



**2025
Employee
Benefits Guide**

CONTENTS & CONTACT INFORMATION

Refer to this list when you need to contact one of your benefits carriers.
For general information, contact Human Resources.

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HUMAN RESOURCES

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330-641-1377

SSmith@thevillagenetwork.com

BENEFITS ADVOCATE CENTER—GALLAGHER

Receive assistance with explanation of benefits, prescription/pharmacy problems, claim issues and difficult situations (ex.—appealing insurance carrier denial of service)

Phone: 1-855-717-1532 or 713-425-8906 (M-F, 8am-5pm EST)

Email: bac.villagebenefits@ajg.com

BENEFIT INFORMATION

YOUR BENEFITS PLAN

The Village Network offers a variety of benefits allowing you the opportunity to customize a benefits package that meets your personal needs.

Benefit	Who pays the cost?
Medical	The Village Network pays a portion of the premium for medical coverage.
Dental	The Employee pays 100% of the premium
Vision	The Employee pays 100% of the premium
Short-term Disability	The Employee pays 100% of the premium
Long-term Disability	The Village Network pays 100% of the premium
Basic Life and Accidental Death & Dismemberment	The Village Network pays 100% of the premium
Voluntary Life	The Employee pays 100% of the premium
Accident	The Employee pays 100% of the premium
Critical Illness	The Employee pays 100% of the premium

PRE-TAX BENEFITS

CHOOSING YOUR BENEFITS

The premium for elected coverages are taken from your paycheck automatically. There are two ways that the money can be taken out: pre-tax or post-tax

WHY DO I PAY FOR BENEFITS WITH PRE-TAX MONEY?

There is a definite advantage to paying for some benefits with pre-tax money. Taking the money out before your taxes are calculated lowers the amount of your pay that is taxable. Therefore, you pay less in taxes.

WHICH BENEFIT PREMIUMS ARE DEDUCTED BEFORE TAX?

PRE tax

Medical, Dental, Vision.

POST tax

Short-term Disability, Accident, Critical Illness, Voluntary Life.



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.

WHO IS AN ELIGIBLE DEPENDENT?

- Your legal spouse
- Your married or unmarried natural children, step-children living with you, legally adopted child(ren) and any other child(ren) for whom you have legal guardianship up to age 26
- Children who are past the age of 26 and are fully dependent on you for support due to a mental or physical disability, and who are indicated as such on your federal tax return
- *Domestic partners are not eligible dependents*

WHEN CAN YOU ENROLL?

You can sign up for benefits at any of the following times:

- As a new hire, at your initial eligibility date
- During the annual open enrollment period (usually occurs in November each year)
- Within 30 days of a qualifying life event

MAKING CHANGES

Generally, you can only change your benefit elections during the annual benefits open enrollment period. However, you may be able to change your benefit elections during the plan year if you have a change in status including:

Qualifying Life Event Documentation	
Marriage	Copy of marriage license
Divorce	Copy of divorce decree
Death of spouse or covered child	Copy of death certificate
Birth or adoption of eligible child	Copy of birth certificate or legal adoption papers
Adding a Step-child	Copy of birth certificate + copy of marriage certificate
Change in your employment status that affects your benefits eligibility (i.e. full-time to part-time or vice versa)	Signed transfer letter
Change in your spouse's benefits or employment status that affects your benefits	Formal notification from employer of change in status
Change in residence that affects your eligibility for coverage	Address change form
Change in your child's eligibility for benefits (i.e. reaching age 26)	
Receiving Qualified Medical Child Support Order (QMCSO)	

You must notify and provide your Human Resources Department with the necessary documentation within 30 days from the life event. The IRS allows changes to be made within 60 days for those eligible for Medicaid or CHIP under HIPAA Special Enrollment Rights.

If you fail to do so, you will be required to wait until the next annual open enrollment period to make benefit changes unless you have another family status change.

WHEN DOES COVERAGE END?

Coverage for medical benefits will end on the last day of the Coverage Month in which termination was processed. All other benefits will end at employment separation.

TERMS TO KNOW

CLAIMS

Claims are requests for your plan to pay for services you receive. We use these to check what your plan will cover and the amount we'll pay. You can typically find the status and amounts billed for your claim on your member website or app.

DEDUCTIBLE

The deductible is the amount you pay for out-of-pocket costs for your covered health care before your plan begins to pay. Each year, you pay 100% of your covered expenses until you meet your deductible amount. For most plans, eligible preventive care is covered at 100% with no deductible when you use network providers.

COORDINATION OF BENEFITS

Some members have health coverage under more than one plan. If so, carriers work with the other carriers to decide which plan pays first and which pays second, based on the rules in your plan documents.

COINSURANCE

Coinsurance is a cost share. Once you meet the deductible, the provider will share in the cost of your claims. You are responsible for the remaining percentage of the cost of your claim. The amounts you pay in coinsurance apply to your out-of-pocket maximum

OUT-OF-POCKET

This amount is the maximum amount that you will pay towards covered services on the plan for the calendar year. This amount includes the amounts you pay in deductible, coinsurance, copays, and prescriptions

GUARANTEED ISSUE

Guaranteed Issue (GI) is the amount you can purchase as a newly eligible employee without having to provide evidence of good health



MEDICAL INSURANCE

The Village Network offers two plans through Aetna. The chart on the next page provides an overview and comparison of the plans. Please refer to your benefit summary for further detail.

To find a provider, visit aetna.com and choose “Find a Doctor” in the left-hand corner of the homepage. You are enrolled in a plan through your employer. You can then continue as a guest and search for a provider by zip code, or create a member account.



KNOW WHERE TO GO

Aetna Nurse Line

A free call-in service offered by Aetna, providing 24/7 access to registered nurses for answers to health-related questions. **Call 1-800-556-1555**

Teledoc– (available to all employees as of their date of hire)

Connect with a provider virtually using a smart phone, tablet or computer. Teledoc providers offer immediate telehealth appointments. This is an on demand service available 24/7, 365 days a year. Download the Teledoc app to utilize. (This benefit is not billed through an insurance plan and is subject to a \$55 visit fee.)

Symptoms: Allergies, bronchitis, cold and flu symptoms, minor cut/burn, ear infection, insect bite, pink eye, rash, respiratory infection, sinus problems, sprain or strain, urinary tract infection

Convenience Clinic

A walk-in clinic located in some drug and grocery stores, staffed by a physician's assistant or nurse practitioner. Convenience clinics don't require an appointment and have shorter than average wait times.

Symptoms: Allergies, minor back pain, bronchitis, cold and flu symptoms, ear infection, pink eye, respiratory infection, sinus problems, urinary tract infection, vaccinations/flu shot

Urgent Care

A walk-in clinic that saves time and money compared to an emergency room. Many are open evenings and weekends. Urgent care facilities don't require an appointment and have average wait times

Symptoms: Allergic reactions, allergies, asthma, minor back pain, minor broken bone, bronchitis, cold and flu symptoms, minor cut/burn, ear infection, infection, insect bite, pink eye, rash, respiratory infection, sinus problems, sprain or strain, urinary tract infection, wheezing, x-ray

Emergency Room (ER)

A facility located in a hospital, providing 24/7 care in case of emergencies and acute care without an appointment. ER visits for non-emergency symptoms may result in extremely long wait times and significantly higher costs compared to visiting a non-emergency location.

Symptoms: Allergic reactions, heavy bleeding, major broken bone, sudden change in vision, chest pain, major cut/burn, severe head injury, shortness of breath, spinal injury, sudden trouble speaking





	High Deductible Health Plan (HDHP) 3,300	High Deductible Health Plan (HDHP) 4,000
IN-NETWORK		
DEDUCTIBLE		
Individual / Family	\$3,300/\$6,600	\$4,000/\$8,000
COINSURANCE		
Member pays after deductible is met	0%	20%
MAXIMUM OUT-OF-POCKET		
Individual / Family	\$3,300/\$6,600	\$5,000/\$10,000
<i>Maximum out-of-pocket includes deductible</i>		
PREVENTIVE CARE		
Routine Physical Exams, Screenings, Immunizations	No Cost Share—Covered 100%	
FACILITY VISITS		
	Member pays:	
Office Visits (PCP/Specialist)	0% after deductible	20% after deductible
Virtual Doctor (PCP/Specialist)		
Emergency Care		
Non-emergency Emergency Care		
Diagnostic (Imaging, Lab, X-ray, Testing)		
Maternity <i>prenatal visits are covered at no charge</i>		
Inpatient/Outpatient Services		
Home Health Care <i>100 visits per benefit period</i>		
Skilled Nursing Facility (SNF) <i>90 days per benefit period</i>		

OUT-OF-NETWORK		
Deductible (individual/family)	\$5,250/\$10,500	\$8,000/\$16,000
Maximum Out-of-Pocket	\$10,000/\$20,000	\$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

Aetna

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 3,300		HDHP 4,000	
	Employee Cost Per Pay	Village Cost Per Pay	Employee Cost Per Pay	Village Cost Per Pay
Single	\$99.46	\$342.76	\$68.95	\$322.83
Family	\$212.79	\$996.15	\$157.01	\$913.53

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

For more information on HSA requirements visit: <https://www.irs.gov/forms-pubs/about-publication-969>

	HDHP 3,300		HDHP 4,000	
	Single	Family	Single	Family
TVN Contribution	\$750	\$1,500	\$1,250	\$2,500
Maximum Annual Allowable Amount <i>Includes the employer contribution</i>	Single	\$4,300	Family	\$8,550
	<i>HSA Catch-up Contribution Limit for Individuals: \$1,000</i>			

Employees are responsible for setting up the account and providing our payroll department with the direct deposit information

PRESCRIPTION DRUG COVERAGE

CVS Caremark

PRESCRIPTIONS	HDHP 3,300	HDHP 4,000
RX Copay Limit	N/A—Prescription included in Deductible/max out-of-pocket	
Retail—30 day supply (Tier 1 / 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.

EMPLOYER PAID BENEFITS

BASIC LIFE AND AD&D

Sunlife

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

Sunlife's 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

Sunlife

*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.

DENTAL INSURANCE

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
Annual Max	\$1,250		\$1,250	
Preventive I	100%		100%	
Basic II	80%		80%	
Major III	Not Covered		50%	
Deductible	\$50	\$150 (basic)	\$50	\$150 (basic & major)
Fee Schedule	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

Employee Only	\$9.01
EE + Spouse	\$17.99
EE + Child(ren)	\$22.15
Family	\$31.14

High Plan

Employee Only	\$12.52
EE + Spouse	\$25.00
EE + Child(ren)	\$26.86
Family	\$39.40

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

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
YOUR COVERAGE WITH A VSP PROVIDER			
WellVision Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness 		Every 12 months
Essential Medical Eye Care	<ul style="list-style-type: none"> Retinal screening for members with diabetes 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 Coordination with your medical coverage may apply. Ask your VSP doctor for details. 	\$0 per screening \$20 per exam	Available as needed
Prescription Glasses		\$25	
Frame	<ul style="list-style-type: none"> \$150 featured frame brands allowance \$130 frame allowance 20% savings on the amount over your allowance \$130 Walmart/Sam's Club frame allowance 	Included in prescription glasses	<i>Basic Plan: Every 24 months</i> <i>EasyOption: Every 12 months</i>
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lens Impact-resistant lenses for dependent children 	Included in prescription glasses	Every 12 months
Lens Enhancements	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 30% on other lens enhancements 	\$0 \$95 - \$105 \$150 - \$175	Every 12 months
Contacts <i>(instead of glasses)</i>	<ul style="list-style-type: none"> \$130 allowance for contacts; copay does not apply Contact lens exam (fitting & evaluation) 	Up to \$60	Every 12 months
Extra Savings	<p>Glasses and Sunglasses</p> <ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details. 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam. <p>Routine Retinal Screening</p> <ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam <p>Laser Vision Correction</p> <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities 		
Additional EasyOption benefits	<ul style="list-style-type: none"> 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 Includes VSP light care which allows Blue light coating for Rx or non Rx glasses and sunglasses 	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
Employee Only	\$3.72	\$6.25
EE + Spouse	\$6.26	\$10.53
EE + Child(ren)	\$6.39	\$10.75
Family	\$10.31	\$17.33

VOLUNTARY ACCIDENT INSURANCE

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.sunlife.com

Contact the Human Resources department for detailed benefit amounts

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

Coverage Level	Standard/ 24 HR
Employee	\$ 5.58
Employee and Spouse	\$ 8.81
Employee and Children	\$ 9.66
Employee and Family	\$ 12.89



VOLUNTARY CRITICAL ILLNESS INSURANCE



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

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)
- Rates based on employee's age. Child's benefit is half of Employee coverage. Spouses eligible for the same amount as employee
- 24/7 access to important information about your benefits at www.sunlife.com

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

Employee only			
Age	\$10k Benefit	\$20k Benefit	\$30k Benefit
under 30	\$2.72	\$5.45	\$8.17
30-39	\$3.51	\$7.02	\$10.52
40-49	\$5.82	\$11.63	\$17.45
50-59	\$11.17	\$22.33	\$33.51
60-69	\$15.88	\$31.75	\$47.63
70+	\$27.55	\$55.11	\$82.66
Employee and Child			
Age	\$10k/5k Benefit	\$20k/10k Benefit	30k/15k Benefit
under 30	\$2.88	\$5.77	\$8.65
30-39	\$3.67	\$7.34	\$11.01
40-49	\$5.98	\$11.95	\$17.93
50-59	\$11.33	\$22.66	\$33.99
60-69	\$16.04	\$32.08	\$48.12
70+	\$27.72	\$55.43	\$83.15
Employee and Spouse			
Age	10k/10k Benefit	20k/20k Benefit	30k/30k Benefit
under 30	\$5.45	\$10.89	\$16.34
30-39	\$7.02	\$14.03	\$21.05
40-49	\$11.63	\$23.26	\$34.89
50-59	\$22.34	\$44.68	\$67.02
60-69	\$31.75	\$63.51	\$95.26
70+	\$55.11	\$110.22	\$165.32
Employee, Spouse, and Child			
Age	10k/10k/5k Benefit	20k/20k/10k Benefit	30k/30k/15k Benefit
under 30	\$5.61	\$11.22	\$16.82
30-39	\$7.18	\$14.35	\$21.53
40-49	\$11.79	\$23.58	\$35.38
50-59	\$22.50	\$45.00	\$67.50
60-69	\$31.92	\$63.83	\$95.75
70+	\$55.27	\$110.54	\$165.81

VOLUNTARY LIFE INSURANCE

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 Sunlife
- 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 \$12,500 (*this is only an option if you have elected at least \$25,000 for yourself*)
- Child(ren)'s coverage is \$10,000

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

SHORT-TERM DISABILITY

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
- 3/12 Pre-existing Condition Limitation will apply. *This means that anything treated, diagnosed or sought treatment for 3 months prior to the plan effective date may not be covered until 12 months after the effective date*

EMPLOYEE ASSISTANCE PROGRAM

Eligible immediately upon hire—automatically enrolled by employer

- 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
- 24 hours a day, 7 days a week. Call 800-272-7255, or visit them online at www.GuidanceResources.com (Web ID = TVN123) or download the GuidanceNow mobile app



403(b) RETIREMENT PLAN *TruStage (formally known as Cuna Mutual Group)*

All Employees are eligible to contribute

- 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
- TruStage manages the Employer Discretionary 403(b) Contributions Plan

403(b) plan limits for year	2025
403(b) Deferrals	\$23,500
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)

Register your account at www.benefitsforyou.com

Participant Contacts

Participant Service Center: for help with navigating the site, or completing a transaction on the site

P: (800) 999-8786

F: (608) 236-6427

Email: ParticipantServiceCenter@BenefitsForYou.com

Retirement Service Center: for help in retirement planning, investment selection, rollover support and preparing for life in retirement

P: (844) 999-2677

F: (608) 236-8002

Email: RetirementServiceCenter@BenefitsForYou.com

Advisor: for questions about the investments available in the plan

Doug Matthews

P: (216) 377-2576

Email: doug_matthews@ajg.com

Paid Time Off (PTO)

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

Employees in Pay Band 4

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

Employees in Pay Band 3

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

Employees in Pay Band 2

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

Employees in Pay Band 1

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).

Lifestyle Spending Account

Eligible at date of hire

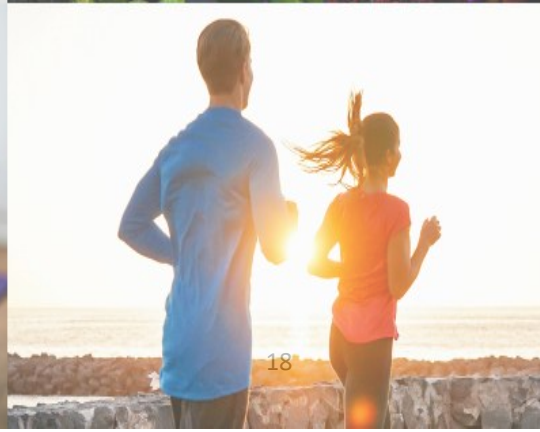
Must work at least 20 hours per week.

- LSA is used to support employee health and wellbeing and to reimburse eligible employees for expenses that support overall health and wellness.
- This program reimburses eligible employees up to **\$125 per quarter** (a total of \$500 per year July 1 – June 30) for personal expenses related to physical, emotional, mental, social and financial wellbeing. *Please refer to the LSA plan document for specific examples of reimbursable expenses and how to submit a reimbursement.*

TVN Wellness Matters

Eligible at date of hire for all employees

- Participate in an internal wellness program that focuses on all aspects of health and wellbeing for ALL of TVN's employees! Visit TVN Wellness Matters via the app from your TVN issued cell phone, SharePoint, or by visiting <https://thevillagenetwork.jotform.com/app/wellness/wellness-matters-tvn>



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



\$1,000 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

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