

## 2024 Benefit Overview

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Benefit Offered/Effective Date/Carrier	Basic Details					Employee Cost 2024		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 <a href="www.bcbsil.com">www.bcbsil.com</a> and click "Find a Doctor".  Be sure to search in the appropriate network when searching - BlueAdvantage HMO, or PPO.					Semi-Monthly (2 times/month)							
BlueCross BlueShield		BlueAdvantage BlueAdvantage Value HMO HMO In Out In Out In			PPO HSA PPO Out In Out			Payroll Deductions  Value BA HMO Employee Only \$38.00					
of Illinois	Deductible Individual Family "Net" Individual	None Non None Non None Non	None None	\$5,000 \$	\$5,000 \$10,000 \$5,000	\$1,600 \$3,200 \$850	\$4,500 \$9,000 \$4,500	EE+Spouse* EE+Child(ren) Family*	\$76.50 \$72.50 \$122.00				
	Deductible Family Coinsurance Coinsurance Individual	None Non 100% 0% \$0 Non	100% 0% \$0 None	80% \$3,850	\$10,000 60% \$7,700	\$1,700 100% \$0	\$9,000 70% \$15,500	BA HMO	\$85.00				
	Family Preventive Care Office Visit Specialist Visit Emergency Room Outpatient Surgery	\$0 Non No Copay! Non \$50 copay Non \$70 copay Non \$300 copay Non \$300 copay Non	No Copay! None \$25 copay None \$55 copay None \$150 copay None	Free! 60% 80% after Ded. 60% 80% after Ded. 60% 90% after De	\$15,400 6 after Ded. 6 after Ded. 6 after Ded. ed. 6 after Ded.	\$0 Free! 70 100% after Ded. 70 100% after Ded. 70 100% after Ded. 70	0% after Dec 0% after Dec Ded.	Family* PTE**	\$65.00 \$130.50 \$123.50 \$208.50 \$112.00		** PTE working 30		
	Inpatient Hospital	\$750 copay Non (max 3 days) \$8 copay \$35 copay \$75 copay			6 after Ded.	100% after Ded. 70	0% after Dec	Value PPO           Employee Only         \$130.00           EE+Spouse*         \$260.50           EE+Child(ren)         \$247.00           Family*         \$416.50			or more hours per week.	NA	NA NA
	VNA HSA Employee Only Contribution Family	\$150 copay n/a	n/a n/a	n/a		Annual \$750 \$1,500	Monthly \$62.50 \$125.00	PTE**  HSA PPO Employee Only EE+Spouse* EE+Child(ren)	\$177.00 \$211.00 \$422.50 \$404.00				
	As a BCBS member, you also have a vision care discount program available through EyeMed (or Davis Vision). Vision provider network can be viewed at <a href="https://www.bcbsil.com">www.bcbsil.com</a> . Click "Find a Doctor" and then "Find a Vision Provider" at the bottom.						Family* PTE**  *Spouses eligible for employer will pay an paycheck. ** PTE for premiums please refer to the population of the population o	n extra \$140.00 per s to cover dep,					
Dental Insurance Effective the 1st of the Month Following Hire Date through Guardian Life - www.guardiananytime.com	Dental PPO or Dental HMO F  Deductible (Max 3 per family)  Annual Maximum  Preventive Services  Basic Services  Major Services	Plan Options.    Dental PPO						Payroll De (2 times/ Dental PPO Employee Only EE+1 Family Dental HMO Employee Only EE+1 Family		1	<b>~</b>	NA	NA
Vision Insurance Effective the 1st of the Month Following Hire Date through Guardian Life - www.guardiananytime.com GUARDIAN	In-Netwo Copays   \$10 Exam, \$2 Exams   100% afte Lenses   100% afte Contacts   \$130 Ma Frames   \$130 Allo	25 Materials er Copay er Copay lximum	Out-of-Network  Up to \$52  Up to \$55-125 Max  Up to \$120  \$70					Payroll De (2 times/ Employee EE+1 Family		<b>√</b>	<b>√</b>	NA	NA
Life Insurance Effective the 1st of the Month Following 90 days of Employment through BCBS    BlueCross BlueShield   Gillinois	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.					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 employee based on age and election amount. Evidence of insurability may be required. Self: Purchase amount of \$25,000, \$50,000, \$100,000, or \$150,000. Spouse: Purchase up to 50% of the Employee amount to a maximum of \$75,000. Children: Purchase \$10,000 policy. Your premium covers all children.					Post-tax payro (2 times/month) benefit e	based on age &	~	<b>~</b>	NA	NA		
Long Term Disability Effective the 1st of the Month Following 90 days of Employment through BCBS  BlueCross BlueShield of Illinois	Available after 6 months of continuous disability. 60% up to \$7,500.					VNA	Paid	<b>~</b>	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 predisability 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.	<b>√</b>	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 Illinois	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.	Post-tax payroll deductions (2 times/month) based on age & benefit elected.	~	<b>√</b>	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.	Post-tax payroll deductions (2 times/month) based on coverage tier elected.	<b>√</b>	<b>*</b>	NA	NA
Flexible Spending Account (FSA) Effective Day One Of Employment TASC - www.tasconline.com	Pre-tax savings for health (\$3,050 plan year maximum), child care (\$5,000 plan year maximum), and/or commuter (\$3,600) 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.	✓	<b>√</b>	NA	NA
Retirement Effective after 1 Year of Employment and 1,000 or more work hours in the calendar year through EPIC Retirement Services - https://www.epicrps.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	1	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 -https://www.epicrps.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	~	<b>*</b>	<b>√</b>	<b>✓</b>
Tuition Reimbursement and Pathway Program Effective Following 3 Months of Employment through VNA - www.vnahealth.com  VNA Health Care	Tuition Reimbursement: 100% paid for pre-approved courses (relating to a position held at VNA) up to \$5000/yr (based on current budget). The Pathway Program is available for employees seeking to advance their career as a CNA, MA, RN, APN, or DNP. This program provides funding beyond the Tuition Reimbursement benefit. Employees seeking Tuition Reimbursement benefits relating to an Pathway Program career are automatically enrolled in the Pathway Program. Refer to Tuition Reimbursement and Pathway program policies regarding benefit and program requirement details.	VNA Paid	~	Pro-rated	NA	NA
Paid Time Off (PTO)  VNA Health Care	PTO is a lump sum number that employees manage for themselves, allowing for greater flexibility. May be used for any reason including, but not limited to: holidays, vacation, illness, and personal business. Employees (except Hospitalists) hired prior to 1/1/2022: 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. Employees (except Hospitalists) Hired 1/1/2022 and after: Thirty (30) days-1 year=112.50 Hours, 2-3 years=150 Hours, 4-5 years=187.5 Hours, and 5+ years=225 Hours. Presidents and Vice Presidents accrue total hours one year sooner and in the 1st year receive 140.625 Hours. Employees working less than half time and Hospitalists accrue up to Forty (40) Hours of PTO. Refer to the HR-Paid Time Off (PTO) policy for benefit details.	VNA Paid	1	Pro-rated Refer to the policy for details.	Pro-rated Refer to the policy for details.	Pro-rated Refer to the Policy for details.
Transportation Effective Day One of Employment for approved Business Mileage through VNA - www.vnahealth.com	Reimbursement for business mileage available to designated field staff, with manager's approval, at current federal rate.	Reimbursed (2 times/month) based on mileage.	<b>~</b>	<b>√</b>	✓	<b>✓</b>
Employee Assistance Program (EAP) Effective Day One Of Employment through ComPsych via BCBS  BlueCross BlueShield of Illinois	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	✓	<b>√</b>	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 hiring requirements: post-offer/pre-employment physical(s) and drug/alcohol screening; obtaining all required employee documents and required professional references; and passing required tests. Effective 1-1-24 through 12-31-24.

## \*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