

2021 Benefit Overview

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Benefit Offered/Effective Date/Carrier	Basic Details					Employee Cost 2019	Full Time Benefited*	Part Time Benefited*	Part Time Non- Benefited*	PRN Non- Benefited*
Health Insurance Effective the 1st of the Month Following Hire Date through BCBS - www.bcbsil.com	To review the BCBS network of providers and hospitals, go to www.bcbsil.com and click "Find a Doctor". Be sure to search in the appropriate network when searching - BlueAdvantage HMO, or PPO.					Semi-Monthly (2 times/month) Payroll Deductions				
BlueCross BlueShield of Illinois				Value PPO In Out \$2,500 \$5,000 \$5,000 \$10,000 \$2,500 \$5,000 \$5,000 \$10,000 \$80% 60% \$3,850 \$7,700 \$15,400 Free! 60% after Ded 80% after Ded. 60% after Ded. 80% after Ded. 60% after Ded. 80% after Ded. 60% after Ded 90% after Ded. 80% after Ded. 60% after Ded. 80% after Ded. 60% after Ded 90% after Ded. 80% after Ded. 60% after Ded. Plan Pays 80% after Ded.	100% after Ded. 70% after Ded. 100% after Ded. 70% after Ded. 100% after Ded. 100% after Ded. 70% after Ded. 100% after Ded. 70% after Ded. 100% after Ded. 70% after Ded. 100% after Ded. 20% a	Value BA HMO Employee Only \$35.00 EE+Spouse* \$69.50 EE+Child(ren) \$66.50 Family* \$111.50 PTE** \$74.50 BA HMO Employee Only \$58.50 EE+Child(ren) \$116.50 EE+Spouse* \$116.50 EE+Child(ren) \$111.00 Family* \$187.00 PTE** \$98.00 Value PPO Employee Only \$115.50 EE+Spouse* \$230.00 EE+Child(ren) \$219.00 Family* \$369.00 PTE** \$155.00 HSA PPO Employee Only \$190.00 EE+Spouse* \$379.50 EE+Child(ren) \$364.00 Family* \$364.00 Family* \$570.50 PTE** \$229.50	*	NA	NA	NA
	Vision provider network can be viewed at <u>www.bcbsil.com</u> . Click "Find a Doctor" and then "Find a Vision Provider" at the bottom.					*Spouses eligible for coverageat their employer will pay an extra \$135 per paycheck. ** for premiums to cover dep, please refer to the portal				
Dental Insurance Effective the 1st of the Month Following Hire Date through Guardian Life - www.guardiananytime.com GUARDIAN	Dental PPO or Dental HMO P Deductible (Max 3 per family) Annual Maximum Preventive Services Basic Services Major Services	Dental PPO In Out \$50 \$75 \$1,000 100% 80% 50%	DHMO In Only \$5 Office Visit Copay No Maximum See Copay Schedule See Copay Schedule			Payroll Deductions (2 times/month) Dental PPO Employee Only \$18.70 EE+1 \$33.88 Family \$55.88 Dental HMO Employee Only \$6.78 EE+1 \$11.05 Family \$17.00	✓	✓	NA	NA
Vision Insurance Effective the 1st of the Month Following Hire Date through Guardian Life - www.guardiananytime.com GUARDIAN	In-Networ Copays	Materials Copay Copay Up	Out-of-Network Up to \$52 0 to \$55-125 Max Up to \$105 \$57			Payroll Deductions (2 times/month) Employee \$3.43 EE+1 \$5.85 Family \$9.45	√	✓	NA	NA
Life Insurance Effective the 1st of the Month Following 90 days of Employment through BCBS BlueCross BlueShield of Illinois	Equal to 1x Annual Salary, Rounded to Next Higher \$1k to \$500k*. Benefits are reduced by 50% at age 70. *Guaranteed issuance up to \$400K. Elections over the guaranteed amount require an Evidence of Insurability Form and may be subject to a paramedical exam and/or medical questionnaire sent out the employees' physician.					ct VNA Paid	✓	NA	NA	NA
Supplemental Life Insurance Effective the 1st of the Month Following 90 days of Employment through BCBS BlueCross BlueShield of Illinois	Coverage up to \$150,000 for er amount of \$25,000, \$50,000, \$: Children: Purchase \$5,000 or \$:	Post-tax payroll deductions (2 times/month) based on age & benefit elected.	~	✓	NA	NA				
Long Term Disability Effective the 1st of the Month Following 90 days of Employment through BCBS BlueShield of Illinois	Available after 6 months of continuous disability. 60% up to \$7,500.				VNA Paid	~	NA	NA	NA	

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Short Term Disability Effective the 1st of the Month Following 90 days of Employment through BCBS BlueCross BlueShield of Illinois	May begin the 1st of the month following 90 days from the date of hire and is available to employees working at least 30 hours per week on a regular basis. Benefits for continuous disability for sickness, pregnancy or accidental injuries unrelated to employment may begin on 15th or 31st day, based on which option you select. Benefits are based on 60% of employee's pre-disability earnings up to a maximum of \$1,750 per week. Coverage continues until employee is no longer disabled up to 22 or 24 weeks, when long-term disability insurance coverage begins. Your costs are based on your plan choice, age and salary.	Post-tax payroll deductions (2 times/month) based on age & salary.	√	Eligible only if 30 or More Hours per Week	NA	NA
Critical Illness* Effective the 1st of the Month Following 90 days of Employment through BCBS BlueCross BlueShield of Illnois	Helps cover the unplanned expenses of recovering from a Critical Illness. Critical Illness insurance pays you a cash benefit if you suffer one of the Covered Conditions. The benefits may be used however you choose. *Must meet initial minimum participation requirement.	Post-tax payroll deductions (2 times/month) based on age & benefit elected.	✓	✓	NA	NA
Personal Accident* Effective the 1st of the Month Following 90 Days of Employement through BCBS BlueCross BlueShield of Illinois	Helps you manage some of the financial difficulties that can arise as a result of an accident. Accident Insurance pays benefits for treatments, services or injuries incurred as a result of a covered accident. The accident must occur while the your coverage is in force. The benefits are paid directly to you to use as you wish. *Must meet initial minimum participation requirement.	Post-tax payroll deductions (2 times/month) based on coverage tier elected.	√	✓	NA	NA
Flexible Spending Account (FSA) Effective Day One Of Employment TASC - www.tasconline.com	Pre-tax savings for health (\$2,650 plan year maximum) and/or child care (\$5,000 plan year maximum) expenses. You will be reimbursed by TASC. The amount you choose is "use it or lose it" for the plan year to the end of 1/31.	Pre-tax payroll deductions (2 times/month) based on election amount.	✓	√	NA	NA
Retirement Effective after 1 Year of Employment and 1,000 or more work hours in the calendar year through EPIC Retirement Services - www.abgil.com	Based on Length of Service: 1-5 yrs. =3%, 6 yrs = 4%, 7 yrs = 5%, 8 yrs = 6%, 9 yrs = 7%, 10 yrs = 8%, 11 yrs = 9%, 12 yrs = 10%. Vesting Schedule (Number of years employed): 2 yrs = 20%, 3 yrs. = 40%, 4 yrs. = 60%, 5 yrs = 80%, 6 yrs = 100%.	VNA Paid	√	Eligible only if 1,000 or More Hours per Year	Eligible only if 1,000 or More Hours per Year	Eligible only if 1,000 or More Hours per Year
403(b) Effective 1st of the Month Following Hire Date through EPIC Retirement Services - www.abgil.com	Tax-Deferred account - Employee may invest a portion of current pre-tax income for retirement with the advantage of deferring related federal and state income taxes.	Employee Contribution	√	✓	√	√
Tuition Reimbursement Effective Following 3 Months of Employment through VNA - www.vnahealth.com	100% paid for pre-approved courses (relating to position held at VNA) up to \$1900/yr (based on current budget).	VNA Paid	√	Pro-rated	NA	NA
Paid Time Off (PTO) Effective Accrual after 30 Days of Employment and Can be Approved for Use After 90 Day Evaluation Period through VNA - www.vnahealth.com	PTO is a lump sum number that benefited employees manage for themselves, allowing for greater flexibility. May be used for a variety of reasons including, but not limited to: holidays, vacation, illness, and personal business. Thirty (30) days-1 year=168.75 Hours, 2-3 years=225 Hours, 4-5 years=262.5 Hours, and 5+ years=300 Hours. Presidents and Vice Presidents accrue total hours one year sooner and in the 1st year receive 196.875 Hours.	VNA Paid	✓	Pro-rated	NA	NA
Transportation Effective Day One of Employment for approved Business Mileage through VNA - www.vnahealth.com VNA Health Care	Reimbursement for business mileage available to designated field staff, with manager's approval, at current federal rate.	Reimbursed (2 times/month) based on mileage.	✓	✓	~	✓
Employee Assistance Program (EAP) Effective Day One Of Employment through ComPsych via BCBS BlueCross BlueShield BlueChoss BlueShield BlueCross BlueShield B	Employee benefit program that help employees and their families and provides up to 3 telephone counseling sessions with a licensed professional at no charge.	VNA Paid	✓	✓	NA	NA

Disclaimer: Information presented here is for illustrative purposes only. This summary document is based upon the official plan documents. It is written to be understandable and attempts to be as accurate, and up-to-date a description as possible of your plan benefits. However, it does not include every detail of the official plan documents. In the event that there is any discrepancy between this summary versus the plan document, the actual plan document always governs. All offers of employment are contingent upon passing all VNA hirring requirements: post-offer/pre-employment physical(s) and drug screening; obtaining all required employee documents and required professional references; and passing required tests. Effective 1-1-21 through 12-31-21.

*Note, Classes for Benefit purposes are defined as:

Full Time Benefited: Minimum of 37.5 Hours per Week

Part Time Benefited: Greater than 18.75 Hours per Week - Pro-rated Benefits Based on Hours Worked

Part Time Non-Benefited: Typically Less than 18.75 Hours per Week

PRN Non-Benefited: Typically Less than 18.75 Hours per Week - Number of Hours Worked Based on Staffing Needs; No Set Schedule