage you may have; no health questions or pre-existing limitations; fully portable.	Human Resources

Benefit	Provider/ Carrier	Employee Cost Per Pay Period	Eligibility	Benefit Information	Contact
<b>Supplemental Vision Benefit</b>	VSP (Equitable)	Varies, depending on selection	Available to all full-time employees (40 hrs per week) beginning the first day of the month following completion of <b>6 month waiting period.</b>	Well-Vision Exam, Prescription Glasses, Contacts, Primary Eyecare, & Extra Savings	Human Resources
<b>Holidays</b>	The Bridge	\$0	Available <b>upon hire</b> to all <b>full-time</b> employees.	New Years Day, Martin Luther King Jr. Day, Memorial Day, Juneteenth, Independence Day, Labor Day, Veteran's Day, Thanksgiving Day and the day after Thanksgiving, and Christmas Day (for additional information, please refer to Employee Handbook)	Your Supervisor
<b>Paid Time Off</b>	The Bridge	\$0	Available to full-time employees (40 hrs per week). Begins accruing bi-weekly <b>after six months</b> of full-time employment. May be used after accrued.	Minimum Accrual (less than 3 years of service) 3.12 hours bi-weekly; 81.12 hours per year. Please refer to Employee Handbook for additional accruals based upon years of service.	Your Supervisor
<b>Tuition Reimbursement</b>	The Bridge	\$0	Available to all actively working, full-time employees following completion of the probationary period, during the courses for which tuition reimbursement is requested. See policy for additional requirements.	Limited to 50% of tuition cost up to a maximum reimbursement of \$1000 per fiscal year (October 1 to September 30). Contact HR for additional information.	Human Resources
<b>Supplemental Pay for Substance Abuse Certification or LBSW</b>	The Bridge	\$0	Substance Abuse Certification by degreed case manager, clinician, program manager, or coordinator or License Bachelor of Social Work (LBSW)	<b>\$1,000 annual supplemental pay</b>	Human Resources
<b>Supplemental Pay for Alabama Associate Licensure</b>	The Bridge	\$0	Any clinician, program manager, corporate trainer, or coordinator with licensure in ALC or MFTA,	<b>\$1,000 annual supplemental pay</b>	Human Resources
<b>Supplemental Pay for Licensure</b>	The Bridge	\$0	Any clinician, program manager, corporate trainer, or coordinator with licensure in LPC, LICSW, LMSW or LMFT	<b>\$3,500 annual supplemental pay OR \$2,500 if already receiving \$1000 supplement for ALC or MFTA</b>	Human Resources
<b>Direct Deposit of Payroll</b>	The Bridge	\$0	All employees.	Electronic transfer of payroll funds. Ensures availability of funds on payday. No costs to the employee.	Payroll
<b>Leave Sell-Back</b>	The Bridge	\$0	Employees who have earned in excess of 40 hours of PTO leave	Employees may sell back PTO to The Bridge on a quarterly basis at the employee's current rate of pay, not to exceed 80 hours of pay at each instance and at a minimum of 8-hour increments. (see Employee Handbook, HR Policy 3093)	Payroll
<b>Mileage Reimbursement</b>	The Bridge	\$0	Employees using their personal vehicles for Bridge purposes (must be pre-approved)	Employees are reimbursed .58 cents per mile	Your Supervisor
<b>Mobile Phone Stipend</b>	The Bridge	\$0	Employees who do not have a physical Bridge office and desk phone for business use, and/or based upon job requirements (must be pre-approved)	Employees are paid \$40 per month.	Your Supervisor
<b>Meals</b>	The Bridge	<b>\$1 per meal</b>	All employees on campuses with <b>residential</b> facilities.	Employees working where residential facilities exist are permitted to eat in the dining facility for the cost fixed by the dining facility manager.	Dining Hall

# THE BRIDGE HEALTH PLAN

**ALL generic drugs filled in the pharmacy network will be REIMBURSED at 100%. Always file a reimbursement claim on all prescriptions, so it will be applied appropriately.**

**FLEX: If enrolled, you should be filing for**

**prescription reimbursement with Blue Cross FIRST and NOT PAY with your Flex card. You SHOULD NOT use flex card if eligible for reimbursement by Blue Cross.**

## Guide to your Pharmacy Benefits

### How do I fill my prescription?

1. Visit a participating pharmacy.
2. Provide your prescription and member ID card.
3. Your prescription is checked electronically to:
  - Confirm your benefit plan.
  - Ensure the correct prescription price.
  - Review your medication history.
  - Determine if your new prescription interacts with other drugs you are taking.
4. Pay the full amount of the prescription at the time of purchase.
5. Receive a claim authorization number from your pharmacist.
6. Use the claim authorization number to file your claim with Blue Cross and Blue Shield of Alabama online at **AlabamaBlue.com** or by mail.
7. Blue Cross will process your claim and repay any eligible payment to you.

### How do I find a participating pharmacy?

There are thousands of participating pharmacies across the country. Go to **AlabamaBlue.com** and click on "Pharmacy" or call the number on the back of your member ID card to find a participating pharmacy near you.

If you use a pharmacy that is not in your network, you may have to pay the full cost of your prescription. Many plan designs do not cover prescription drugs purchased at a non-participating pharmacy. See your benefit booklet for specific information about your health plan.

### How do I file a prescription drug claim online?

Getting reimbursed for your prescription drug expenses is easier than ever. There is no need to mail a claim form. Submit your drug expenses online at **AlabamaBlue.com**. File your claim anytime, even on weekends and holidays. Sign in or register for **myBlueCross** and select "File a Drug Claim" under "Manage My Prescriptions."

## Point-of-Sale Pharmacy Benefit

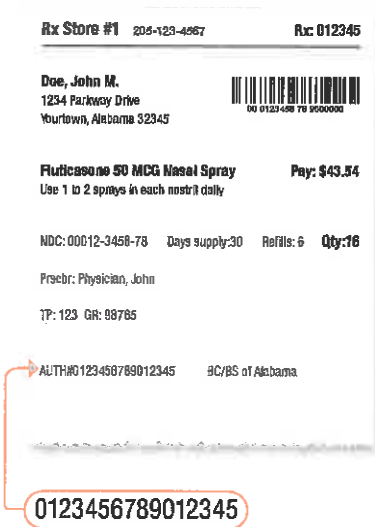
### Visit **AlabamaBlue.com**:

- Find a participating pharmacy near you
- Look up drugs covered by your plan
- Get drug cost estimates from participating pharmacies
- Learn more about generic drugs



**BlueCross BlueShield of Alabama**





## How do I file a drug claim mail?

When you use a participating pharmacy, file your claim using the point-of-sale prescription drug claim form (CL-94).

If your benefit plan covers prescriptions filled by a non-participating pharmacy, you must file your claim using the medical expense claim form (CL-438).

You can get claim forms several ways:

- ➔ At [AlabamaBlue.com](https://AlabamaBlue.com) or
- ➔ Call the number on the back of your member ID card

## How do I find my claim authorization number?

The **claim authorization number** usually appears as a 14 to 18 digit number. If it is not printed on the receipt, ask the pharmacist to provide the number to you. This number is required to file your claim online or by mail.

## What is a generic drug?

A generic drug is a copy of a brand-named drug. When a brand-name drug patent expires, generic versions can be made and sold. All generic drugs sold in the United States are proven safe and effective by the U.S. Food and Drug Administration (FDA). The FDA ensures a generic drug works the same as its brand-name counterpart in dosage, safety, quality, performance, strength and usage. By law, generic drugs cannot look exactly like the brand-named counterpart. This is why a generic version of a drug will have different colors, flavors or combinations of inactive ingredients than the original medication.

Most generic drugs deliver a better value than brand-name drugs because they work in the same way and cost less.

### Learn more:

For more information visit us online at: [AlabamaBlue.com](https://AlabamaBlue.com)

Blue Cross and Blue Shield of Alabama is an independent licensee of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.



## **Drug-Free and Alcohol-Free Workplace Policy Statement Effective 1/26/23**

It is the policy of The Bridge to maintain a drug-free and alcohol-free work environment that is safe and productive for employees and others having business with the company. The unlawful use, possession, purchase, sale, or distribution of or being under the influence of any illegal drug or controlled substance (including medical marijuana) while on company or client premises or while performing services for the company is strictly prohibited. The Bridge also prohibits reporting to work or performing services under the influence of alcohol or consuming alcohol while on duty or during work hours. In addition, The Bridge prohibits off-premises abuse of alcohol and controlled substances (including medical marijuana), as well as the possession, use, or sale of illegal drugs, when these activities adversely affect job performance, job safety, or the company's reputation in the community.

To ensure compliance with this policy, substance abuse screening may be conducted in the following situations:

- **Pre-employment:** prospective employees who receive a conditional offer of employment
- **For cause:** upon reasonable suspicion that the employee is under the influence of alcohol or drugs that could affect or have adversely affected the employee's job performance
- **Random:** as authorized or required by federal or state law
- **Post-accident:** requiring more than simple first aid treatment, damage to company property, or contributes to a loss-time accident/injury
- **Sanctions:** An employee who voluntarily admits to a drug or alcohol problem prior to being requested to submit to a substance use test may not be terminated for requesting help. The employee has three days to contest or explain a confirmed positive test after written notification of such result from the employer. Any employee testing positive shall be terminated. Any employee who refused to submit to testing or who refuses to cooperate shall be terminated. A resource file of assistance programs and other persons, entities, or organizations designed to assist employees with personal or behavioral problems is maintained at the Human Resources Department of The Bridge.

Employees who test positive or who refuse to submit to substance abuse screening will be subject to termination. Notwithstanding any provision herein, this policy will be enforced at all times in accordance with applicable state and local law.

Any employee violating this policy is subject to discipline, up to and including termination, for the first offense.



## Code of Ethics

### Preamble

This Code of Ethics provides a common set of values by which employees and volunteers of The Bridge, Inc. resolve to conduct ourselves in the workplace. As such, the activities of those employees or volunteers at The Bridge, Inc. are subject to the Code when such activities are work-related functions.

### Principle 1: Nondiscrimination

The Bridge Inc. does not discriminate against clients or professionals based on race, religion, age, sex, disabilities, national ancestry, sexual preference, or socioeconomic condition.

- I will not condone or engage in discrimination based on age, color, culture, disability, ethnic group, gender, race, religion, sexual preference, marital status, or socioeconomic status.
- I will actively attempt to understand the diverse cultural backgrounds of the clients with whom I work. This includes, but is not limited to, learning how my own cultural/ethnic/racial identity impacts my clients' values and beliefs about the counseling and rehabilitation process.
- I will be cautious in using assessment techniques, making evaluations, and interpreting the performance of populations not represented in the norm group on which an instrument was standardized. I will recognize the effects of differences on test administration and interpretation and place test results in proper perspective with other relevant factors.
- I will not engage in or condone practices that are discriminatory in hiring, promotion, or training.

### Principle 2: Responsibility

The Bridge, Inc. will work to advance the welfare of the individuals and families that it serves. We will demonstrate respect for the community of professionals, agencies, and individuals with which The Bridge, Inc. is associated.

- I am aware of my influential position with respect to our clients. I will avoid exploiting the trust and dependency of such persons. I will make every effort to avoid dual relationships with clients that could impair my professional judgement or increase the risk of exploitation. When such a relationship cannot be avoided, I will take appropriate professional precautions. Examples of such relationships include but are not limited to business or close personal relationships with clients.
- I understand that an intimate relationship (i.e., one of a sexual nature) with a client is prohibited and that intimate relationships with former clients are prohibited for two years following the termination of therapy, as well as any former client who is a minor as defined by Alabama State Law.
- I will not use my relationship with clients to further my own interests.
- I will never abandon those clients entrusted to my care.
- Prior to the discharge of those in my care, I will take reasonable steps to facilitate transfer of responsibility to another party when necessary.
- I will respect the right of clients to make decisions and help them to understand the consequences of these decisions.
- If I supervise others, I accept the obligation to facilitate their professional development by providing accurate and current information, timely evaluations, and constructive consultation.

### Principle 3: Competence

The Bridge, Inc. recognizes the need for continued education, training, and development of its staff in order to promote the best interests of society, of the clients it serves, of its staff, and of the counseling profession as a whole.

- I will endeavor to prevent the delivery of treatment, rehabilitative, or prevention services by unqualified and unauthorized persons.
- I will recognize the boundaries and limitations of my professional competence and not offer services or use techniques outside of my competencies.
- I will demonstrate a commitment to gain knowledge, personal awareness, sensitivity, and skills pertinent to working with a diverse client population. I will endeavor to recognize the effect of professional

impairment on professional performance and am willing to seek appropriate treatment for my colleague(s) or myself. I will support peer assistance programs in this respect.

- I will not misrepresent my professional affiliations or qualifications.

#### **Principle 4: Legal and Moral Standards**

The Bridge, Inc. is committed to upholding the legal and accepted moral codes that pertain to our primary mission of providing high quality treatment, prevention, and rehabilitative services.

- I am responsible for obeying all laws pertaining to the delivery of services to the clients and families served by The Bridge, Inc.
- I am committed to a moral code that serves to better my community and society even when there is little or no financial return for The Bridge, Inc. or myself.
- If I am aware of unethical conduct or unprofessional practices by my co-workers, I will report such to the appropriate authority.
- I will adhere to the code of ethics of any professional organization to which I belong.

#### **Principle 5: Public Statements**

The Bridge, Inc., respects the limits of present knowledge in public statements concerning alcoholism, other forms of drug addiction, and rehabilitation services. Public statements include, but are not limited to, statements, whether paid or unpaid, solicited or unsolicited, which are issued in written, oral, electronic, or video format.

- I will acknowledge and accurately document materials and techniques used in the provision of treatment, prevention, or rehabilitative services.
- If I provide training or education in the area of alcohol and drug treatment, prevention, or rehabilitative techniques or skills, I will indicate to the audience the requisite training and qualifications required to properly perform these skills and techniques.
- I will report fairly and accurately appropriate, current, and relevant information to clients, other professionals, customers, and the general public regarding the treatment or prevention of substance abuse and the provision of rehabilitative services.
- I will take reasonable precaution to ensure that statements are based on appropriate literature and practice, that statements are consistent with this Code of Ethics, and that the recipients are not encouraged to infer that a relationship has been established with them personally.

#### **Principle 6: Publication Credit**

The Bridge, Inc. is committed to assigning credit to all who have contributed to material used in providing services for our clients.

- As an individual representative of The Bridge, Inc., I recognize my role as a model in the professional community. I will properly acknowledge those who have contributed in any way to a work I complete whether published or unpublished.
- I will in no way violate the copyright (electronically or in print) of anyone through the reproduction of material except in those ways allowed under copyright laws.

#### **Principle 7: Client Welfare**

The Bridge, Inc. respects the integrity and protects the welfare of the clients which it serves.

- In the presence of professional conflict or dispute regarding the care, treatment, or rehabilitation of a client, I will be concerned primarily with the welfare of the client.
- In the process of requesting personal information from another professional through a client, I will inform the client of the nature of such transactions. The information released or obtained with informed consent will be used for the expressed purposes only.
- I will not use a client or information revealing a client's identity in a demonstration role, workshop, or other training setting where such disclosure would potentially harm the client.

#### **Principle 8: Confidentiality**

The Bridge, Inc., is committed to protecting the confidentiality of our clients. We will not disclose information acquired about our clients without appropriately executed consent.

- I understand my duty to protect the confidentiality of the clients (present and former) of The Bridge, Inc.
- I am informed and responsible for adherence to applicable federal and state laws regarding confidentiality.

- I am aware of those notable exceptions to confidentiality laws in matters of suspected abuse / neglect and intent to do harm to self or others.

#### Principle 9: Client Relationships

The Bridge, Inc., ascribes to the practice of informing prospective clients of the important aspects of the potential relationship between the client and The Bridge, Inc., and its employees.

- I will inform the client and obtain the client's agreement in areas likely to affect the client's participation including the recording of an interview, the use of interview material for training purposes, and / or observation of an interview by another person.
- I will inform the designated guardian or responsible person of the circumstances which may influence the relationship when the client is a minor or incompetent.
- I will not enter into a professional relationship with members of my own family, intimate friends, close associates, or others whose welfare might be jeopardized by such a dual relationship.
- I understand that an intimate relationship (i.e., one of a sexual nature) with a client is prohibited and that intimate relationships with former clients are prohibited for two years following the termination of therapy, as well as any former client who is a minor as defined by Alabama State Law.

#### Principle 10: Interprofessional Relationships

The Bridge, Inc., and its individual employees are aware of our responsibility to the treatment, prevention, and rehabilitative service professions. We look upon our colleagues with respect, courtesy, fairness, and good faith and shall afford the same to other professionals.

- I will work with other professionals in the best interest of those clients I serve unless restrained by the demands of confidentiality.
- I will not exploit those relationships I have with supervisors, employees, colleagues, or volunteers.

#### Principle 11: Remuneration

The Bridge, Inc., maintains an established financial arrangement in the professional practice of treatment, prevention, and rehabilitative services, and / or housing its client population and in accord with the professional standards that safeguard the best interest of the client and of The Bridge, Inc. staff.

- I will not send or receive any commission or rebates or any other form of remuneration for referral of clients for professional services (i.e. fee-- splitting).
- I will not use my relationship with clients to promote personal gain or the profit of The Bridge, Inc., any other agency or enterprise of any kind.
- I will not accept a private fee or any other gift or gratuity for professional work with a client who is entitled to such services through The Bridge, Inc.
- I will devote a portion of my professional activity to services for which there is little or no financial return.

#### Principle 12: Societal Obligations

The Bridge, Inc., encourages the development of policies that serve the interests of our clients and the public. To that end, I will support such policy decisions made by The Bridge, Inc., of which I am a representative.

#### Acknowledgments

Portions of this Code of Ethics were copied or adapted from the following sources:

- 1 National Association of Alcoholism and Drug Abuse Counselors. (1995, May). Ethical Standards of Alcoholism and Drug Abuse Counselors.
- 2 American Association for Marriage and Family Therapy. (1998). MMFT Code of Ethics.

By signing below, I acknowledge receipt of the Code of Ethics. I have read the Code of Ethics, understand it, and agree to abide by it. I understand that my failure to abide by the Code of Ethics may result in disciplinary action, up to and including termination.

***This is your copy to keep for your records.***



# EMPLOYEE RIGHTS UNDER THE FAMILY AND MEDICAL LEAVE ACT

THE UNITED STATES DEPARTMENT OF LABOR WAGE AND HOUR DIVISION

## LEAVE ENTITLEMENTS

Eligible employees who work for a covered employer can take up to 12 weeks of unpaid, job-protected leave in a 12-month period for the following reasons:

- The birth of a child or placement of a child for adoption or foster care;
- To bond with a child (leave must be taken within one year of the child's birth or placement);
- To care for the employee's spouse, child, or parent who has a qualifying serious health condition;
- For the employee's own qualifying serious health condition that makes the employee unable to perform the employee's job;
- For qualifying exigencies related to the foreign deployment of a military member who is the employee's spouse, child, or parent.

An eligible employee who is a covered servicemember's spouse, child, parent, or next of kin may also take up to 26 weeks of FMLA leave in a single 12-month period to care for the servicemember with a serious injury or illness.

An employee does not need to use leave in one block. When it is medically necessary or otherwise permitted, employees may take leave intermittently or on a reduced schedule.

Employees may choose, or an employer may require, use of accrued paid leave while taking FMLA leave. If an employee substitutes accrued paid leave for FMLA leave, the employee must comply with the employer's normal paid leave policies.

While employees are on FMLA leave, employers must continue health insurance coverage as if the employees were not on leave.

Upon return from FMLA leave, most employees must be restored to the same job or one nearly identical to it with equivalent pay, benefits, and other employment terms and conditions.

An employer may not interfere with an individual's FMLA rights or retaliate against someone for using or trying to use FMLA leave, opposing any practice made unlawful by the FMLA, or being involved in any proceeding under or related to the FMLA.

An employee who works for a covered employer must meet three criteria in order to be eligible for FMLA leave. The employee must:

- Have worked for the employer for at least 12 months;
- Have at least 1,250 hours of service in the 12 months before taking leave;\* and
- Work at a location where the employer has at least 50 employees within 75 miles of the employee's worksite.

\*Special "hours of service" requirements apply to airline flight crew employees.

Generally, employees must give 30-days' advance notice of the need for FMLA leave. If it is not possible to give 30-days' notice, an employee must notify the employer as soon as possible and, generally, follow the employer's usual procedures.

Employees do not have to share a medical diagnosis, but must provide enough information to the employer so it can determine if the leave qualifies for FMLA protection. Sufficient information could include informing an employer that the employee is or will be unable to perform his or her job functions, that a family member cannot perform daily activities, or that hospitalization or continuing medical treatment is necessary. Employees must inform the employer if the need for leave is for a reason for which FMLA leave was previously taken or certified.

Employers can require a certification or periodic recertification supporting the need for leave. If the employer determines that the certification is incomplete, it must provide a written notice indicating what additional information is required.

Once an employer becomes aware that an employee's need for leave is for a reason that may qualify under the FMLA, the employer must notify the employee if he or she is eligible for FMLA leave and, if eligible, must also provide a notice of rights and responsibilities under the FMLA. If the employee is not eligible, the employer must provide a reason for ineligibility.

Employers must notify its employees if leave will be designated as FMLA leave, and if so, how much leave will be designated as FMLA leave.

Employees may file a complaint with the U.S. Department of Labor, Wage and Hour Division, or may bring a private lawsuit against an employer.

The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.

## BENEFITS & PROTECTIONS

## ELIGIBILITY REQUIREMENTS

## REQUESTING LEAVE

## EMPLOYER RESPONSIBILITIES

## ENFORCEMENT

For additional information or to file a complaint:

**1-866-4-USWAGE**

(1-866-487-9243) TTY: 1-877-889-5627

**[www.dol.gov/whd](http://www.dol.gov/whd)**

U.S. Department of Labor | Wage and Hour Division





# New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved  
OMB No. 1210-0149  
(expires 6-30-2023)

## PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

### Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.<sup>1</sup>

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

### How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact 256-546-6324 Judy Perry, ext. 241 or Angela Winkles, ext. 226

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

<sup>1</sup> An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

## PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name <b>The Bridge, Inc.</b>		4. Employer Identification Number (EIN) <b>23-7412402</b>	
5. Employer address <b>3232 Lay Springs Rd</b>		6. Employer phone number <b>256-546-6324</b>	
7. City <b>Gadsden</b>	8. State <b>AL</b>	9. ZIP code <b>35904</b>	
10. Who can we contact about employee health coverage at this job? <b>Judy Perry, ext. 241 or Angela Winkles, ext. 226</b>			
11. Phone number (if different from above)		12. Email address <b>jperry@bridgeinc.org or awinkles@bridgeinc.org</b>	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

All employees. Eligible employees are:

Some employees. Eligible employees are:

If determined that you work an average of 30 or more hours per week in accordance with the Affordable Care Act, you must meet additional eligibility or participation rules established, and satisfy an applicable waiting period.

- With respect to dependents:

We do offer coverage. Eligible dependents are:

Spouse; your married or unmarried child up to age 26; an unmarried, incapacitated child who (1) is age 26 and over, (2) is not able to support himself, and (3) depends on you for support, if the incapacity occurred before age 26. The child may be the employee's child, stepchild, legally adopted child, child placed for adoption, or other eligible foster child. An eligible foster child is a child that is placed with you by an authorized placement agency or court order. You may cover your grandchild only if you are eligible to claim your grandchild as a dependent on your federal income tax return.

We do not offer coverage.

If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

\*\* Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

***This is your copy to keep for your records.***

## General Instructions

Section references are to the Internal Revenue Code.

### Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

### Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

**Exemption from withholding.** You may claim exemption from withholding for 2024 if you meet both of the following conditions: you had no federal income tax liability in 2023 **and** you expect to have no federal income tax liability in 2024. You had no federal income tax liability in 2023 if (1) your total tax on line 24 on your 2023 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2024 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2025.

**Your privacy.** Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

**When to use the estimator.** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) if you:

1. Expect to work only part of the year;
2. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
3. Prefer the most accurate withholding for multiple job situations.

**Self-employment.** Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to figure the amount to have withheld.

**Nonresident alien.** If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

## Specific Instructions

**Step 1(c).** Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

**Step 2.** Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option **(a)** most accurately calculates the additional tax you need to have withheld, while option **(b)** does so with a little less accuracy.

Instead, if you (and your spouse) have a total of only two jobs, you may check the box in option **(c)**. The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



**Multiple jobs.** Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

**Step 3.** This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

### Step 4 (optional).

**Step 4(a).** Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

**Step 4(b).** Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2024 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

**Step 4(c).** Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b) – Multiple Jobs Worksheet (Keep for your records.)



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3
2 Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a
b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b
c Add the amounts from lines 2a and 2b and enter the result on line 2c
3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc.
4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld)

Step 4(b) – Deductions Worksheet (Keep for your records.)



- 1 Enter an estimate of your 2024 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income
2 Enter: { \$29,200 if you're married filing jointly or a qualifying surviving spouse; \$21,900 if you're head of household; \$14,600 if you're single or married filing separately }
3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

**Married Filing Jointly or Qualifying Surviving Spouse**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$780	\$850	\$940	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,370
\$10,000 - 19,999	0	780	1,780	1,940	2,140	2,220	2,220	2,220	2,220	2,220	2,570	3,570
\$20,000 - 29,999	780	1,780	2,870	3,140	3,340	3,420	3,420	3,420	3,420	3,770	4,770	5,770
\$30,000 - 39,999	850	1,940	3,140	3,410	3,610	3,690	3,690	3,690	4,040	5,040	6,040	7,040
\$40,000 - 49,999	940	2,140	3,340	3,610	3,810	3,890	3,890	4,240	5,240	6,240	7,240	8,240
\$50,000 - 59,999	1,020	2,220	3,420	3,690	3,890	3,970	4,320	5,320	6,320	7,320	8,320	9,320
\$60,000 - 69,999	1,020	2,220	3,420	3,690	3,890	4,320	5,320	6,320	7,320	8,320	9,320	10,320
\$70,000 - 79,999	1,020	2,220	3,420	3,690	4,240	5,320	6,320	7,320	8,320	9,320	10,320	11,320
\$80,000 - 99,999	1,020	2,220	3,620	4,890	6,090	7,170	8,170	9,170	10,170	11,170	12,170	13,170
\$100,000 - 149,999	1,870	4,070	6,270	7,540	8,740	9,820	10,820	11,820	12,830	14,030	15,230	16,430
\$150,000 - 239,999	1,960	4,360	6,760	8,230	9,630	10,910	12,110	13,310	14,510	15,710	16,910	18,110
\$240,000 - 259,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$260,000 - 279,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$280,000 - 299,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,380
\$300,000 - 319,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,980	17,980	19,980
\$320,000 - 364,999	2,040	4,440	6,840	8,310	9,710	11,280	13,280	15,280	17,280	19,280	21,280	23,280
\$365,000 - 524,999	2,720	6,010	9,510	12,080	14,580	16,950	19,250	21,550	23,850	26,150	28,450	30,750
\$525,000 and over	3,140	6,840	10,540	13,310	16,010	18,590	21,090	23,590	26,090	28,590	31,090	33,590

**Single or Married Filing Separately**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$240	\$870	\$1,020	\$1,020	\$1,020	\$1,540	\$1,870	\$1,870	\$1,870	\$1,870	\$1,910	\$2,040
\$10,000 - 19,999	870	1,680	1,830	1,830	2,350	3,350	3,680	3,680	3,680	3,720	3,920	4,050
\$20,000 - 29,999	1,020	1,830	1,980	2,510	3,510	4,510	4,830	4,830	4,870	5,070	5,270	5,400
\$30,000 - 39,999	1,020	1,830	2,510	3,510	4,510	5,510	5,830	5,870	6,070	6,270	6,470	6,600
\$40,000 - 59,999	1,390	3,200	4,360	5,360	6,360	7,370	7,890	8,090	8,290	8,490	8,690	8,820
\$60,000 - 79,999	1,870	3,680	4,830	5,840	7,040	8,240	8,770	8,970	9,170	9,370	9,570	9,700
\$80,000 - 99,999	1,870	3,690	5,040	6,240	7,440	8,640	9,170	9,370	9,570	9,770	9,970	10,810
\$100,000 - 124,999	2,040	4,050	5,400	6,600	7,800	9,000	9,530	9,730	10,180	11,180	12,180	13,120
\$125,000 - 149,999	2,040	4,050	5,400	6,600	7,800	9,000	10,180	11,180	12,180	13,180	14,180	15,310
\$150,000 - 174,999	2,040	4,050	5,400	6,860	8,860	10,860	12,180	13,180	14,230	15,530	16,830	18,060
\$175,000 - 199,999	2,040	4,710	6,860	8,860	10,860	12,860	14,380	15,680	16,980	18,280	19,580	20,810
\$200,000 - 249,999	2,720	5,610	8,060	10,360	12,660	14,960	16,590	17,890	19,190	20,490	21,790	23,020
\$250,000 - 399,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$400,000 - 449,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$450,000 and over	3,140	6,450	9,110	11,610	14,110	16,610	18,430	19,930	21,430	22,930	24,430	25,870

**Head of Household**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$510	\$850	\$1,020	\$1,020	\$1,020	\$1,020	\$1,220	\$1,870	\$1,870	\$1,870	\$1,960
\$10,000 - 19,999	510	1,510	2,020	2,220	2,220	2,220	2,420	3,420	4,070	4,070	4,160	4,360
\$20,000 - 29,999	850	2,020	2,560	2,760	2,760	2,960	3,960	4,960	5,610	5,700	5,900	6,100
\$30,000 - 39,999	1,020	2,220	2,760	2,960	3,160	4,160	5,160	6,160	6,900	7,100	7,300	7,500
\$40,000 - 59,999	1,020	2,220	2,810	4,010	5,010	6,010	7,070	8,270	9,120	9,320	9,520	9,720
\$60,000 - 79,999	1,070	3,270	4,810	6,010	7,070	8,270	9,470	10,670	11,520	11,720	11,920	12,120
\$80,000 - 99,999	1,870	4,070	5,670	7,070	8,270	9,470	10,670	11,870	12,720	12,920	13,120	13,450
\$100,000 - 124,999	2,020	4,420	6,160	7,560	8,760	9,960	11,160	12,360	13,210	13,880	14,880	15,880
\$125,000 - 149,999	2,040	4,440	6,180	7,580	8,780	9,980	11,250	13,250	14,900	15,900	16,900	17,900
\$150,000 - 174,999	2,040	4,440	6,180	7,580	9,250	11,250	13,250	15,250	16,900	18,030	19,330	20,630
\$175,000 - 199,999	2,040	4,510	7,050	9,250	11,250	13,250	15,250	17,530	19,480	20,780	22,080	23,380
\$200,000 - 249,999	2,720	5,920	8,620	11,120	13,420	15,720	18,020	20,320	22,270	23,570	24,870	26,170
\$250,000 - 449,999	2,970	6,470	9,310	11,810	14,110	16,410	18,710	21,010	22,960	24,260	25,560	26,860
\$450,000 and over	3,140	6,840	9,880	12,580	15,080	17,580	20,080	22,580	24,730	26,230	27,730	29,230