

Benefits



January 1, 2020 — December 31, 2020

Health Insurance

**Medical Mutual – Eligible the first of the month
following 60 days of employment
and must work at least 30 hours per week**

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Benefits

Annual Deductible (single/family)
Annual Out-of-Pocket (single/family) (Includes Deductible)
Office Visits (PCP/SCP)
Inpatient Care
Emergency Care
Urgent Care Center Services
Virtual Doctor (PCP/SCP)
Outpatient Care
Outpatient Lab & X-Ray
Behavioral Health Services
Home Health Care
Hospice Care
Skilled Nursing
Preventive Care (Includes OB/GYN Exam/ Mammogram/Immunizations)
Transplants - Maximum Lifetime Maximum

Value Plan/ Preferred Provider Organization/FSA		HDHP (High Deductible Health Plan)/ HSA/ FSA	
Network	Non-Network	Network	Non-Network
\$750/ \$1,500	\$3,000/ \$6,000	\$2,800/ \$5,600	\$5,000/ \$10,000
\$2,750 / \$5,500	\$9,000/ \$18,000	\$2,800/ \$5,600	\$10,000/ \$20,000
\$25/\$50	60% UCR*	100%*	60%UCR*
80%*	60% UCR*	100%*	60%UCR*
\$250, then 80%	\$250, then 80%	100%*	100%*
\$50	60% UCR*	100%*	60% UCR*
\$25/\$50	60% UCR*	\$49	60% UCR*
80%*	60% UCR*	100%*	60%UCR*
80%*	60% UCR*	100%*	60%UCR*
80%*	60% UCR*	100%*	60%UCR*
80%*	60% UCR*	100%*	60%UCR*
80%*	60% UCR*	100%*	60% UCR*
80%*	60% UCR*	100%*	60%UCR*
No Cost Share	60% UCR*	No Cost Share	60%UCR*
Unlimited	Unlimited	Unlimited	Unlimited
Unlimited	Unlimited	Unlimited	Unlimited

*Appropriate annual deductible is applied first.

Prescription Drug Coverage

Prescription Drug Coverage	Value Plan***	HDHP*	
		Network*	Non-Network*
Tier 1-Generic	\$10	100%*	100%*
Tier 2-Formulary	\$30	100%*	100%*
Tier 3-Brand	\$60	100%*	100%*
Mail Order	2.5 Co-pays for 3 Month Supply		Available

*appropriate annual deductible is applied first.

***Generic Incentive: If a member or provider requests brand when a generic is available, the generic copay plus the difference in brand and generic cost applies.

***Home Incentive: If a script is available through the home delivery program and a member chooses to fill it a fourth time at a retail pharmacy within 180 days, the member will pay twice the normal retail copay.

Health Insurance Monthly Cost

These premiums are based on a forty (40) hour work week. If you work less than forty hours please contact Wendi Warren for premium adjustment.

	Value Plan		HDHP	
	Employee Cost	Village Cost	Employee Cost	Village Cost
S	\$147.51	\$511.01	\$93.89	\$453.40
F	\$407.98	\$1405.25	\$251.04	\$1241.96

Life Insurance

MedMutual Life*

Employees become eligible for MedMutual Life Insurance the first of the month following sixty (60) days of employment with a work schedule of at least twenty hours per week. This benefit provides the employee with term life insurance equal to 2.5 times their annual salary. There is no cost to the employee for this benefit.

Voluntary Life Insurance*

Employees can elect additional term life insurance through Lincoln Financial Group. Coverage can also be elected for the employee's spouse and children. Minimum coverage is \$25,000, maximum coverage for employee is 5 times his/her annual salary (or \$200,000 whichever is less). Coverage for spouse and children is only available if the employee is insured for voluntary coverage. Minimum coverage for spouse is \$12,500; maximum coverage is \$25,000. Children's coverage is \$10,000. Employee must work at least 20 hours per week.

Group Voluntary Accident and Critical Illness

- Both benefits are offered through All State Insurance Company.
- Group Voluntary Accident Insurance can help cover your out-of-pocket expenses associated with an accidental injury.
- Group Voluntary Critical Illness Insurance provides a lump-sum cash benefit to help you cover the out-of-pocket expenses associated with a critical illness.
- Employees pay 100% of the premium, which is eligible for pre-tax status under our Section 125 Plan.
- Eligible after 60 days of employment on first of the following month.

Flexible Spending Account

- Flexible Spending Account (FSA) is through TASC.
- Eligible January 1st following your one year anniversary.
- May defer up to \$2,700 of annual salary for qualified medical expenses.
- Debit card is provided.
- TVN will match, dollar for dollar, the first \$400 an employee contributes.
- Employees who become eligible between January 1st and June 30th may participate at a 50% level beginning July 1st. (Employee must contact HR if interested.)
- Money must be spent by December 31st of each plan year.
- May roll-over up to \$500 of unused funds remaining at the end of the plan year.
- Must work 30 or more hours per week.

Dependent Care Spending Account

- Eligible January 1st following your one year anniversary.
- Employees who become eligible between January 1st and June 30th may participate at a 50% level beginning July 1st. (Employee must contact HR if interested.)
- May defer up to \$5,000 of their salary to pay for the care of qualified dependents.

Healthcare Savings Account

- Healthcare Savings Accounts (HSA) are available through Farmers National Bank (may also be set up at other qualifying institutions by the employee).
- Only available with the High Deductible Health Plan (HDHP).
- TVN will contribute \$500 for single coverage and \$1,000 for family coverage at the time the HSA is set up and then annually thereafter.
- Employees with single coverage may defer up to \$3,050 of their salary. (Maximum allowable amount is \$3,550 with TVN's contribution).
- Employees with family coverage may defer up to \$6,100 of their salary (Maximum allowable amount is \$7,100 with TVN's contribution).
- Money is used to pay for qualified medical expenses.
- There are no reimbursement delays.
- There is no deadline for using money contributed to an HSA. Always your money.
- Employees are immediately eligible for this plan with enrollment into the HDHP.
- For more information on HSA requirements visit: <https://www.irs.gov/forms-pubs/about-publication-969>

Dental Insurance - Lincoln Financial Group

Eligible the first of the month following 60 days of employment. Must work at least 20 hours per week.

Benefits	Value Plan/Low Option	Premier Plan/High Option
Preventive I	100%	100%
Basic II	80%	80%
Major III	Not Covered	50%
Annual Max	\$1,250	\$1,250
Deductible	S-\$50; F-\$150 II	S-\$50; F-\$150 II & III
Fee Schedule	UCR-90th	UCR-90th

Monthly Cost

	Value Plan/Low Option	Premier Plan/High Option
Employee	20.72	28.71
Employee + Spouse	41.37	57.35
Employee + Children	50.94	61.68
Family	71.61	90.37

You may choose any dentist you wish. However, your out-of-pocket costs are likely to be lower when you choose an in-network dentist. Find an in-network dentist near you by visiting www.LincolnFinancial.com/FindADentist.

Benefits with Lincoln include the following :

- Covers many preventive and basic dental care services. High option also covers many major dental care services.
- Does not make you and your loved one wait six months between routine cleanings.
- Access to Lincoln DentalConnect® which allows you to:
 - * Determine average cost of a dental procedure.
 - * Have questions answered by a licensed dentist.
 - * Find a dentist.
 - * Print ID card.

Lincoln offers an annual benefit of \$1,250 for dental services. MaxRewards® (available with the High Option) lets you and your covered family members roll a portion of unused dental benefits from one year into the next.

Zero waiting period for services if enroll in the plan when first offered.

Vision Plan Options-Vision Service Plan (VSP) Basic or Easy Options

Eligible the first of the month following 60 days of employment and work at least 20 hours per week.

Benefit	Description	Basic		EasyOptions	
		Copay	Frequency	Copay	Frequency
Exam	Coverage with VSP Provider Focuses on your eyes and overall wellness	\$10	Every 12 months	\$10	Every 12 months
Prescription Glasses		\$25		\$25	
Frame	\$130 allowance for a wide selection of frames \$150 allowance for featured frame brands \$20% savings on the amount over your allowance \$70 Walmart frame allowance	Included in prescription glasses	Every 24 months	Included in prescription glasses	Every 12 months
Lenses	Single vision, lined bifocal and lined trifocal lenses Polycarbonate lenses for dependent children	Included in prescription glasses	Every 12 months	Included in prescription glasses	Every 12 months
Lens Enhancements	Standard progressive lenses Premium progressive lenses Custom progressive lenses	\$0 \$95-\$105 \$150-\$175	Every 12 months	\$0 \$95-\$105 \$150-\$175	Every 12 months
Contacts (Instead of glasses)	\$130 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation)	Up to \$60	Every 12 months	Up to \$60	Every 12 months

VSP EasyOptions

You and each member on your plan can choose one of these enhanced eyewear options when purchasing your glasses or contacts:

- A \$230 frame allowance, or
- Fully covered progressive lenses, or
- Fully covered photochromic adaptive lenses, or
- Fully covered anti-reflective coating

Monthly Cost	Basic	EasyOptions
Employee	\$7.43	\$12.22
Employee & Spouse	\$12.52	\$20.58
Employee & Children	\$12.78	\$21.01
Family	\$20.61	\$33.87

Short and Long Term Disability

Short-Term Disability (Voluntary)

- Employee paid.
- PTO can be used first 7 days; STD picks up on the 8th day.
- STD covers weeks 2-13.
- Provides weekly amount. Employees may elect a percentage of their wages as a weekly benefit. Percentage options: 25%, 50% or the maximum allowed would be 66.67% of the employee's normal scheduled wages.
- Eligible after 60 days of employment on first of the following month.
- Pre-Existing Condition Limitation - 12/12. Meaning anything treated, diagnosed or sought treatment for 12 months prior to plan effective date will not be covered until 12 months after effective date.
- Must work 30 or more hours per week.

Long-Term Disability*

- Employer paid.
- Covering the fourteenth week through Social Security Normal Retirement Age (SSNRA) or longer depending on when disability commenced.
- Provides payment equivalent to 66.67% of the employee's normal scheduled wages.
- Eligible after 60 days of employment on first of the following month.
- Must work 30 or more hours per week.

Employee Assistance Program

- Employee Assistance Program (EAP) services are available to any employee or qualified dependent at no cost to the employee.
- EAP services are provided by Health Advocate.
- You may contact Health Advocate at 877-240-6863 or online at www.healthadvocate.com/members and email at answers@healthadvocate.com.
- If referred may receive 3 face-to-face sessions per issue; up to 3 different issues per year.

403(b) Retirement Plan

- CUNA Mutual manages the Employer Discretionary 403(b) Contributions Plan.
- This plan creates a retirement account for each eligible employee.
- Employees may begin contributing to the plan immediately and are eligible for the employer match after one year of service.
- TVN will match 50% of the first 7% an employee contributes to the plan after one year of service.
- After one year of service, The Village Network contributes 5% of each eligible employee's bi-weekly wages each pay period.
- Employees must work at least 20 hours per week to be eligible.
- Employees are fully vested after 3 years of service with a minimum of 1,000 hours worked each year.

Paid Time Off (PTO)

(Employees must work at least 20 hours per week)

Level I

Employees in Pay Band 8 and above.

Years of Service	PTO Hours	Holidays
First 5 Years:	272	6
After 5th Anniversary:	312	6

Level II

Employees in Pay Band 5-7.

Years of Service	PTO Hours	Holidays
First 10 Years:	272	6
After 10th Anniversary:	312	6

Level III

Employees in Pay Band 4.

Years of Service	PTO Hours	Holidays
First 10 Years:	232	6
After 10th Anniversary:	272	6

Level IV

Employees in Pay Band 1-3 (non-exempt).

Years of Service	PTO Hours	Holidays
First 5 Years:	192	6
After 5th Anniversary:	232	6
After 10th Anniversary:	272	6

Basic Holidays include: New Years Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and Christmas Day. If you are interested in any other holidays, you may schedule the time away from work as PTO with your supervisor's approval. All PTO must be approved by your supervisor.

Employees are granted their allotment of PTO hours in the first 5 pays of each fiscal year. Eighty (80) hours of PTO may be carried over into the next fiscal year (July 1) - amount may vary from year to year. PTO allotments will be prorated based off of annual scheduled hours worked. New employees will start receiving PTO on the first day of the month following 30 days. It will be based on a prorated calculation and received over the next 5 pay periods or the number of pays remaining in the fiscal year (whichever is less).

Benefits Advocate Center

- Receive assistance with explanation of benefits, prescription/pharmacy problems, claim issues and difficult situations (example—appealing insurance carrier denial of service).
- Call —1-855-717-1532 or 713-425-8906 (M-F, 8 a.m.-5 p.m. EST)
- Email — bac.villagebenefits@ajg.com

Tuition Assistance

- Tuition is paid directly to the institution.
- Employees will earn a rate of one dollar (\$1.00) per non-over time hour the employee works the prior six months.
- Eligible employees must be employed with The Village Network for at least one year.
- This program is available to full-time and part-time employees who work at least 20 hours per week.
- Eligible employees must attend an 'Institute of Higher Education' meaning a college-level institution that meets one of the following criteria:
 - Awards bachelors degrees or not less than a two year program that provides credit toward a degree,
 - Provides one year of training toward gainful employment,
 - Or, is a vocational program that provides training for gainful employment and has been in existence for at least two years.

Licensure Bonus

- Employees are eligible after one year of service.
- By accepting this bonus, employees in this category are agreeing to mentor up to two interns at any one time.
- This amount is prorated for employees who work less than 40 hours per week, but at least 20 hours per week.

\$1000 Annual Bonus

- LISW
- LPCC

\$250 Annual Bonus

- LSW
- LPC

License Reimbursement

- Employees required to maintain a license in their area of expertise are eligible for reimbursement:
 - Eligible for a 50% reimbursement of the cost of their license.
 - Eligible after 6 months of employment.
 - Must work at least 20 hours per week.

* The coverage amounts for these benefits are reduced as participants reach age 65 or older. See benefit plans for specifics.