



Summary of Employee Benefits

| Benefit | Who's Eligible | Who Pays | Effective Date | Benefit Summary | | | | | | | | | | | | | | | |
|--|--|-----------------|---|--|--|---------------------|---------------|-----------------|----------------|----------------|-----------------|-----------------|-----------------|-------------------------|-----------------|-----------------|---------------|-----------------|-----------------|
| Paid Time Off (PTO) | Regular FT employees w/ benefits | CHC | 1 st day of work for holidays After 6 months for vacation or sick leave | 1-12 months - 20 days/yr 1-3 years - 23 days/yr 4-9 years - 28 days/yr 10-14 years - 30 days/yr 15+ years - 33 days/yr | | | | | | | | | | | | | | | |
| Paid Time Off (PTO) | Regular PT employees w/ benefits | CHC | 1 st day of work for holidays After 6 months for vacation or sick leave | 1-12 months -10 days/yr 1-3 years - 11.5 days/yr 4-9 years - 14 days/yr 10-14 years - 15 days/yr 15+ years - 16.5 days/yr | | | | | | | | | | | | | | | |
| Medical Insurance* MedCost | Regular FT & PT employees w/ benefits | CHC & Emp. | 1 st of the month after 60 days | Carteret Health Care offers two (2) options to choose from for health insurance: • Plan B features a \$1000 deductible an \$15/\$50 co-pays • Plan C is a high deductible health plan with a health savings account. *Includes an Employer Contribution Full Time Premium: <table><tr><td></td><td><u>Plan B</u></td><td><u>Plan C</u></td></tr><tr><td>Emp Only</td><td>\$80.49</td><td>\$66.95</td></tr><tr><td>Emp + Sp</td><td>\$223.36</td><td>\$193.44</td></tr><tr><td>Emp + Child(ren)</td><td>\$176.41</td><td>\$144.07</td></tr><tr><td>Family</td><td>\$278.68</td><td>\$249.56</td></tr></table> <i>*Bi-weekly rates</i> <i>*\$50 bi-weekly surcharge on Plan B for PT</i> | | <u>Plan B</u> | <u>Plan C</u> | Emp Only | \$80.49 | \$66.95 | Emp + Sp | \$223.36 | \$193.44 | Emp + Child(ren) | \$176.41 | \$144.07 | Family | \$278.68 | \$249.56 |
| | <u>Plan B</u> | <u>Plan C</u> | | | | | | | | | | | | | | | | | |
| Emp Only | \$80.49 | \$66.95 | | | | | | | | | | | | | | | | | |
| Emp + Sp | \$223.36 | \$193.44 | | | | | | | | | | | | | | | | | |
| Emp + Child(ren) | \$176.41 | \$144.07 | | | | | | | | | | | | | | | | | |
| Family | \$278.68 | \$249.56 | | | | | | | | | | | | | | | | | |
| Dental Insurance* MedCost | Regular FT & PT employees w/ benefits | Employee | 1 st of the month after 90 days | Diagnostic & Preventative- 100% Basic Care- 80% after \$25 deductible Major Care after 6 months at 50% <table><tr><td></td><td><u>Base</u></td><td><u>Buy Up</u></td></tr><tr><td>Emp Only</td><td>\$18.00</td><td>\$20.17</td></tr><tr><td>Emp + Sp</td><td>\$41.49</td><td>\$46.49</td></tr><tr><td>Emp + Child(ren)</td><td>\$37.51</td><td>\$42.03</td></tr><tr><td>Family</td><td>\$60.31</td><td>\$67.56</td></tr></table> <i>*Bi-weekly rates</i> | | <u>Base</u> | <u>Buy Up</u> | Emp Only | \$18.00 | \$20.17 | Emp + Sp | \$41.49 | \$46.49 | Emp + Child(ren) | \$37.51 | \$42.03 | Family | \$60.31 | \$67.56 |
| | <u>Base</u> | <u>Buy Up</u> | | | | | | | | | | | | | | | | | |
| Emp Only | \$18.00 | \$20.17 | | | | | | | | | | | | | | | | | |
| Emp + Sp | \$41.49 | \$46.49 | | | | | | | | | | | | | | | | | |
| Emp + Child(ren) | \$37.51 | \$42.03 | | | | | | | | | | | | | | | | | |
| Family | \$60.31 | \$67.56 | | | | | | | | | | | | | | | | | |
| Vision Insurance* Community Eye Care | Regular FT & PT employees w/ benefits | Employee | 1 st of the month after 90 days | No co-pay for in-network eye exam No co-pay on materials Eyewear allowance up to \$150 <table><tr><td></td><td><u>Eyewear Only</u></td><td><u>Comp.</u></td></tr><tr><td>Emp Only</td><td>\$3.72</td><td>\$5.62</td></tr><tr><td>Emp + 1</td><td>\$7.30</td><td>\$10.90</td></tr><tr><td>Family</td><td>\$10.96</td><td>\$16.04</td></tr></table> <i>*Bi-weekly rates</i> | | <u>Eyewear Only</u> | <u>Comp.</u> | Emp Only | \$3.72 | \$5.62 | Emp + 1 | \$7.30 | \$10.90 | Family | \$10.96 | \$16.04 | | | |
| | <u>Eyewear Only</u> | <u>Comp.</u> | | | | | | | | | | | | | | | | | |
| Emp Only | \$3.72 | \$5.62 | | | | | | | | | | | | | | | | | |
| Emp + 1 | \$7.30 | \$10.90 | | | | | | | | | | | | | | | | | |
| Family | \$10.96 | \$16.04 | | | | | | | | | | | | | | | | | |
| Flex Spending Account | Regular FT & PT employees w/ benefits | Employee | 1 st of the month after 60 days | Predetermined amount of pre-tax dollars withheld from an employee's check to pay for qualified health care/dependent care expenses | | | | | | | | | | | | | | | |
| Basic Life & AD&D | Regular FT & PT employees w/ benefits | CHC | 1 st of the month after 90 days | Exec: Two (2) times annual salary Staff: One (1) times annual salary | | | | | | | | | | | | | | | |
| Short Term Disability | Regular FT & PT employees w/ benefits | Employee | 1 st of the month after 90 days | 60% of base salary | | | | | | | | | | | | | | | |
| Long Term Disability | Regular FT & PT employees w/ benefits | CHC | 1 st of the month after 90 days | 60% of base salary | | | | | | | | | | | | | | | |
| Money Purchase Pension Plan | Employed for 1 plan year with 1,000 hours of service | CHC | 3 year graded vesting schedule | A contribution equal to 4% of your annual base salary each year of creditable service | | | | | | | | | | | | | | | |
| Retirement Plan | All Employees | CHC & Emp. | 1 st pay period | 403b tax-deferred retirement account 2% company match—Roth option available | | | | | | | | | | | | | | | |
| Aflac Cancer, Accident, & Critical Illness Insurance | Regular FT & PT employees w/ benefits | Employee | 1 st of the month after 90 days | Individual and family plans available | | | | | | | | | | | | | | | |
| Group Term Life | Regular FT & PT employees w/ benefits | Employee | 1 st of the month after 90 days | Supplemental life insurance is available for you and your dependents | | | | | | | | | | | | | | | |
| Wellness Program | See AllWell for eligibility | CHC & Emp. | 90 days | Reimbursable fitness center fees | | | | | | | | | | | | | | | |

***Pre-Tax benefit**



BENEFITS AT A GLANCE 2021-2022

This benefit summary provides an overview of the comprehensive benefits package offered by Carteret Health Care. Our competitive benefits are one way that we thank you for all that you bring to our team.

Medical Benefits

Medcost | www.medcost.com/mymedcost | 800-795-1023

| In-Network Benefits | Plan B | | Plan C | |
|--|--|---------------------|--|--------------------|
| | Tier 1 Preferred | Tier 2 Non-Pref. | Tier 1 Preferred | Tier 2 Non-Pref. |
| Deductible Individual Family | \$1,000 \$3,000 | \$2,000 \$6,000 | \$2,000 \$4,000 | \$2,500 \$5,000 |
| Out of Pocket Max Individual Family | \$4,500 \$13,500 | \$6,000 \$14,700 | \$3,000 \$5,000 | \$4,500 \$6,500 |
| Preventive Care | 100% | 100% | 100% | 100% |
| Primary Care | \$5 Copay | \$15 Copay | 10% | 30% |
| Specialist | \$30 Copay | \$50 Copay | 10% | 30% |
| Inpatient Hospital | 10% | 30% | 10% | 30% |
| Urgent Care | N/A | \$75 Copay | N/A | 30% |
| Emergency Room | 10% | 30% | 10% | 30% |
| Prescriptions Deductible Tier 1 Tier 2 Tier 3 Tier 4 | \$100 retail / waved for mail order \$10 / \$20 mail order 90 day supply \$35 / \$70 mail order 90 day supply \$70 / \$140 mail order 90 day supply 25% to \$250 / N/A | | 10% After Deductible 10% After Deductible 10% After Deductible 10% After Deductible | |

Dental Benefits

Medcost | www.medcost.com/mymedcost | 800-795-1023

| Services | Base Plan | Buy-Up Plan |
|--|-------------|---------------------------------|
| Deductible Applies to Basic & Major | \$25 | \$25 |
| Preventive Services Exams, cleanings, x-rays | 100% | 100% |
| Basic Services Fillings, oral surgery | 80% | 80% |
| Major Services Crowns, inlays/onlays | 50% | 50% <i>Includes implants</i> |
| Annual Maximum | \$1,200 | \$2,000 |
| Orthodontia Children Only | Not Covered | 50% up to \$2,000 lifetime max. |

Vision Benefits

Community Eye Care | www.cecvision.com | 888-254-4290

| Services | Eyewear Only | Comprehensive |
|--|-------------------|-------------------|
| Vision Exam | N/A | Included Annually |
| Eyewear | \$150 Allowance | \$150 Allowance |
| Contact Lens Fitting Refit Evaluation | Included Annually | Included Annually |

BENEFITS AT A GLANCE 2021-2022

Supplemental Health Benefits

Aflac | www.aflac.com | 1-800-992-3522

| Accident Insurance | Critical Illness Insurance | Hospital Indemnity | Cancer Insurance |
|---|---|---|---|
| Helps protect you & your family from the unexpected expense of an accident. Common reasons for claims include broken bones, burns, and sports injuries. | Protect your finances from unplanned expenses related to a diagnosis of a covered condition. Benefits paid at diagnosis, treatment, and for follow-up care. | Provides a benefit for hospital admission and confinement for an illness or injury. Benefits is paid directly to you to be used however you need. | Protect your finances from unplanned expenses related to a cancer diagnosis. Benefits paid at diagnosis and for ongoing treatments. |
| Plan benefits include: | Covered conditions: | Plan benefits include: | Plan benefits paid for: |
| <ul style="list-style-type: none">• Fracture: Up to \$4,000• Ambulance: \$100• Concussion: \$200 | <ul style="list-style-type: none">• Cancer• Heart Attack• Stroke and More | <ul style="list-style-type: none">• Admission: \$500 / \$2,000• Hospital Stay: \$100/day• ER Visit: \$100 | <ul style="list-style-type: none">• Initial Diagnosis• Chemotherapy• Immunotherapy |

Voluntary Short-Term Disability

Lincoln Financial Group | www.lfg.com | 1-800-423-2765

You have the choice of 3 short-term disability plans based on your employee classification. These plans provide partial income replacement if you are disabled due to an illness or injury. The plans differ in the waiting period before benefits are paid and benefit duration. All plans pay 60% of your base salary up to \$1,500/week.

Flexible Spending Accounts

Optum Bank | www.optumbank.com | 1-800-243-5543

You have the opportunity to save for out-of-pocket health care and dependent care expenses tax-free with a Flexible Spending Account. Health Care FSA funds can be used for medical, dental and vision expenses. Dependent Care FSA funds can be used for expenses including childcare, before or after school programs and elder care.

Financial Benefits

Save for a financially secure future! We are proud to offer a 403(b) Plan with employer match for all employees, a 457 (b) Plan for select employees and a money purchase pension program for employees with at least one year of service.

Employer-Paid Benefits

Carteret Health Care provides all full-time employees with long-term disability insurance and basic life insurance equal to 1x your base annual salary rounded to the next higher \$1,000 at no cost to you.

Contact Human Resources for full benefit plan summaries.

This information is for illustrative purposes only. The text contained in this summary was taken from various plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy the actual plan documents will prevail.

Voluntary Life Insurance

Lincoln Financial Group | www.lfg.com | 1-800-423-2765

You are also eligible to elect Voluntary Life and AD&D Insurance for yourself and your dependents. Enroll in coverage for yourself up to 6x annual earnings. You may also enroll in coverage for your spouse and children if you elect to cover yourself. Premiums for this plan will be deducted from your paycheck.

Employee Assistance Program

Our Employee Assistance Program, Take Time For You (TTFY), offers confidential resources and referral services and is provided to you at no cost by Carteret Health Care. TTFY is available to help employees and their family members resolve problems that affect their personal lives or their job performance. Up to 4 free sessions per year for Appointments may be made by calling Pamela Munoz, MSW, LCSW at 252-622-9310.

