

# Employee Benefits Summary



## ELIGIBILITY

All employees in one of our benefit eligible classes (Part-time 20-29 hours or Full-time 30+ hours) will be eligible for the applicable benefits once the waiting period has been satisfied. Coverage will begin on the first day of the month following 60 calendar days of employment. You may also enroll your dependents in the benefit plans when you complete enrollment.

## BENEFITS OVERVIEW

The following benefit plans and programs are discussed in this Summary of Benefits:

- Group Health Plan & Prescription Coverage
- Health Savings Accounts (HSA)
- Vision Insurance
- Dental Insurance
- Voluntary Accident and Critical Illness Coverage
- Voluntary Life Insurance
- Short-term Disability
- Employer Paid Basic Life and AD&D
- Employer Paid Long-term Disability
- 403(b) Retirement Plan
- Employee Assistance Program
- Tuition Assistance
- Licensure Bonus
- License Reimbursement
- Paid Time Off (PTO) and Holiday Schedule



	High Deductible Health Plan (HDHP) 3,000	High Deductible Health Plan (HDHP) 4,000
<b>IN-NETWORK</b>		
<b>DEDUCTIBLE</b>		
Individual / Family	\$3,000/\$6,000	\$4,000/\$8,000
<b>COINSURANCE</b>		
Member pays after deductible is met	0%	20%
<b>MAXIMUM OUT-OF-POCKET</b>		
Individual / Family	\$3,000/\$6,000	\$5,000/\$10,000
<i>Maximum out-of-pocket includes deductible</i>		
<b>PREVENTIVE CARE</b>		
Routine Physical Exams, Screenings, Immunizations, Maternity Prenatal Visits	No Cost Share—Covered 100%	
<b>FACILITY VISITS</b>		
	Member pays:	
Office Visits (PCP/Specialist), Virtual Doctor (PCP/Specialist), Emergency Care, Non-Emergency Emergency Care, Diagnostic (Imaging, Lab, X-ray, Testing), Maternity, Inpatient/Outpatient Services, Home Health Care (100 visits per benefit period), Skilled Nursing Facility [SNF] (90 days per benefit period)	0% after deductible	20% after deductible
<b>OUT-OF-NETWORK</b>		
Deductible (individual/family)	\$5,000/\$10,000	\$8,000/\$16,000
Maximum Out-of-Pocket	\$10,000/\$20,000	
RX Co-pay Limit	N/A—Prescription included in Deductible/max out-of-pocket	
Preventive Care	40% after deductible	
Emergency Care	0% after deductible	20% after deductible
Non-emergency Emergency Care	40% after deductible	

*\*\*Refer to the Group Benefit Summary Report for additional services and coverage levels*

## MEDICAL INSURANCE RATES

*Medical Mutual*

*Eligible the first of the month following 60 days of employment.*

*Must work at least 30 hours per week.*

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

	HDHP 3,000		HDHP 4,000	
	Employee Cost Per Pay	Village Cost Per Pay	Employee Cost Per Pay	Village Cost Per Pay
<b>Single</b>	\$74.53	\$298.12	\$48.73	\$276.15
<b>Family</b>	\$152.72	\$865.40	\$106.45	\$780.61

## HEALTHCARE SAVINGS ACCOUNT (HSA)

- Healthcare Savings Accounts (HSA) are available through Farmers National Bank but may be set up at any qualifying institution of your choice. Contact HR for the application for Farmer's if interested.
- HSAs are only available with High Deductible Health Plans (HDHP)
- 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
- Employer contribution occurs at the time the HSA is set up and annually thereafter
  - ◇ Amount could be subject to change at the beginning of each plan year
  - ◇ Amount will be prorated for anyone who has their HSA set up any time after the first pay date of the year

	HDHP 3,000		HDHP 4,000	
	Single	Family	Single	Family
<b>TVN Contribution</b>	\$500	\$1,000	\$1000	\$2000
<b>Maximum Annual Allowable Amount</b> <i>Includes the employer contribution</i>	\$3,850		\$7,750	
<i>HSA Catch-up Contribution Limit for Individuals: \$1,000</i>				

## PRESCRIPTION DRUG COVERAGE

*Express Scripts*

PRESCRIPTIONS	HDHP 3,000	HDHP 4,000
RX Copay Limit	N/A—Prescription included in Deductible/max out-of-pocket	
Retail—30 day supply (Tier I / Tier II / Tier III)	0% after deductible	20% after deductible
Mail Order—90 day supply (Tier I / Tier II / Tier III)	0% after deductible	20% after deductible

**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.

Beginning in 2023, our prescription formulary will include a standard list of weight loss drugs

# VISION INSURANCE

## Vision Service Plan (VSP)

Eligible the first of the month following 60 days of employment.

Must work at least 20 hours per week.

BENEFIT	DESCRIPTION	COPAY	FREQUENCY
<b>YOUR COVERAGE WITH A VSP PROVIDER</b>			
<b>WellVision Exam</b>	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> </ul>		Every 12 months
<b>Essential Medical Eye Care</b>	<ul style="list-style-type: none"> <li>Retinal screening for members with diabetes</li> <li>Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma and more</li> <li>Coordination with your medical coverage may apply. Ask your VSP doctor for details.</li> </ul>	\$0 per screening \$20 per exam	Available as needed
<b>Prescription Glasses</b>		\$25	
<b>Frame</b>	<ul style="list-style-type: none"> <li>\$150 featured frame brands allowance</li> <li>\$130 frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>\$130 Walmart/Sam's Club frame allowance</li> </ul>	Included in prescription glasses	Basic Plan: Every 24 months EasyOption: Every 12 months
<b>Lenses</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lens</li> <li>Impact-resistant lenses for dependent children</li> </ul>	Included in prescription glasses	Every 12 months
<b>Lens Enhancements</b>	<ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 30% on other lens enhancements</li> </ul>	\$0 \$95 - \$105 \$150 - \$175	Every 12 months
<b>Contacts</b> <i>(instead of glasses)</i>	<ul style="list-style-type: none"> <li>\$130 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting &amp; evaluation)</li> </ul>	Up to \$60	Every 12 months
<b>Extra Savings</b>	<p><b>Glasses and Sunglasses</b></p> <ul style="list-style-type: none"> <li>Extra \$20 to spend on featured frame brands. Go to <a href="http://vsp.com/offers">vsp.com/offers</a> for details.</li> <li>20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.</li> </ul> <p><b>Routine Retinal Screening</b></p> <ul style="list-style-type: none"> <li>No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam</li> </ul> <p><b>Laser Vision Correction</b></p> <ul style="list-style-type: none"> <li>Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities</li> </ul>		
<b>Additional EasyOption benefits</b>	<ul style="list-style-type: none"> <li>An additional \$100 frame allowance, or fully covered premium or custom progressive lenses, or fully covered light-reactive lenses, or fully covered anti-glare coating</li> <li>Includes VSP light care which allows Blue light coating for Rx or non Rx glasses and sunglasses</li> </ul>	Included in Prescription Glasses	Every 12 months

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

	Basic Plan	EasyOption
<b>Employee Only</b>	\$3.72	\$6.25
<b>EE + Spouse</b>	\$6.26	\$10.53
<b>EE + Child(ren)</b>	\$6.39	\$10.75
<b>Family</b>	\$10.31	\$17.33

# 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
<b>Annual Max</b>	\$1,250		\$1,250	
<b>Preventive I</b>	100%		100%	
<b>Basic II</b>	80%		80%	
<b>Major III</b>	Not Covered		50%	
<b>Deductible</b>	\$50	\$150 (basic)	\$50	\$150 (basic & major)
<b>Fee Schedule</b>	UCR-90th		UCR-90th	

## Preventive Services *(deductible waived)*

- Routine cleanings: 2 per calendar year
- Routine Oral Exams
- Bitewing X-rays
- Full-mouth or panoramic X-rays
- Other dental X-rays (including periapical films)
- Fluoride treatments
- Space maintainers for children
- Sealants
- Biopsy and examination of oral tissue (including brush biopsy)

## Basic Services

- Problem focused exams
- Consultations
- Palliative treatment (including emergency relief of dental pain)
- Injections of antibiotics and other therapeutic medications
- Fillings
- Prefabricated stainless steel and resin crowns
- Simple extractions
- Surgical extractions
- Oral surgery
- General anesthesia and I.V. sedation

## Major Services

- Prosthetic repair and re-cementation services
- Endodontics (including root canal treatment)
- Periodontal maintenance procedures
- Non-surgical periodontal therapy
- Periodontal surgery
- Bridges
- Full and partial dentures
- Denture reline and rebase services
- Crowns, inlays, onlays and related services

## Per Pay Period Cost

*This benefit is deducted 24 out of 26 paychecks in the year*

### Low Plan

<b>Employee Only</b>	\$10.36
<b>EE + Spouse</b>	\$20.69
<b>EE + Child(ren)</b>	\$25.47
<b>Family</b>	\$35.81

### High Plan

<b>Employee Only</b>	\$14.36
<b>EE + Spouse</b>	\$28.68
<b>EE + Child(ren)</b>	\$30.84
<b>Family</b>	\$45.19

*\*\*Implants and orthodontics are not covered under either plan*

## VOLUNTARY ACCIDENT INSURANCE

Allstate Insurance Company

*Eligible the first of the month following 60 days of employment.*

*Must work at least 20 hours per week.*

- Accident Insurance can help cover your out-of-pocket expenses associated with an accidental injury
- Guaranteed issue, meaning there are no medical questions to answer
- Employees pay 100% of the premium
- Coverage may include you, your spouse, and/or your child(ren)
- 24/7 access to important information about your benefits at [www.allstatebenefits.com/mybenefits](http://www.allstatebenefits.com/mybenefits)

Contact the Human Resources department for detailed benefit amounts

## VOLUNTARY CRITICAL ILLNESS INSURANCE

*Eligible the first of the month following 60 days of employment.*

Allstate Insurance Company

*Must work at least 20 hours per week.*

- Critical Illness Insurance provides a lump-sum cash benefit to help you cover the out-of-pocket expenses associated with the diagnosis and treatment of a critical illness
- Coverage may include you, your spouse, and/or your child(ren)
- Covered dependents receive 50% of your basic benefit amount
- 24/7 access to important information about your benefits at [www.allstatebenefits.com/mybenefits](http://www.allstatebenefits.com/mybenefits)

Contact the Human Resources department for detailed benefit amounts

## VOLUNTARY LIFE INSURANCE

Lincoln Financial Group

*Eligible the first of the month following 60 days of employment.*

*Must work at least 20 hours per week.*

- Employees can elect additional term life insurance through Lincoln Financial Group
- Minimum coverage for employee is \$25,000; maximum coverage is 5 times their annual salary (or \$200,000—whichever is less)
- Coverage can also be elected for the employee's spouse and children *only if* the employee is insured for voluntary coverage
- Minimum coverage for spouse is \$25,000 (*this is only an option if you have elected at least \$50,000 for yourself*)
- Child(ren)'s coverage is \$10,000

## SHORT-TERM DISABILITY

Lincoln Financial Group

*Eligible the first of the month following 60 days of employment.*

*Must work at least 30 hours per week.*

- This benefit picks up on the 8th day of a medical leave of absence and continues through week 13
- This is a salary replacement benefit—employees may elect a percentage of their wages as a weekly benefit.
  - ◇ Percentage Options: 25%, 50%, 66.67% of the employee's normal scheduled wages
- 12/12 Pre-existing Condition Limitation will apply. *This means that anything treated, diagnosed or sought treatment for 12 months prior to the plan effective date may not be covered until 12 months after the effective date*



## EMPLOYER PAID BENEFITS

### BASIC LIFE AND AD&D

Lincoln Financial Group

Eligible the first of the month following 60 days of employment.

Must work at least 20 hours per week.

Lincoln Financial Group Basic Life and Accidental Death & Dismemberment Insurance provides the employee with term life insurance equal to 2.5 times their annual salary. There is no cost to the employee.

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

### LONG-TERM DISABILITY

Lincoln Financial Group

Eligible the first of the month following 60 days of employment.

Must work at least 30 hours per week.

This benefit covers the fourteenth week of a medical leave of absence 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.

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

## 403(b) RETIREMENT PLAN

CUNA Mutual Group

Must work at least 20 hours per week.

- This plan creates a retirement account for each eligible employee
- Unless an employee voluntarily elects a different 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 increases
- After one year of service:
  - ◊ The Village Network contributes 5% of each eligible employee's bi-weekly wages per pay period
  - ◊ TVN matches 50% of the first 7% an employee contributes to the plan
- Employees are fully vested after 3 years of service with a minimum of 1,000 hours worked each year
- CUNA Mutual manages the Employer Discretionary 403(b) Contributions Plan

403(b) plan limits for year	2023
403(b) Deferrals	\$22,500
Catch-up contribution limit	\$7,500

### Your Contribution Options

#### Traditional

- Pre-tax contributions
- Immediate tax savings
- Tax-deferred earnings
- Taxable withdrawals

#### Roth

- After-tax contributions
- Deferred tax savings
- Tax-free earnings
- Tax-free withdrawals (if withdrawal qualifies)

## EMPLOYEE ASSISTANCE PROGRAM

Lincoln Financial Group: ComPsych

*Eligible immediately upon hire*

- Employee Assistance Program (EAP) services are available to any employee or qualified dependent at no cost to the employee. EAP services are provided by ComPsych
- The EAP provides unlimited phone access to legal, financial and work-life services as well as in-person help with short-term issues; employees and their qualified dependents are eligible for up to six in-person counseling sessions per person, per issue, per year

## TUITION ASSISTANCE

*Eligible after one year of service.*

*Must work at least 20 hours per week.*

- **Tuition assistance 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-overtime hour that they worked in the prior six-months (i.e. a full time employee works 1,040 hours every six months and is, therefore, eligible for \$1,040 of tuition assistance)
- 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

*Eligible after one year of service.*

*Must work at least 20 hours per week.*

- By accepting this bonus, employees in this category agree to mentor up to two interns at any one time
- This amount is prorated for employees who work less than 40 hours per week

## LICENSE REIMBURSEMENT

*Eligible after 6 months of employment.*

*Must work at least 20 hours.*

- Employees required to maintain a license in their area of expertise are eligible for 50% reimbursement of the cost of their license





## Paid Time Off (PTO)

Must work at least 20 hours per week to be eligible for PTO

### Level I

Employees in Pay Band 8 and above

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

### Level II

Employees in Pay Band 5-7

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

### Level III

Employees in Pay Band 4

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

### Level IV

Employees in Pay Band 1-3

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



## HOLIDAYS

### Basic Holidays Include:

- New Years Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- 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.

**If you work on a holiday**, you will receive compensation for the hours that you work *plus* an additional 8 hours of holiday pay. Holiday pay is straight time and will not count towards overtime hours.

**If you work Monday-Friday**, and a holiday falls on a Sunday, you will observe the holiday on the following Monday. If a holiday falls on a Saturday, you will observe the holiday on the previous Friday.

Employees are granted their allotment of PTO hours over the first 5 pays of each fiscal year. Our fiscal year runs from July 1st through June 30th. Eighty (80) hours of PTO may be carried over from one fiscal year into the next—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).

