Carle Health Full-Time Team Member Benefits

Based upon full-time employment (30+ hours per week).

Time Off and Disability Benefits

Benefit	Eligibility	Description	Team M	ember Cos	t	
Vacation	Begins accruing immediately. Usable after 90 days of employment	Team members working 20 or more hours per week will accrue vacation based on actual hours paid. Vacation can be used after 3 months of employment for time off with pay. Full-time team members (budgeted to work 36 hours or more per week) will receive 6 paid holidays per year and 1 paid personal holiday each year for a day of their choosing.	Yrs of Svc 0-3 yrs 4-9 yrs 10-14 yrs 15-20 yrs 20+ yrs	Hrs per pd 5.23 6.77 7.54 8.31 9.85	Annual Accr 17 days 22 days 24 days 27 days 32 days	Maximum Accr 204.05 hrs 263.95 hrs 293.96 hrs 323.97 hrs 383.95 hrs
Sick Time Off	Begins accruing immediately. Usable after 90 days of employment	Team members working 30 hours or more per week will accrue Wellbeing Time Off hours based on actual hours worked, up to a maximum of 48 hours. Sick Time Off hours may be used after 90 days of employment.		e is .03125 pe 30 hour pay p		maximum of 2.5



Voluntary Aflac Short-Term Disability Insurance	1 st of the month following 30 days of employment	Can purchase coverage for self in increments of \$100 up to a maximum amount (contact Benefits for more information).	\$1.59 per \$100 of coverage per month
Carle Short- Term Disability Benefit	After 6 months of employment	Employer paid policy that provides continued income equal to 60% of your pre-disability salary if you are approved partially or totally disabled after 10 calendar days. This includes off work for procedures, maternity, etc. Team members can supplement vacation time to receive 100% of pay while on approved disability.	Carle Health pays full cost of this benefit.
Long-Term Disability Benefit	After 6 months of employment	Employer paid policy that provides continued income equal to 50% of your pre-disability salary if you are approved partially or totally disabled after 180 days.	Carle Health pays full cost of this benefit.
Paid Parental Leave	After 1 year of employment	Carle Health will provide one week (40 hours maximum) of paid parental leave for full-time team members. This leave can be used intermittently for a birth or adoption, and can be used for up to 3 months following the event.	Carle Health pays full cost of this benefit.

Health, Dental and Vision Benefits

Benefit	Eligibility	Description	Team Member Cost
		PPO – Preferred Provider Option Preventative care (wellness) services covered at 100%. In-network physician office visits are covered at a \$20 copay for Primary Care and a \$40 co-pay for Specialists, deductible does not apply. Most other medical services are covered at 80% coinsurance.	Premium Per Pay Period* Team Member Only \$76.08 Team Member + Spouse/Domestic Partner \$171.34 Team Member + Child(ren) \$144.82 Family \$227.60 * A \$25 per pay period fee will be added for covered team
	Immediate	\$1,000 single/\$3,000 family deductible for in-network services. Larger deductibles and co-insurance apply for out-of-network services.	* Eligible dependents must be verified with proper documentation
Medical (with RX and basic vision)		Prescriptions covered at \$10 generic/\$40 name brand/\$60 non formulary name brand. Coverage includes spouse/domestic partner and dependent children up to age 26.	
Two Choices	Immediate	HDHP – High Deductible Health Plan Preventative care (wellness) services covered at 100%. In-network physician office visits are covered at 20% coinsurance after deductible is met. \$2,000 single/\$4,000 family deductible for in-network services (aggregate deductible). Prescriptions covered after deductible at \$10 generic/\$40 name brand/\$80 non formulary name brand Coverage includes spouse and dependent children up to age 26.	Premium Per Pay Period* Team Member Only \$50.97 Team Member + Spouse/Domestic Partner \$129.12 Team Member + Child(ren) \$104.20 Family \$180.14 * A \$25 per pay period fee will be added for covered employees or dependents who use tobacco products. * Eligible dependents must be verified with proper documentation
Health Savings Account	1 st of the month following employment	Paired with <u>High Deductible Health Plan</u> to save pre-tax dollars for current or future out-of-pocket medical expenses.	Employees can contribute up to \$3,850 (self-only) or \$7,750 (family) per year. Employees between 55 and 65 years of age can contribute up to an additional \$1,000 per year.
Flexible Spending Accounts (FSA)	1 st of the month following employment	Ability to pay for out-of-pocket health care and/or day care or dependent care expenses with pre-tax dollars.	Annual Maximums subject to IRS limits

Dental	Immediate	Standard Dental Plan Preventative services covered at 100% (exams, x-rays cleanings). \$50 single/\$150 family deductible applies for general and major services. Coverage includes spouse/domestic partner and dependent children up to the age of 26. Orthodontics for children under the age of 25 covered with a lifetime maximum of \$1,500.	Premium Per Pay Period Team Member Only Team Member + Spouse/Domestic Partner Team Member + Child(ren) Family *Eligible dependents must be verified with production	\$8.84 \$17.69 \$16.86 \$25.71
Two Choices	Immediate	Enhanced Dental Plan Preventative services covered at 100% (exams, x-rays cleanings). \$50 single/\$150 family deductible applies for general and major services. Coverage includes spouse/domestic partner and dependent children up to the age of 26. Orthodontics for children under the age of 25 covered with a lifetime maximum of \$3,000.	Premium Per Pay Period Team Member Only Team Member + Spouse/Domestic Partner Team Member + Child(ren) Family *Eligible dependents must be verified with prodocumentation	\$12.60 \$25.21 \$24.03 \$36.64
EyeMed Supplemental Vision	1 st of the month following employment	Additional coverage available for an added premium. The EyeMed Select Network allows you to see In-Network Providers (i.e. LensCrafters, Target Optical, All About Eyes) for services such as exams, contact lens fit and follow-up, and frames.	Premium Per Pay Period Team Member Only Team Member + Spouse/Domestic Partner Team Member + Child(ren) Family	\$4.14 \$9.81 \$9.81 \$9.81

Retirement

Benefit	Eligibility	Description	Team Member Cost
Retirement Plans Three Features	Immediate team member deferrals	401(k)/403(b) Plan A pre-tax contribution by the participant that grows tax-deferred in a defined contribution plan (subject to annually published limitations). Eligible participants can defer immediately up to 95% per pay subject to IRS limitations. Roth 401(k)/403(b) An after-tax contribution by the participant that grows tax-deferred in a defined contribution plan (subject to annually published limitations). Eligible participants can defer immediately up to 95% per pay subject to IRS limitations.	No cost to team members. If no action is taken, team members will be auto-enrolled at 3% pretax contribution per pay period after 30 days of employment, and auto-escalated at 1% increase in pre-tax contributions each year up to a maximum of 6% unless opted out.
	Begins the next January 1 or July 1 after a team member has 1 year of employment, 500 hours and is at least age 21.	Employer Match Carle Health matches up to 2% of each team member's eligible contribution, per pay period, up to the IRS compensation maximum. Eligible participants must be deferring at least 1% of pay in the 401(k)/403(b) for the match to be effective. The contribution has immediate vesting.	Carle Health pays the cost of this benefit.
	Must be 21, have 2 years of service and 500 hours at January 1 or July 1 of the plan year.	Employer Discretionary Annual Contribution Carle Health may contribute up to 5% of eligible compensation. Current law places a limit on annual compensation that may be counted for retirement plan contributions. An array of investment funds is available for selection. If you do not elect an investment option, a default option will be chosen based on your birth year and expected retirement date. Distributions and gains on participant's accounts are taxable in the year in which they are received in accordance with the Internal Revenue Code.	Carle Health pays the cost of this benefit.

Additional Benefits

Benefit	Eligibility	Description	Team Member Cost
Voluntary Benefits	1 st of the month following employment	Includes Critical Illness Insurance, Accidental Injury Insurance, Hospital Indemnity, Legal Services, Norton- LifeLock Identity Theft Protection with Antivirus, and AFLAC Voluntary Short-Term Disability. Auto, Home and Pet Insurance Discounts are also offered.	Premiums vary
Basic Life Insurance	1 st of the month following employment	Employer paid coverage = 1x base annual pay, up to \$1,000,000.	N/A — Carle Health pays full cost of this benefit.
Supplemental Life Insurance	1 st of the month following employment	Can purchase up to 4x Basic Annual Earnings in increments of \$10,000 to a maximum of 5x Basic Annual Earnings or \$1,000,000 for both Basic and Supplemental Life combined.	Rates per \$1,000/month Up to age: 30: \$0.04
Spouse / Domestic Partner Supplemental Life Insurance	1 st of the month after employment	Can purchase coverage in increments of \$1,000 starting at a minimum of \$5,000 and a maximum benefit of \$50,000. Rates are based on your spouse or domestic partner's age	Rates per \$1,000/month Up to age: 25: \$0.055
Dependent Supplemental Life insurance	1 st of the month after employment	Can purchase coverage of in the amounts of \$5,000, \$10,000, or \$15,000 for your child(ren) under the age of 21 with no limits on the number of dependents covered. Rates are based on the dollar amount of coverage selected.	Rates \$5,000: \$0.05 per pay period* \$10,000: \$0.10 per pay period* \$15,000: \$0.15 per pay period* *Rates are per dependent regardless of the number of dependents covered

Well-Being

Benefit	Eligibility	Description	Team Member Cost
Employee Assistance Program (EAP)	Immediate	Free counseling and support services for you and your household members.	Carle Health pays the cost of this benefit.
Adoption Assistance	After 1 year of employment	Carle Health will pay up to \$5,000 after placement is final for eligible adoption expenses including licensed adoption agency and legal fees.	Carle Health pays the cost of this benefit.
Tuition Reimbursemen t	After 6 months of employment	\$5,250 yearly for all full-time nursing and Methodist College degrees, eligible upon hire. \$4,000 yearly for all non-nursing clinical degrees, eligible after 6 months of employment. \$2,000, for all other degrees, eligible after 6 months of employment.	Carle Health pays the cost of this benefit.
Discounts	Immediate	Carle Health offers many discounts including: Cafeteria – Cafeteria discounts vary by location. Carle Hearing Services – 20% discount on hearing aids Carle Medical Supply – 20% discount Carle Optical Shop – 50% discount on frames/lenses, 25% discount on contact lenses Cell Phone Discounts – discounts on Verizon, Sprint, and AT&T plans (see website for specific amounts) PerkSpot – only discount program free for employees that includes local and national vendors The Caring Place – 10% discount on services Other discounts available online via CLICK > Human Resources > Employee Discounts!	Carle Health provides these benefits at no cost.
Employee Events	All Team Members	Employees can participate in events throughout the year such as employment anniversaries, Employee Appreciate Week, holiday meals, Turkey Toss, and department events.	Carle Health provides these benefits at no cost.