

# Summary of Employee Benefits

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<b>Medical Plan</b>	<b>Highmark Blue Cross Blue Shield (SuperBlue Plus 2000)</b> Pretax Premiums \$0 Deductible 100% at PVH Calendar Year Deductible: <ul style="list-style-type: none"> <li>In-Network: \$2,100 individual, \$3,700 family</li> <li>Non-Network: \$3,000 individual, \$5,000 family</li> </ul> Physicians & Facility Services: <ul style="list-style-type: none"> <li>In-Network: 80% Cabell &amp; St. Mary's, 60% BCBS Network</li> <li>Non-Network or competitor: 40%</li> </ul> Deductible & Co-insurance Annual Out-of-Pocket limit: <ul style="list-style-type: none"> <li>In-Network: \$6,350/individual, \$12,700/family</li> <li>Non-Network: \$12,000/individual, \$24,000/family</li> </ul> \$20 co-payment for PVH-employed provider, Urgent Care clinic. - \$40 co-payment for non-PVH employed provider. <b>Non-emergency:</b> ER \$150 co-pay/deductible/coinsurance <b>Emergency:</b> ER \$100 co-pay/no deductible/100% thereafter  <b>Pharmacy Plan - Express Scripts (RXBenefits)</b>  Mental Health provider is Behavioral Health Systems, Inc. (Available to all employees & dependents enrolled in the Medical Plan) <b>Inpatient:</b> Covered at 100% of the Approved Amount <b>Outpatient*:</b> No deductible, no co-pay. <b>Substance Abuse Intensive Outpatient Program (IOP)*:</b> Covered at 100% of the Approved Amount Pre-approval is required, call 800-245-1150 <a href="http://www.behavioralhealthsystems.com">www.behavioralhealthsystems.com</a> (Member Login: PVH). *NOTE: Completion of BHS-Approved Aftercare Program Required for Future Benefit Eligibility	<ul style="list-style-type: none"> <li>Regular full- and part-time employees</li> <li>New EE 1<sup>st</sup> of month after 60-day wait</li> </ul> <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>\$36.93</td> <td>\$98.68</td> <td>\$109.35</td> <td>\$53.37</td> <td>\$139.72</td> <td>\$154.95</td> </tr> <tr> <td>Monthly</td> <td>\$80.02</td> <td>\$213.81</td> <td>\$236.93</td> <td>\$115.64</td> <td>\$302.73</td> <td>\$335.73</td> </tr> <tr> <td>COBRA Monthly</td> <td>\$897.90</td> <td>\$2,514.10</td> <td>\$2,514.10</td> <td>\$897.90</td> <td>\$2,514.10</td> <td>\$2,514.10</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	\$36.93	\$98.68	\$109.35	\$53.37	\$139.72	\$154.95	Monthly	\$80.02	\$213.81	\$236.93	\$115.64	\$302.73	\$335.73	COBRA Monthly	\$897.90	\$2,514.10	\$2,514.10	\$897.90	\$2,514.10	\$2,514.10	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	Yes, Highmark Blue Cross Blue Shield  Prior authorization required for all inpatient admissions and select outpatient services (listing can be found at <a href="http://highmarkbcbs.wv.com">highmarkbcbs.wv.com</a> ) call 800.344.5245  <b>Medical Plan subject to Working Spouse Provision</b>  <b>Pharmacy</b> PVH plan requires that maintenance and specialty medicines be filled at the PVH employee pharmacy
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<b>Dental Plan</b>	<b>Delta Dental (PPO*, Pretax Premiums)</b> <ul style="list-style-type: none"> <li>Calendar Year Deductible: \$50 individual / \$90 family</li> <li>Maximum benefit \$1,000 per person / calendar year</li> <li>Orthodontics Lifetime Maximum: \$650 / individual</li> <li>Diagnostic &amp; Preventative (no deductible): 100%</li> <li>Basic Restorative, Oral Surgery, Endodontics, Surgical &amp; Non-Surgical Periodontics, General Anesthesia: 80%</li> <li>Major Restorative, Prosthodontics, Orthodontics: 70%</li> <li>Dental exams, up to twice per calendar year</li> </ul> *NOTE: PPO Dentists have the greater pricing advantage. Premier & Non-Participating Dentists may bill the patient additional amounts in excess of plan allowances.	<ul style="list-style-type: none"> <li>Regular full- and part-time employees</li> <li>New EE 1<sup>st</sup> of month after 60-day wait</li> </ul> <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	Yes, Delta Dental																						
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<b>Vision</b>	\$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	<ul style="list-style-type: none"> <li>Regular full and part-time employees</li> <li>New EE 1<sup>st</sup> of month after 60-day wait</li> <li>Frequency: Every 12 months</li> </ul>	Yes, VSP																																														
<b>Employee Assistance Program (EAP)</b>	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. Confidential – No Charge – 24 Hour Access	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. No new hire waiting period. Pre-approval is required.	Yes, Behavioral Health Systems, Inc., enroll at time of service only, call toll free, 800-245-1150																																														
<b>Flex Spending Account</b>	You can choose to have some of your out-of-pocket health care expenses (annual maximum \$2,700) 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"> <li>Regular part- and full-time employees</li> <li>New EE 1<sup>st</sup> of month after 60-day wait</li> <li>May change election January 1 annually</li> <li>Participants must enroll through The Health Plan</li> </ul>	Yes, The Health Plan																																														

Summary of Employee Benefits (continued)

Benefit	General Description	Eligibility - Conditions	Enrollment Required?																									
<b>Long Term Disability</b>	<ul style="list-style-type: none"> <li>If Disabled, pays 50% of monthly earnings, less Other Income Benefits, up to \$2,000</li> <li>Maximum Benefit Period: To Retirement Age</li> <li>Premiums paid by employer</li> </ul>	<ul style="list-style-type: none"> <li>New EE 1<sup>st</sup> of month after 60-day wait</li> <li>Reg. FT employees only</li> <li>Elimination Period: 90 days</li> </ul>	Yes, CIGNA																									
<b>Short Term Disability</b>	<ul style="list-style-type: none"> <li>If Disabled, pays \$400 to \$5,000 up to 50% of earnings</li> </ul>	<ul style="list-style-type: none"> <li>New EE 1<sup>st</sup> of month after 60-day wait</li> <li>Reg. FT employees only</li> </ul>	Yes, AFLAC																									
<b>Basic Life and AD&amp;D</b>	<ul style="list-style-type: none"> <li>Benefit equal to Base Annual Salary, up to \$150K</li> <li>Premiums paid by employer</li> </ul>	<ul style="list-style-type: none"> <li>New EE 1<sup>st</sup> of month after 60-day wait</li> <li>Reg. FT employee, spouse, children</li> </ul>	Yes, CIGNA																									
<b>Voluntary Term Life</b>	<ul style="list-style-type: none"> <li>Up to \$400K or 5 X Base Annual Salary, whichever less</li> <li>Guarantee Issue Limit \$100K (self), \$30K (spouse), \$10K (children)</li> <li>Premiums paid by employee</li> </ul>	<ul style="list-style-type: none"> <li>New EE 1<sup>st</sup> of month after 60-day wait</li> <li>Reg. FT employee, spouse, children</li> <li>Portable – policy can be converted</li> </ul>	Yes, CIGNA																									
<b>403(b) Employee Pension Plan</b>	<ul style="list-style-type: none"> <li>Employees may contribute a pretax dollar amount or a percentage (up to 100%) of pay, up to \$19,500 (2021 limit), whichever is less.</li> <li>Qualified rollovers are accepted</li> <li>Summary Plan Description (available in HR Dept.)</li> </ul>	<ul style="list-style-type: none"> <li>Age 21 or older</li> <li>New EE, no waiting period</li> <li>1% minimum contribution</li> </ul>	Yes, Empower Retirement <a href="http://www.gwrs.com">www.gwrs.com</a>																									
<b>401(a) Employee Pension Plan</b>	<ul style="list-style-type: none"> <li>Plan contributes 3% of your total compensation; plus 3% of compensation in excess of SS Tax Wage Base up to Highly Compensated Limit.</li> <li>100% Vested after 3 Years of Service</li> <li>Qualified rollovers are accepted</li> <li>Summary Plan Description (available in HR Dept.)</li> </ul>	<ul style="list-style-type: none"> <li>Age 21 or older</li> <li>Completed 1 year of service</li> <li>"1 year" defined as 1,000+ hours</li> <li>Employed on last day of Plan Year</li> </ul>	Yes, Empower Retirement <a href="http://www.gwrs.com">www.gwrs.com</a> Bi-annual enrollment (January & July)																									
<b>Tuition Assistance</b>	Eligible employees may receive financial assistance for successfully completing continuing education classes in their current field or in other hard-to-fill positions. Routinely \$1,500 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																									
<b>Paid Time Off (PTO)</b>	<ul style="list-style-type: none"> <li>Provides paid time off for holidays and personal reason.</li> <li>Accrual begins upon day of hire.</li> <li>Paid at base pay rate</li> <li>Balance paid to terminating employee.</li> </ul>	<table border="1"> <thead> <tr> <th>Years of Continuous Service</th> <th>FT/PT Status</th> <th>Annualized PTO Accrual</th> <th>PTO Accrual / Pay Period</th> </tr> </thead> <tbody> <tr> <td rowspan="2">Level One 0-5 years</td> <td>Full Time</td> <td>184 hours</td> <td>7.08 hours</td> </tr> <tr> <td>Part Time</td> <td>92 hours</td> <td>3.54 hours</td> </tr> <tr> <td rowspan="2">Level Two 5-15 years</td> <td>Full Time</td> <td>224 hours</td> <td>8.62 hours</td> </tr> <tr> <td>Part Time</td> <td>112 hours</td> <td>4.31 hours</td> </tr> <tr> <td rowspan="2">Level Three 15+ years</td> <td>Full Time</td> <td>264 hours</td> <td>10.15 hours</td> </tr> <tr> <td>Part Time</td> <td>132 hours</td> <td>5.08 hours</td> </tr> </tbody> </table>	Years of Continuous Service	FT/PT Status	Annualized PTO Accrual	PTO Accrual / Pay Period	Level One 0-5 years	Full Time	184 hours	7.08 hours	Part Time	92 hours	3.54 hours	Level Two 5-15 years	Full Time	224 hours	8.62 hours	Part Time	112 hours	4.31 hours	Level Three 15+ years	Full Time	264 hours	10.15 hours	Part Time	132 hours	5.08 hours	No
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<b>Holidays</b>	New Year's Day, Martin Luther King Jr Day, Easter, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day	Maximum balance is 1 1/2 times annual accrual.																										
<b>Extended Illness Bank (EIB)</b>	<ul style="list-style-type: none"> <li>Provides pay if employee suffers from an extended illness.</li> <li>EIB is not eligible the first 3 days of an illness.</li> <li>Eligible employees accrue EIB each pay period</li> <li>Accruals occur bi-weekly; Paid at base pay rate</li> <li>Balance not paid to terminating employee</li> </ul>	<table border="1"> <thead> <tr> <th>FT/PT Status</th> <th>Annualized EIB Leave Accrual</th> <th>EIB 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>	FT/PT Status	Annualized EIB Leave Accrual	EIB 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													
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<b>Jury Duty Pay</b>	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.																									
<b>Bereavement Pay</b>	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																									
<b>Wellness Center</b>	<ul style="list-style-type: none"> <li>Free membership for all employees</li> <li>Immediate Family Members Discount Available</li> </ul>	New Employee, No Waiting Period	Yes, Wellness Center																									
<b>Additional Benefits</b>	<ul style="list-style-type: none"> <li>Direct bank deposit</li> <li>Voting time</li> <li>Paid work breaks</li> <li>Unpaid meal periods</li> </ul>	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.