



Benefits Overview

For questions, please contact:

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INSURANCE ELIGIBILITY

After you've completed two full months of full-time employment, you have the option of participating in group medical, dental, vision, and voluntary life insurance, flexible spending accounts, short and long term disability, and AFLAC. Coverage begins on the 1st of the month only. Premiums are deducted from paychecks twice monthly and can be taken out on a pre-tax basis.

BENEFIT ELIGIBILITY DATES

<u>If hired between:</u>	<u>Eligible on:</u>	<u>If hired between:</u>	<u>Eligible on:</u>
10/2/-11/1	January 1	4/2-5/1	July 1
11/2-12/1	February 1	5/2-6/1	August 1
12/1-1/1	March 1	6/2-7/1	September 1
1/2-2/1	April 1	7/2-8/1	October 1
2/2-3/1	May 1	8/2-9/1	November 1
3/2-4/1	June 1	9/2-10/1	December 1

UHC MEDICAL COVERAGE

It is no secret that national medical insurance costs are skyrocketing. Because it is of paramount importance to Preferred Family Healthcare to be able to maintain a high level of employee benefits at affordable prices for all our employees, we offer you three options - a choice between three plans with three different premiums. YOU decide the best option for you and your family.

The three medical plans are **Enhanced**, **Base**, and **Major Medical**. Summaries are as follows:

1. Enhanced Plan

In Network

Annual Deductible: \$500 Individual; \$1000 Family; Annual Out-of-Pocket: \$1500 Individual, not to exceed \$3000 Family. Plan pays 90% of all covered charges after deductible is met, 100% of covered charges after out-of-pocket limits are met. Physician Office Co-Payment: \$15; Emergency Room Co-Payment is \$100.00 and waived if admitted; Urgent Care Facility \$35 co-payment. Annual preventative visits are covered at 100% with the co-payment waived. Chiropractic Services are covered at 50%. Lifetime maximum benefit is unlimited.

RX Co-Pays: \$10/\$25/\$40

Out-of-Network

Annual Deductible: \$500 Individual; \$1000 Family; Annual out-of-pocket: \$2500 Individual, not to exceed \$5000 Family. Plan Pays 70% of all covered charges after deductible is met, 100% of covered charges after out-of-pocket limits are met. Physician Office: Plan pays 70% after deductible; Emergency Room co-payment is \$100 and waived if admitted; Urgent Care Facility, plan pays 70% after deductible. Annual preventative visits, plan pays 70% after deductible. Chiropractic Services are covered at 50%. Lifetime maximum benefit is unlimited.

RX Co-Pays: \$10/\$25/\$40

2. Base Plan

In Network

Annual Deductible: \$1500 Individual; \$3000 Family; Annual Out-of-Pocket: \$4500 Individual, not to exceed \$10,500 Family. Plan pays 80% of all covered charges after deductible is met, 100% of covered charges after out-of-pocket limits are met. Physician Office Co-Payment \$30; Emergency Room Co-Payment is \$150 and waived if admitted; Urgent Care Facility co-payment \$50. Annual preventative visits are covered at 100% with the co-payment waived. Chiropractic Services are covered at 50%. Lifetime maximum benefit is unlimited.

RX Co-Pays: \$10/\$25/\$40

Out-of-Network

Annual Deductible: \$3000 Individual; \$6000 Family; Annual Out-of-Pocket: \$9000 Individual, not to exceed \$21,000 Family. Plan pays 60% of all covered charges after deductible is met, 100% of covered charges after out-of-pocket limits are met. Physician Office: Plan pays 60% of all eligible expenses after deductible; Emergency Room co-payment is \$150.00 and waived if admitted; Urgent Care Facility 60% after deductible. Preventative Care exams, including wellness exams, are covered at 60% after deductible. Chiropractic Services are covered at 50%. Lifetime maximum benefit is unlimited.

RX Co-Pays: \$10/\$25/\$40

3. Major Medical Plan

In Network

Annual Deductible: \$3000 Individual, not to exceed \$6000 Family; Annual out-of-Pocket: \$4500 Individual not to exceed \$8000 Family. Plan pays 80% of all covered charges after deductible is met, 100% of covered charges after out-of-pocket limits are met. Physician Office: Plan pays 80% of all eligible expenses after deductible, NO CO-PAYMENT APPLIES. Preventative Care exams, including wellness exams, are covered at 100%. Chiropractic Services are covered at 50%. Lifetime maximum benefit is unlimited.

RX Co-Pays: \$10/\$25/\$40

Out-of-Network

Annual Deductible: \$4000 Individual, not to exceed \$8000 Family; Annual Out-of-Pocket: \$9000 Individual, not to exceed \$16,000 Family. Plan pays 60% of all covered charges after deductible is met, 100% of covered charges after out-of-pocket limits are met. Physician Office, Emergency Room, and Urgent Care Facilities: Plan pays 60% of all eligible expenses after deductible. Preventative Care exams, including wellness exams, are covered at 60% after deductible. Chiropractic Services are covered at 50%. Lifetime maximum benefit is unlimited.

RX Co-Pays: \$10/\$25/\$40

Once you are enrolled, you can log on to <http://www.myuhc.com> as a member to view your benefits online.

UHC – DENTAL COVERAGE

Your deductible for In-Network and Out-of-Network is \$50 Individual and \$150 Family. The deductible is waived for Preventive Services and is paid at 100%. Basic services are paid at 90% and Major services are paid at 50% with an annual limit of \$1,000. Orthodontia is covered at 50% with a lifetime maximum of \$750.

Updated: 7/1/2011

UHC- VISION COVERAGE

In-network, covered-in-full benefits (after applicable co-pay) include a comprehensive exam, eye glasses with standard single vision, lined bifocal, or lined trifocal lenses, standard scratch-resistant coating and the frame, or contact lenses in lieu of eye glasses. Your vision coverage consists of Comprehensive Exam every 12 months, Spectacle Lenses every 12 months and frames every 12 months. Contact Lenses in lieu of eye Glasses every 12 months.

Frame benefit

Private Practice or Retail Chain Provider \$130.00 retail frame allowance

Out-of-network reimbursements (Co-Pays do not apply)

Exam \$40.00

Frames \$45.00

Single Vision Lenses \$40.00

Bifocal Lenses \$60.00

Trifocal Lenses \$80.00

Lenticular Lenses \$80.00

Elective Contacts in Lieu of Eye Glasses \$105.00

Necessary Contacts in Lieu of Eye Glasses \$210.00

Laser vision benefit

UHC Vision has partnered with the Laser Vision Network of America (LVNA) to provide our members with access to discounted laser vision correction providers. Members receive 15% off usual and customary pricing, 5% off promotional pricing at over 500 network provider locations and even greater discounts through set pricing at LasikPlus locations. For more information, call 1-888-563-4497 or visit www.uhclasik.com.

UHC –COMPANY PAID BASIC LIFE AND AD&D COVERAGE

As a full-time employee of Preferred Family Healthcare, you are automatically enrolled in a Basic Life Insurance Policy, free of cost. Coverage includes \$25,000 Life and \$25,000 Accidental Death and Dismemberment.

UHC– SUPPLEMENTAL LIFE INSURANCE

Additional life insurance is available for you to purchase on employee, spouse, and children. Calculate rates per \$1000 of coverage:

Age	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
Rate for Employee & Spouse	\$0.052	\$0.082	\$0.108	\$0.172	\$0.248	\$0.464	\$0.878	\$1.288	\$2.188	\$2.626	\$5.28

Child(ren) = \$0.090 per \$1000 of coverage.

Supplemental AD&D Rates (Employee Only): \$.040 per \$1000 of coverage

FLEXIBLE SPENDING ACCOUNTS (FSA)

An FSA allows you to put money aside, tax free, from your paycheck to be used for eligible out-of-pocket health care and/or dependent care expenses. Money from each paycheck is deposited into your account(s) before federal income, Social Security and Medicare taxes are withheld. You are then reimbursed using the before-tax dollars from your accounts(s) when you submit receipts for eligible expenses.

Medical FSA – This account can be used to help you with you and your family's out-of-pocket health care costs such as eyeglasses, contacts, co-pays, prescriptions, deductibles and dental expenses. The account allows you to pay for these types of healthcare expenses with tax-free dollars.

Dependent Care FSA- This account can be used to help you with your expenses for certain types of dependent care costs, such as a child in a day care or an elderly or disabled adult that is your legal responsibility. This account allows you to pay for these types of dependent care expenses with tax-free dollars. PFH also matches 5% of the employee contribution each payroll period.

LINCOLN FINANCIAL- SHORT TERM & LONG TERM DISABILITY

Our STD policy is provided by Lincoln Financial. This plan is available to help meet your financial needs should you become totally disabled due to a covered injury or sickness and unable to perform your regular work for more than 14 days. There is a two week elimination period for accidents and sickness. That means you must be out of work for two weeks before benefits will be paid. The weekly benefit amount is 60% of your basic weekly income to a maximum weekly benefit of \$500. The maximum payment period is 13 weeks.

Our LTD policy is available to help meet your financial needs should you become totally disabled due to a covered injury or sickness and unable to perform your regular work for more than 90 days. There is a 90-day elimination period for injuries and sickness. This means you must be disabled for 90 days before benefits are due. The monthly benefit amount is 60% of your basic monthly Income at the time of disability up to a maximum monthly benefit of \$5,000, less other income benefits. The maximum payment period will vary based on your age at the time your disability starts.

AFLAC SUPPLEMENTAL INSURANCE

Full-time employees are eligible for three AFLAC policies that include Critical Illness, Accident, and Hospital Indemnity. This coverage can be purchased for employee, spouse and family members.

401(K) FIDELITY RETIREMENT SAVINGS PLAN

PFH has designed a 401(k) employee retirement savings plan to provide employees with a supplemental source of income for their retirement income needs. Under the program, PFH may make a discretionary agency match that will be determined each year. In order to receive the designated allotment, each participant will be required to make tax-deferred contributions to the plan that will be matched by PFH on a dollar-for-dollar basis up to the amount determined. The plan is currently set up for the agency to match up to 5% of the employee's gross income. Employees can tax-defer additional funds in accordance with IRS guidelines that will not be matched by the agency. In 2004, PFH entered into a Safe Harbor Plan that allows you to be 100% vested in the plan from the date of enrollment. You are eligible to participate in this Plan upon completing one Year of Service, working a minimum of 1000 hours, and attaining age 21. Once you have met the eligibility requirements, eligibility begins on the 1st day of the quarter following your 1st year of employment. Eligibility quarters are January, April, July and October.

Bereavement Leave

Full-time employees will be granted up to three days with pay to be used in the two week period following the date of death to arrange and/or attend the funerals of immediate family members. Immediate family members are defined as spouse, child, (step) father, (step) mother, siblings, father-in-law, mother-in-law, son-in-law, daughter-in-law, siblings-in-law, grandchildren, grandparents and great-grandparents.

PAID TIME OFF

All full-time employees will accumulate PTO hours beginning on the employee's first day in an eligible position. PTO hours can be used for holidays, sick days and vacation days. PFH allows employees to determine how to best use these benefits. PTO hours are accrued using the following rates:

<u>Employee Classification</u>	<u>Years of Service</u>	<u>Accrual per Hour Paid</u>	<u>Max Accrual</u>
Hourly (Non Exempt)	1 st Year	.06538	136 Hours
Hourly (Non Exempt)	2-5 Year	.08462	176 Hours
Hourly (Non Exempt)	6+ Years	.10385	216 Hours
Salaried (Exempt)	1-2 Years	.08462	176 Hours
Salaried (Exempt)	3+ Years	.10385	216 Hours

EXTENDED MEDICAL RESERVE

Full-time employees will accumulate EMR hours to allow time off work for health-related care for the employees, his or her spouse, or dependent children. EMR will accumulate beginning on the first day in an eligible position, at a rate of .03462 per hour paid, up to 40 hours per week. EMR may be used in the following instances with proper verification from a physician:

1. Beginning on the fourth consecutive day of absence if absence is due to a non-work related condition that does not require hospitalization.
2. Beginning on the first day of absence for inpatient hospitalization, outpatient surgery or for a non work related injury/illness for the employee.
3. Beginning on the first day of absence for inpatient hospitalization or outpatient surgery for a dependent. A maximum of 3 days recovery time will be allowed once the dependent has been released from the hospital or outpatient surgery provider
4. Non-birthing parents, upon request, will be allowed to utilize up to a maximum of 80 hours of EMR (approximately two weeks) to assist with the care of their child and spouse/significant other. Employees who are experiencing placement of an adoptive child in their home will be allowed to utilize up to 80 hours of EMR (approximately two

weeks) to acclimate the child into their home and allow for a period of bonding. This includes parents in a same-sex and/or a surrogate relationship.

5. In addition to the above non-medical exceptions, employees may be allowed, upon supervisor approval, to utilize EMR hours during periods of catastrophes (i.e. fire, tornado) that have significantly damaged their primary residence.

Leave of Absence- Family Medical Leave Act (FLMA)

Leaves of absence will be granted to employees for family and medical reasons as provided through the Family Medical Leave Act of 1993. Leaves of absence will be approved on an unpaid basis. However, employees may use available PTO and Extended Medical Reserve during an approved medical leave if they so desire. Specifically, FMLA leave may be taken for the birth of a child of the employee, placement of a child with the employee for adoption or foster care, a serious health condition of a member of the employee's family, service member, or the employee's own serious health condition.

GIFTS TO EMPLOYEES

Length of Service: PFH will honor length of service (cumulatively) by awarding a tangible gift under the following lengths-of-service:

- 5 Years-\$100.00
- 10 Years-\$250.00
- 15 Years-\$400.00
- 20+(in five year increments) Years-\$500.00

Sympathy Gift: A funeral arrangement will be given to any employee who experiences a death of an immediate family member (generally spouse, child, parent, grandparent, sibling, step-parents or siblings).

Birth/Baby Gift: A \$30.00 gift certificate to a local merchant will be purchased for the birth of an employee's baby and sent to the employee once HR or program site has been notified. Cash or cash equivalent items will be taxed according to state and federal tax laws.

EXPENSE REIMBURSEMENT

Reimbursement for miles traveled on agency business will be paid at a rate of .45 cents per mile for all mileage incurred. Reimbursement for meals is available for employees who are performing business activities away from the normal work site and their travel requires an overnight stay. The current reimbursement limits are: breakfast \$6.00, lunch \$7.00 and dinner \$11.00. Lodging will be reimbursed for overnight trips that are pre-approved by the appropriate Program Director or Vice President. Other expenses incurred by the employee will not be reimbursed unless written approval has been received by the Sr. Executive Team Member.

EMPLOYEE ASSISTANCE PROGRAM

An Employee Assistance Program is available for full-time employees and their dependents. Personal Assistance Services (PAS) provides confidential counseling along with additional work/life balance services, free of charge. Human Resources can provide further information about our EAP provider. **To contact PAS please call 1-800-356-0845**

PFH HEALTH & WELLNESS PROGRAM

Preferred Family Healthcare places a high priority on the health and wellness of its employees. For this reason, Preferred Family Healthcare has adopted incentives to promote a healthy lifestyle. To be eligible for the Wellness Program, one must successfully complete two full months of continuous full-time employment. The company has developed four distinct Wellness Programs as follows: Wellness Visit Reimbursement, Preferred Health & Wellness Fair, Essential Learning Health & Wellness Program, and Preferred Fitness Program.

The company will reimburse for each incentive as follows:

Wellness Visit Reimbursement: Employees and dependents that are enrolled in PFH's company sponsored medical insurance will receive a Monetary Bonus Incentive of \$50 per covered upon proof they have participated in the annual wellness check up.

Preferred Health & Wellness Fair: To increase awareness of preventive health risks, Preferred Family will sponsor an annual Health & Wellness Fair. Full-time employees who attend this fair will receive a monetary incentive of \$25.00.

Essential Learning Health & Wellness Program: For those employees who are not available to attend the annual Health & Wellness Fair(s), the employee can access informational Wellness modules through Essential Learning. Full-time employees who attend this fair will receive a monetary incentive of \$25.00.

Preferred Fitness Program: PFH offers gym membership fee reimbursement as well as quarterly and annual participation prizes. Employees who actively participate in a physical activity for 6 hours per month are entered into a \$150 monetary bonus drawn quarterly, and a prize valued at \$400 will be drawn annually.

Full-time employees are reimbursed up to \$20/month for employee's membership. Employees are reimbursed up to \$20/month for dependent membership. (A child dependent must be living at home and under the age of 24) The maximum Fitness Membership Reimbursement is \$40/month.

License/Certification Reimbursement

Preferred Family Healthcare places a high priority on recruiting and retaining highly qualified and credentialed staff. To this end, Preferred Family Healthcare provides reimbursement to full-time employees for licensure, certification, or other fees for professional credentials that are immediately applicable to the employee's position and job description.

To be eligible for reimbursement, the employee must be in a full-time position, and the credential must be necessary or very important to the employee's performance of duties. Determination of reimbursement eligibility for any employee and for any credential is made by the appropriate senior executive team member.