

# Benefits



January 1, 2022 — December 31, 2022

## 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)
- Maximum Out-of-Pocket (single/family)
- (Includes Deductible)
- Rx Copay Limit
- Office Visits (PCP/SPC)
- Inpatient Care
- Emergency Care
- Urgent Care Center Services
- Virtual Doctor (PCP/SCP)
- Outpatient Care/Surgery
- Outpatient Lab & X-Ray
- Behavioral Health
- Home Health Care
- Hospice Care
- Skilled Nursing
- Preventive Care (Routine Physical Exams/ Routine Screenings/
- Transplants
- Lifetime Maximum

	Value Plan/Preferred Provider Organization/FSA		HDHP (High Deductible Health Plan)/HSA/FSA	
	Network	Non-Network	Network	Non-Network
Annual Deductible (single/family)	\$750/\$1,500	\$3,000/\$6,000	\$2,800/\$5,600	\$5,000/\$10,000
Maximum Out-of-Pocket (single/family)	\$2,750/\$5,500	\$9,000/\$18,000	\$2,800/\$5,600	\$10,000/\$20,000
(Includes Deductible)	+RX Copay Limit	+RX Copay Limit		
Rx Copay Limit	\$3,100	\$6,200	N/A	N/A
Office Visits (PCP/SPC)	\$25/\$50	60% UCR*	100%*	60%UCR*
Inpatient Care	80%	60% UCR*	100%*	60%UCR*
Emergency Care	\$250, then 80%	\$250 then 80%	100%*	100%*
Urgent Care Center Services	\$50	60% UCR*	100%*	60% UCR*
Virtual Doctor (PCP/SCP)	\$25/\$50	60% UCR*	\$49	60% UCR*
Outpatient Care/Surgery	80%*	60% UCR*	100%*	60%UCR*
Outpatient Lab & X-Ray	80%*	60% UCR*	100%*	60%UCR*
Behavioral Health	80%*	60% UCR*	100%*	60%UCR*
Home Health Care	80%*	60% UCR*	100%*	60%UCR*
Hospice Care	80%*	60% UCR*	100%*	60% UCR*
Skilled Nursing	80%*	60% UCR*	100%*	60%UCR*
Preventive Care (Routine Physical Exams/ Routine Screenings/	No Cost Share	60% UCR*	No Cost Share	60%UCR*
Transplants	Unlimited	Unlimited	Unlimited	Unlimited
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited

\*Appropriate annual deductible is applied first.

**Per Pay Period Cost**—*This benefit is deducted 24 out of 26 paychecks in the year*

	Value Plan		HDHP	
	Employee Cost Per Pay	Village Cost Per Pay	Employee Cost Per Pay	Village Cost Per Pay
Single	\$132.26	\$268.53	\$61.64	\$246.55
Family	\$353.15	\$750.45	\$134.60	\$706.65

**Prescription Drug Coverage**

Prescription Drug Coverage	Value Plan**		HDHP*	
	Rx Retail (30 day supply)	Rx Mail Order (90 day supply)	Network*	Non-Network*
Tier 1-Generic	\$10	\$25	100%*	100% *
Tier 2-Fomulary	\$30	\$75	100%*	100% *
Tier 3-Brand	\$60	\$150	100%*	100%*
<b>Rx Copay Limit</b>	<b>Single</b>	<b>Family</b>	<b>Single</b>	<b>Family</b>
	\$3,100	\$6,200	N/A	N/A

\*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.

\*\***Mail Order 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. If the member chooses to fill a prescription via mail order, the member will only pay 2.5 times the retail price for a 3-month supply.

**Life Insurance**

**Lincoln Financial Life\***

Employees become eligible for Lincoln Financial Group 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.

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

## Healthcare Savings Account

- Healthcare Savings Accounts (HSA) are available through Farmers National Bank (They may also be set up at other qualifying institutions by the employee)
- HSAs are only available with the High Deductible Health Plan (HDHP).
- TVN will contribute \$1,000 for single coverage and \$2,000 for family coverage at the time the HSA is set up and then annually thereafter. (TVN's annual contribution amount could be subject to change at the beginning of each plan year)
- TVN's contribution will be prorated for anyone who has their HSA set up any time after the first pay date in 2022.
- Employees with single coverage may defer up to \$2,650 of their salary. (Maximum allowable amount is \$3,650 with TVN's contribution).
- Employees with family coverage may defer up to \$5,300 of their salary. (Maximum allowable amount is \$7,300 with TVN's contribution).
- Money is used to pay for qualified medical expenses identified by the IRS.
- There are no reimbursement delays.
- There is no deadline for using money contributed to an HSA. It is 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>

## Flexible Spending Account

- Flexible Spending Account (FSA) is through BASIC NEO.
- May defer up to \$2,750 of annual salary for qualified medical expenses. Debit card is provided.
- Employees who become eligible between January 1<sup>st</sup> and June 30<sup>th</sup> may participate at a 50% level beginning July 1<sup>st</sup>. (Employee must contact HR if interested.)
- Money must be spent by December 31<sup>st</sup> of each plan year.
- Employees may roll-over up to \$550 of unused funds remaining at the end of the plan year.
- Must work 30 or more hours per week.
- Eligible January 1<sup>st</sup> following your one year anniversary.

## Dependent Care Flexible Spending Account

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

## Group Voluntary Accident and Critical Illness Insurance

- Both benefits are offered through Allstate 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 the first of the following month.

## 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	Low Plan		High Plan	
	Single	EE + Family	Single	EE + Family
Preventive I	100%		100%	
Basic II	80%		80%	
Major III	Not Covered		50%	
Annual Max	\$1,250		\$1,250	
Deductible	\$50	\$150 (basic)	\$50	\$150 (basic & major)
Fee Schedule	UCR-90th		UCR-90th	

**Per Pay Period Cost**—*This benefit is deducted 24 out of 26 paychecks in the year*

	Low Plan	High Plan
Employee	\$10.36	\$14.36
Employee + Spouse	\$20.69	\$28.68
Employee + Children	\$25.47	\$30.84
Family	\$35.81	\$45.19

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](http://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.
- LFG 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.

## 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
WellVision Exam - Focuses on your eyes and overall wellness <i>Every 12 months</i>		\$10 copay	
Prescription Glasses		\$25 copay	
Frames	\$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	<i>Once every 24 months</i> Included with prescription glasses	<i>Once every 12 months</i> Included with prescription glasses
Lenses <i>Every 12 months</i>	Single vision, lined bifocal and lined trifocal lenses Polycarbonate lenses for dependent children	Included with prescription glasses	
Lens Enhancements <i>Every 12 months</i>	Standard progressive lenses Premium progressive lenses Custom progressive lenses	\$0 \$95-\$105 allowance \$150-\$175 allowance	
Contacts (Instead of glasses) <i>Every 12 months</i>	\$130 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation)	Up to \$60 copay	

### 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

### Extra Savings

#### Glasses and Sunglasses

- Extra \$20 to spend on featured frame brands. Go to [vsp.com/specialoffers](http://vsp.com/specialoffers) for details.
- 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.

#### Retinal Screening

- No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam

#### Laser Vision Correction

- Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities

### Per Pay Period Cost—*This benefit is deducted 24 out of 26 paychecks in the year*

	Basic	EasyOptions
Employee	\$3.72	\$6.11
Employee & Spouse	\$6.26	\$10.29
Employee & Children	\$6.39	\$10.51
Family	\$10.31	\$16.94

## 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 66.67% of the employee's normal scheduled wages.
- Eligible after 60 days of employment on the 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 may 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 the first of the following month.
- Must work 30 or more hours per week.

## Employee Assistance Program by *ComPsych* from Lincoln Financial Group

- Employee Assistance Program (EAP) services are available to any employee or qualified dependent at no cost to the employee. Services Include:
  - In-person help for short-term issues (up to five sessions with a counselor per person, per issue, per year)
  - Resources and services for parenting, addictions, relationships, stress management, financial/legal and much more!
- You may contact them at 888-628-4824 or download the GuidanceNow app or visit their website at [www.GuidanceResources.com](http://www.GuidanceResources.com) User: LFGSupport PW: LFGSupport1

## 403(b) Retirement Plan managed by CUNA Mutual Group

- Unless an employee voluntary elects a greater contribution amount, they will be automatically enrolled at a 1% contribution rate upon hire
  - Employee contributions will increase by 1% each year, beginning on July 1st following their 1-year anniversary, until they reach a total of 3%
  - If you voluntarily enroll at a rate greater than or equal to 3%, you will not be affected by the annual increase
- After one year of service:
  - The Village Network contributes 5% of each eligible employee's bi-weekly wages each pay
  - TVN will match 50% of the first 7% an employee contributes to the plan
- 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 receive a prorated calculation of PTO hours that are distributed to them over their first 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**  
*(we will not reimburse TVN staff for payments that were already made 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 (i.e. a full time employee works 1,040 hours every 6 months and is, therefore, eligible for \$1,040 of tuition assistance)
- 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**

- Licensed Independent Social Worker (LISW)
- Licensed Professional Clinical Counselor (LPCC)

### **\$250 Annual Bonus**

- Licensed Social Worker (LSW)
- Licensed Professional Counselor (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.