



Summary of Employee Benefits

| Benefit | General Description | Eligibility - Conditions | Enrollment Required? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|---|-----------|---------------|-----------|-----------|--------|--------|--------|---------------|----------|--------|---------------|--------|----------|---------|---------|---------|---------|----------|---------------|---------|---------|----------|----------|--------------------------|----------|----------|---------------|----------|-----------|-----------|----------|-----------|-----------|----------------------|--|--|--|---------------------|---------------------|---------------------|--------------------|------------------------------|---|---|---|---|
| Medical Plan | <p>Highmark Blue Cross Blue Shield (SuperBlue Plus 2000) Pretax Premiums</p> <p>\$0 Deductible 100% at PVH Calendar Year Deductible:</p> <ul style="list-style-type: none"> In-Network: \$1,100 individual, \$2,200 family Non-Network: \$2,000 individual, \$4,000 family <p>Physicians & Facility Services:</p> <ul style="list-style-type: none"> In-Network: 80% Cabell, 60% BCBS Network Non-Network or competitor: 40% <p>Deductible & Co-insurance Annual Out-of-Pocket limit:</p> <ul style="list-style-type: none"> In-Network: \$6,350/individual, \$12,700/family Non-Network: \$12,000/individual, \$24,000/family <p>\$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</p> <p>Mental Health provider is Behavioral Health Systems, Inc. (Available to all employees & dependents enrolled in the Medical Plan) <u>Inpatient:</u> Covered at 100% of the Approved Amount <u>Outpatient*:</u> No deductible, no co-pay. <u>Substance Abuse Intensive Outpatient Program (IOP)*:</u> Covered at 100% of the Approved Amount Pre-approval is required, call 800-245-1150 www.behavioralhealthsystems.com (Member Login: PVH).</p> <p>*NOTE: Completion of BHS-Approved Aftercare Program Required for Future Benefit Eligibility</p> | <ul style="list-style-type: none"> Regular full- and part-time employees New EE 1st of month after 60-day wait <table border="1"> <thead> <tr> <th rowspan="2">Premium Rates</th> <th colspan="3">Full Time</th> <th colspan="3">Part Time</th> </tr> <tr> <th>Single</th> <th>Emp. Children</th> <th>Family</th> <th>Single</th> <th>Emp. Children</th> <th>Family</th> </tr> </thead> <tbody> <tr> <td>Biweekly</td> <td>\$32.87</td> <td>\$88.93</td> <td>\$98.81</td> <td>\$49.31</td> <td>\$129.97</td> <td>\$144.41</td> </tr> <tr> <td>Monthly</td> <td>\$71.22</td> <td>\$192.68</td> <td>\$214.09</td> <td>\$106.84</td> <td>\$281.61</td> <td>\$312.89</td> </tr> <tr> <td>COBRA Monthly</td> <td>\$707.70</td> <td>\$1981.62</td> <td>\$1981.62</td> <td>\$707.70</td> <td>\$1981.62</td> <td>\$1981.62</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th colspan="2">Pharmacy Co-payments</th> </tr> <tr> <th colspan="2">Co-Pay Categories: Generic / Preferred / Non-Preferred / Specialty</th> </tr> </thead> <tbody> <tr> <td>PVH (34-day supply)</td> <td>\$8/\$30/\$60/\$100</td> </tr> <tr> <td>PVH (90-day supply)</td> <td>\$15/\$70/\$120/NA</td> </tr> <tr> <td>Network (Max. 34-day supply)</td> <td>20% to \$20-\$40 20% to \$40-\$60 20% to \$60-\$95 \$200</td> </tr> <tr> <td>Network (Mail Order / Max. 90-day supply)</td> <td>20% to \$50-\$100 20% to \$100-\$150 20% to \$150-\$230 NA</td> </tr> </tbody> </table> | Premium Rates | Full Time | | | Part Time | | | Single | Emp. Children | Family | Single | Emp. Children | Family | Biweekly | \$32.87 | \$88.93 | \$98.81 | \$49.31 | \$129.97 | \$144.41 | Monthly | \$71.22 | \$192.68 | \$214.09 | \$106.84 | \$281.61 | \$312.89 | COBRA Monthly | \$707.70 | \$1981.62 | \$1981.62 | \$707.70 | \$1981.62 | \$1981.62 | Pharmacy Co-payments | | Co-Pay Categories: Generic / Preferred / Non-Preferred / Specialty | | PVH (34-day supply) | \$8/\$30/\$60/\$100 | PVH (90-day supply) | \$15/\$70/\$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 | <p>Yes, Highmark Blue Cross Blue Shield</p> <p>Prior authorization required for all inpatient admissions and select outpatient services (listing can be found at highmarkbcbs.wv.com) call 800.344.5245</p> <p>Medical Plan subject to Working Spouse Provision (see attached)</p> <p>Pharmacy PVH plan requires that maintenance medicines be filled at the PVH employee pharmacy</p> |
| | Premium Rates | Full Time | | | Part Time | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Single | | Emp. Children | Family | Single | Emp. Children | Family | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Biweekly | \$32.87 | \$88.93 | \$98.81 | \$49.31 | \$129.97 | \$144.41 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Monthly | \$71.22 | \$192.68 | \$214.09 | \$106.84 | \$281.61 | \$312.89 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COBRA Monthly | \$707.70 | \$1981.62 | \$1981.62 | \$707.70 | \$1981.62 | \$1981.62 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pharmacy Co-payments | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Co-Pay Categories: Generic / Preferred / Non-Preferred / Specialty | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PVH (34-day supply) | \$8/\$30/\$60/\$100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PVH (90-day supply) | \$15/\$70/\$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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dental Plan | <p>Delta Dental (PPO*, Pretax Premiums)</p> <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 <p>*NOTE: PPO Dentists have the greater pricing advantage. Premier & Non-Participating Dentists may bill the patient additional amounts in excess of plan allowances.</p> | <ul style="list-style-type: none"> Regular full- and part-time employees New EE 1st of month after 60-day wait <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 | <p>Yes, Delta Dental</p> | | | | | | | | | | | | | | | | | | | | | | |
| 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 | <p>\$10 exam co-pay, \$150 allowance on frames or contacts, No charge on lenses & enhancement, much more. Pretax, Biweekly \$9.12 employee/\$13.92 EE + 1/\$24.96 EE + Family</p> | <ul style="list-style-type: none"> Regular full and part-time employees New EE 1st of month after 60-day wait Frequency: Every 12 months | <p>Yes, VSP</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employee Assistance Program (EAP) | <p>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></p> | <p>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></p> | <p>Yes, Behavioral Health Systems, Inc., enroll at time of service only, call toll free, 800-245-1150</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Flex Spending Account | <p>You can choose to have some of your out-of-pocket health care expenses (annual maximum \$2,650) and dependent care expenses (annual maximum \$5,000) processed on a pretax basis through this plan. Flex Spending Account Debit Card is available.</p> | <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 The Health Plan | <p>Yes, The Health Plan</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | <p>Yes, CIGNA</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Summary of Employee Benefits (Continued)

| Benefit | General Description | Eligibility - Conditions | Enrollment Required? | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------------------------------------|---|--|--|-------------------------------|-----------------------------------|-------------------------------|------------------------|-----------|------------|------------|-----------|----------|------------|-------------------------|-----------|-----------|------------|-----------|----------|------------|-------------------------|-----------|-----------|------------|-----------|----------|------------|----|
| Short Term Disability | <ul style="list-style-type: none"> If Disabled, pays \$400 to \$5,000 up to 50% of earnings | <ul style="list-style-type: none"> New EE 1st of month after 60-day wait Reg. FT employees only | Yes, AFLAC | | | | | | | | | | | | | | | | | | | | | | | | | |
| Basic Life and AD&D | <ul style="list-style-type: none"> Benefit equal to Base Annual Salary, up to \$150K 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, CIGNA | | | | | | | | | | | | | | | | | | | | | | | | | |
| Voluntary Term Life | <ul style="list-style-type: none"> Up to \$400K 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, CIGNA | | | | | | | | | | | | | | | | | | | | | | | | | |
| 403(b) Employee Pension Plan | <ul style="list-style-type: none"> Employees may contribute a pretax dollar amount or a percentage (up to 100%) of pay, up to \$18,500 (2016 limit), whichever is less. Qualified rollovers are accepted Summary Plan Description (available in HR Dept.) | <ul style="list-style-type: none"> Age 21 or older New EE, no waiting period 1% minimum contribution | Yes, Empower Retirement www.gwrs.com | | | | | | | | | | | | | | | | | | | | | | | | | |
| 401(a) Employee 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 Summary Plan Description (available in HR Dept.) | <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 | Yes, Empower Retirement 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 Accrual begins upon day of hire. Paid at base pay rate Balance paid to terminating employee. | <table border="1"> <thead> <tr> <th>Years of Continuous Service</th> <th>FT/PT Status</th> <th>Annualized Vacation Accrual</th> <th>Vacation Accrual / Pay Period</th> </tr> </thead> <tbody> <tr> <td rowspan="2">Level One 0-5 years</td> <td>Full Time</td> <td>80 hours</td> <td>3.08 hours</td> </tr> <tr> <td>Part Time</td> <td>40 hours</td> <td>1.54 hours</td> </tr> <tr> <td rowspan="2">Level Two 5-15 years</td> <td>Full Time</td> <td>120 hours</td> <td>4.62 hours</td> </tr> <tr> <td>Part Time</td> <td>60 hours</td> <td>2.31 hours</td> </tr> <tr> <td rowspan="2">Level Three 15+years</td> <td>Full Time</td> <td>160 hours</td> <td>6.16 hours</td> </tr> <tr> <td>Part Time</td> <td>80 hours</td> <td>3.08 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 / Pay Period | Level One 0-5 years | Full Time | 80 hours | 3.08 hours | Part Time | 40 hours | 1.54 hours | Level Two 5-15 years | Full Time | 120 hours | 4.62 hours | Part Time | 60 hours | 2.31 hours | Level Three 15+years | Full Time | 160 hours | 6.16 hours | Part Time | 80 hours | 3.08 hours | No |
| Years of Continuous Service | FT/PT Status | Annualized Vacation Accrual | Vacation Accrual / Pay Period | | | | | | | | | | | | | | | | | | | | | | | | | |
| Level One 0-5 years | Full Time | 80 hours | 3.08 hours | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Part Time | 40 hours | 1.54 hours | | | | | | | | | | | | | | | | | | | | | | | | | |
| Level Two 5-15 years | Full Time | 120 hours | 4.62 hours | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Part Time | 60 hours | 2.31 hours | | | | | | | | | | | | | | | | | | | | | | | | | |
| Level Three 15+years | Full Time | 160 hours | 6.16 hours | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Part Time | 80 hours | 3.08 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, Independence Day, Labor Day, Thanksgiving Day, Christmas Day and Two Personal Holidays | Regular FT employees only Other restrictions apply New EE eligible 1 st of month after 90 day wait | No | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jury Duty Pay | If employees are called for jury duty, they will receive their normal base wages for scheduled work they missed. | FT and PT employees | 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 the funeral, etc. | 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.