



Summary of Employee Benefits

Benefit	General Description	Eligibility - Conditions	Enrollment Required?																							
Medical Plan	Highmark Blue Cross Blue Shield (SuperBlue Plus 2000) Pretax Premiums	<ul style="list-style-type: none"> Regular full- and part-time employees New EE 1st of month after 60-day wait 	Yes, Highmark Blue Cross Blue Shield																							
	\$0 Deductible 100% at PVH Calendar Year Deductible: <ul style="list-style-type: none"> In-Network: \$1,100 individual, \$2,200 family Non-Network: \$2,000 individual, \$4,000 family Coinsurance: In Network Physician 80%, Cabell 80%, BCBS Network 60%, Out of Network 40% Deductible & Co-insurance Annual Out-of-Pocket limit: <ul style="list-style-type: none"> In-Network: \$6,350/individual, \$12,700/family Non-Network: \$12,000/individual, \$24,000/family \$20 co-payment for physician office, Urgent Care clinic Non-emergency: ER \$150 co-pay/deductible/coinsurance Emergency: ER \$100 co-pay/no deductible/100% thereafter Mental Health provider is Behavioral Health Systems, Inc. (Available to all employees & dependents enrolled in the Medical Plan) Inpatient: Covered at 100% of the Approved Amount Outpatient*: No deductible, no co-pay. Substance Abuse Intensive Outpatient Program (IOP)*: Covered at 100% of the Approved Amount Pre-approval is required, call 800-245-1150 www.behavioralhealthsystems.com (Member Login: PVH). <i>*NOTE: Completion of BHS-Approved Aftercare Program Required for Future Benefit Eligibility</i>	<table border="1"> <thead> <tr> <th rowspan="2">Premium Rates</th> <th colspan="2">Full Time</th> <th colspan="2">Part Time</th> </tr> <tr> <th>Single</th> <th>Family</th> <th>Single</th> <th>Family</th> </tr> </thead> <tbody> <tr> <td>Biweekly</td> <td>\$32.87</td> <td>\$98.81</td> <td>\$49.31</td> <td>\$144.41</td> </tr> <tr> <td>Monthly</td> <td>\$71.22</td> <td>\$214.09</td> <td>\$106.84</td> <td>\$312.89</td> </tr> <tr> <td>COBRA Monthly</td> <td>\$598.19</td> <td>\$1,672.47</td> <td>\$598.19</td> <td>\$1,672.47</td> </tr> </tbody> </table> Pharmacy Co-payments Co-Pay Categories: Generic / Preferred / Non-Preferred / Specialty PVH (34-day supply) \$5/\$25/\$50/\$100 PVH (90-day supply) \$12/\$60/\$120/NA Network (Max. 34-day supply) 20% to \$20-\$40 20% to \$40-\$60 20% to \$60-\$95 \$200 Network (Mail Order / Max. 90-day supply) 20% to \$50-\$100 20% to \$100-\$150 20% to \$150-\$230 NA	Premium Rates	Full Time		Part Time		Single	Family	Single	Family	Biweekly	\$32.87	\$98.81	\$49.31	\$144.41	Monthly	\$71.22	\$214.09	\$106.84	\$312.89	COBRA Monthly	\$598.19	\$1,672.47	\$598.19	\$1,672.47
Premium Rates	Full Time			Part Time																						
	Single	Family	Single	Family																						
Biweekly	\$32.87	\$98.81	\$49.31	\$144.41																						
Monthly	\$71.22	\$214.09	\$106.84	\$312.89																						
COBRA Monthly	\$598.19	\$1,672.47	\$598.19	\$1,672.47																						
Dental Plan	Delta Dental (PPO*, Pretax Premiums) <ul style="list-style-type: none"> Calendar Year Deductible: \$50 individual / \$90 family Maximum benefit \$1,000 per person / calendar year Orthodontics Lifetime Maximum: \$650 / individual Diagnostic & Preventative (no deductible): 100% Basic Restorative, Oral Surgery, Endodontics, Surgical & Non-Surgical Periodontics, General Anesthesia: 80% Major Restorative, Prosthodontics, Orthodontics: 70% Dental exams, up to twice per calendar year <i>*NOTE: PPO Dentists have the greater pricing advantage. Premier & Non-Participating Dentists may bill the patient additional amounts in excess of plan allowances.</i>	<ul style="list-style-type: none"> Regular full- and part-time employees New EE 1st of month after 60-day wait 	Yes, Delta Dental																							
	<table border="1"> <thead> <tr> <th rowspan="2">Premium Rates</th> <th colspan="2">Full Time</th> <th colspan="2">Part Time</th> </tr> <tr> <th>Single</th> <th>Family</th> <th>Single</th> <th>Family</th> </tr> </thead> <tbody> <tr> <td>Biweekly</td> <td>\$3.92</td> <td>8.82</td> <td>\$7.28</td> <td>\$16.35</td> </tr> <tr> <td>Monthly</td> <td>\$8.50</td> <td>\$19.10</td> <td>\$15.77</td> <td>\$35.43</td> </tr> <tr> <td>COBRA Monthly</td> <td>\$24.77</td> <td>\$55.63</td> <td>\$24.77</td> <td>\$55.63</td> </tr> </tbody> </table>	Premium Rates	Full Time		Part Time		Single	Family	Single	Family	Biweekly	\$3.92	8.82	\$7.28	\$16.35	Monthly	\$8.50	\$19.10	\$15.77	\$35.43	COBRA Monthly	\$24.77	\$55.63	\$24.77	\$55.63	
Premium Rates	Full Time		Part Time																							
	Single	Family	Single	Family																						
Biweekly	\$3.92	8.82	\$7.28	\$16.35																						
Monthly	\$8.50	\$19.10	\$15.77	\$35.43																						
COBRA Monthly	\$24.77	\$55.63	\$24.77	\$55.63																						
Vision	\$10 exam co-pay, \$150 allowance on frames or contacts, no charge on lenses & enhancement, much more <table border="1"> <thead> <tr> <th>Pretax, Biweekly</th> <th>\$9.12 Employee</th> <th>\$13.92 EE+1</th> <th>\$24.96 EE + Family</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Pretax, Biweekly	\$9.12 Employee	\$13.92 EE+1	\$24.96 EE + Family					<ul style="list-style-type: none"> Regular full- and part-time employee New EE 1st of month after 60-day wait Frequency: Every 12 months 	Yes, VSP															
Pretax, Biweekly	\$9.12 Employee	\$13.92 EE+1	\$24.96 EE + Family																							
Employee Assistance Program (EAP)	Provided through Behavioral Health Systems, Inc., includes Marital/Family, Parent-Child Conflict, Personal Relationships, Stress, Depression, ADD/ADHD, Work-related Concerns, Alcohol and Drug Abuse, Grief and Loss, Life Transition, Eldercare, Legal Consultations, Financial / Consumer Credit, and more. <i>Confidential – No Charge – 24 Hour Access</i>	All employees and their family members living in their household are eligible to receive one (1) initial assessment and up to four (4) counseling sessions at no charge when provided through BHS. <i>No new hire waiting period. Pre-approval is required.</i>	Yes, Behavioral Health Systems, Inc., enroll at time of service only, call toll free, 800-245-1150																							
Flex Spending Account	You can choose to have some of your out-of-pocket health care expenses (annual maximum \$2,550) and dependent care expenses (annual maximum \$5,000) processed on a pretax basis through this plan. Flex Spending Account Debit Card is available.	<ul style="list-style-type: none"> Regular part- and full-time employees New EE 1st of month after 60-day wait May change election January 1 annually Participants must enroll through TASC 	Yes, TASC																							
Long Term Disability	<ul style="list-style-type: none"> If Disabled, pays 50% of monthly earnings, less Other Income Benefits, up to \$2,000 Maximum Benefit Period: To Retirement Age Premiums paid by employer 	<ul style="list-style-type: none"> New EE 1st of month after 60-day wait Reg. FT employees only Elimination Period: 90 days 	Yes, Sun Life Financial																							
Short Term Disability	<ul style="list-style-type: none"> If Disabled, pays \$400 to \$5,000 up to 50% of earnings Maximum Benefit Period: 6 months Premiums paid by employee 	<ul style="list-style-type: none"> New EE 1st of month after 60-day wait Reg. FT employees only Elimination Period: 7, 14 or 30 days 	Yes, Unum																							
Basic Life and AD&D	<ul style="list-style-type: none"> Benefit equal to Base Annual Salary, up to \$100K Premiums paid by employer 	<ul style="list-style-type: none"> New EE 1st of month after 60-day wait Reg. FT employee, spouse, children 	Yes, Guardian Life Ins. Co. of America																							

Summary of Employee Benefits (Continued)

Benefit	General Description	Eligibility - Conditions	Enrollment Required?																									
Whole Life	<ul style="list-style-type: none"> Premium fixed and guaranteed for life Accumulates cash value, living benefit option Premiums paid by employee 	<ul style="list-style-type: none"> New EE 1st of month after 60-day wait Reg. FT employee, spouse, children Portable—policy can be converted 	Yes, Unum																									
Voluntary Term Life	<ul style="list-style-type: none"> Up to \$300K or 5 X Base Annual Salary, whichever less Guarantee Issue Limit \$100K (self), \$30K (spouse), \$10K (children) Premiums paid by employee 	<ul style="list-style-type: none"> New EE 1st of month after 60-day wait Reg. FT employee, spouse, children Portable – policy can be converted 	Yes, Guardian Life Ins. Co. of America																									
Accident Insurance	<ul style="list-style-type: none"> Pays lump sum amounts to help you cover a variety of accident-related expenses, \$200/day Hospital Confinement Benefit, \$50/yr. Health Screening Benefit 	<ul style="list-style-type: none"> New EE 1st of month after 60-day wait Reg. FT employee, spouse, children Premiums paid by employee, portable 	Yes, Unum																									
Critical Illness Insurance	<ul style="list-style-type: none"> Pays a lump sum benefit upon diagnosis of a covered critical illness (Example: cancer, heart attack, stroke) Coverage up to \$15,000 with no medical underwriting \$50 / year Health Screening Benefit 	<ul style="list-style-type: none"> New EE 1st of month after 60-day wait Reg. FT employee, spouse, children Premiums paid by employee Portable – policy can be converted 	Yes, Unum																									
Indemnity Insurance	<ul style="list-style-type: none"> Pays \$1,000 benefit, admission covered hospital stay Pays \$200 per day intensive care (up to 15 days) \$100 per day covered hospital stay (up to 15 days) 	<ul style="list-style-type: none"> New EE 1st of month after 60-day wait Reg. FT employee, spouse, children Premiums paid by employee, portable 	Yes, Unum																									
403(b) Thrift Plan	<ul style="list-style-type: none"> Employees may contribute a pretax dollar amount or a percentage (up to 100%) of pay, up to \$18,000 (2015 limit), whichever is less. Qualified rollovers are accepted 	<ul style="list-style-type: none"> Age 21 or older New EE, no waiting period 1% minimum contribution Summary Plan Description (in HR Dept.) 	Yes, Great West www.gwrs.com																									
401(a) Pension Plan	<ul style="list-style-type: none"> Plan contributes 3% of your total compensation; plus 3% of compensation in excess of SS Tax Wage Base up to Highly Compensated Limit. 100% Vested after 3 Years of Service Qualified rollovers are accepted 	<ul style="list-style-type: none"> Age 21 or older Completed 1 year of service "1 year" defined as 1,000+ hours Employed on last day of Plan Year Summary Plan Description (in HR Dept.) 	Yes, Great West www.gwrs.com Bi-annual enrollment (January & July)																									
Tuition Assistance	Eligible employees may receive financial assistance for successfully completing continuing education classes in their current field or in other hard-to-fill positions. Up to \$3,000 per calendar year.	Reg. FT and PT only, must have passing grade of "C", must be employed when class begins and when reimbursement requested. Requires 1-year work commitment.	Must apply in advance of class enrollment																									
Vacation	<ul style="list-style-type: none"> Provides paid time off for personal reason Accruals posted bi-weekly, based on paid hours per work week as illustrated by examples in table, assuming weekly minimum 40 hours (FT), 20 hours (PT), fewer hours = reduced weekly accrual. Paid at base pay rate Balance paid to terminating employee in good standing Negative balance subject to withholding from final pay 	<table border="1"> <thead> <tr> <th>Years of Continuous Service</th> <th>FT/PT Status</th> <th>Annualized Vacation Accrual</th> <th>Vacation Accrual / Work Week</th> </tr> </thead> <tbody> <tr> <td rowspan="2">Level One 0-5 years</td> <td>Full Time</td> <td>80 hours</td> <td>1.54 hours</td> </tr> <tr> <td>Part Time</td> <td>40 hours</td> <td>.77 hours</td> </tr> <tr> <td rowspan="2">Level Two 5-15 years</td> <td>Full Time</td> <td>120 hours</td> <td>2.31 hours</td> </tr> <tr> <td>Part Time</td> <td>60 hours</td> <td>1.15 hours</td> </tr> <tr> <td rowspan="2">Level Three 15+years</td> <td>Full Time</td> <td>160 hours</td> <td>3.08 hours</td> </tr> <tr> <td>Part Time</td> <td>80 hours</td> <td>1.54 hours</td> </tr> </tbody> </table> <p>Maximum balance is two times annual accrual.</p>	Years of Continuous Service	FT/PT Status	Annualized Vacation Accrual	Vacation Accrual / Work Week	Level One 0-5 years	Full Time	80 hours	1.54 hours	Part Time	40 hours	.77 hours	Level Two 5-15 years	Full Time	120 hours	2.31 hours	Part Time	60 hours	1.15 hours	Level Three 15+years	Full Time	160 hours	3.08 hours	Part Time	80 hours	1.54 hours	No
Years of Continuous Service	FT/PT Status	Annualized Vacation Accrual	Vacation Accrual / Work Week																									
Level One 0-5 years	Full Time	80 hours	1.54 hours																									
	Part Time	40 hours	.77 hours																									
Level Two 5-15 years	Full Time	120 hours	2.31 hours																									
	Part Time	60 hours	1.15 hours																									
Level Three 15+years	Full Time	160 hours	3.08 hours																									
	Part Time	80 hours	1.54 hours																									
Paid Sick Leave	<ul style="list-style-type: none"> Provides sick pay in case of employee illness/injury. Eligible employees accrue Sick Leave each pay period Accruals occur bi-weekly; Paid at base pay rate Balance not paid to terminating employee 	<table border="1"> <thead> <tr> <th>FT/PT Status</th> <th>Annualized Sick Leave Accrual</th> <th>Sick Leave Accrual Per Pay Period</th> <th>Max.</th> </tr> </thead> <tbody> <tr> <td>Full Time</td> <td>72 hours</td> <td>2.77 hours</td> <td>280 hrs.</td> </tr> <tr> <td>Part Time</td> <td>48 hours</td> <td>1.85 hours</td> <td>120 hrs.</td> </tr> </tbody> </table> <p>New EE eligible 1st of month after 90 day wait</p>	FT/PT Status	Annualized Sick Leave Accrual	Sick Leave Accrual Per Pay Period	Max.	Full Time	72 hours	2.77 hours	280 hrs.	Part Time	48 hours	1.85 hours	120 hrs.	No													
FT/PT Status	Annualized Sick Leave Accrual	Sick Leave Accrual Per Pay Period	Max.																									
Full Time	72 hours	2.77 hours	280 hrs.																									
Part Time	48 hours	1.85 hours	120 hrs.																									
Paid Holidays	New Year's Day, Easter, Memorial Day, July 4, Labor Day, Thanksgiving, Christmas and Two Personal Holidays	Regular FT employees only Other restrictions apply	No																									
Jury Duty Pay	If employees are called for jury duty, they will receive their normal base wages for scheduled work they missed.	FT & PT employees Employee retains court stipend and mileage	Documentation from court is required.																									
Bereavement Pay	If an Immediate Family member dies, eligible employees are paid up to 3 shifts of scheduled work time for funeral	FT and PT employees. Benefit is effective immediately.	No																									
Wellness Center	<ul style="list-style-type: none"> Free membership for all employees Immediate Family Members Discount Available 	New Employee, No Waiting Period	Yes, Wellness Center																									
Additional Benefits	<ul style="list-style-type: none"> Direct bank deposit Voting time Paid work breaks Unpaid meal periods 	All employees	No																									

This summary of benefits is intended to provide only a general overview of benefits available to employees of Pleasant Valley Hospital. It is NOT intended to include all of plan details for each benefit. If there is a discrepancy between this summary and the Hospital's policy or official plan documents, Hospital policies and the benefit plan documents will prevail. For more information, please contact the Human Resource department at 304-674-2417.