South Peninsula Hospital

BASIC BENEFITS PROVIDED TO SOUTH PENINSULA HOSPITAL EMPLOYEES

1. Our **HEALTH PLAN** includes Medical, Dental and Vision, and is a self-funded plan with voluntary participation. Members can choose to participate in one, two or all three tiers (Medical, Dental, Vision). Your plan options are the Core Plan or the Buy Up Plan. The following services are determined by the plan you choose:
   - Deductibles
   - Covered Medical Services
   - Out of Pocket Maximums
   - SPH outpatient and inpatient care
   - Prescription drug coverage

   SPH Dental and Vision Plans are covered as follows:
   - **Dental.** There is a $100.00 deductible per person up to (3) family members ($300.00). The dental deductible does not apply toward prophylactic services.
   - **Vision** services are paid as follows: 1 paid vision exam every 2 years up to a maximum of $100.00 and a total reimbursement of $400.00 every 2 years to cover all other vision services. There is no deductible for vision coverage.

Free to eligible health plan participants:

Preventive Care (Routine Well Care, See SPH SPD)
Birth Control Medications
Diabetic Consultation and Education
Dental Prophylactic services
"Choose Health" online wellness tracking

*** **See Health Insurance Premium Schedule to determine health insurance costs. Premiums are deducted bi-weekly beginning the month of benefits eligibility.**

Requirements: Status of 1.0 FTE to no less than a .50 FTE (.45 FTE if a 12-hr scheduled employee) and successful completion of your probationary period.

2. **LIFE INSURANCE** and **ACCIDENTAL DEATH AND DISMEMBERMENT** are provided at no cost to the employee. There are two (2) plans. One plan will remain at $5,000.00 for as long as you are an eligible employee of SPH. The other plan valuation is based on your annual earnings rounded to the next higher $5,000.00, to a maximum of $200,000.00. Spouse and children (older than 6 months), are covered for $1,000.00 in the event of their death.

Requirements: Status of 1.0 FTE to no less than a .50 FTE (.45 FTE if a 12-hr scheduled employee) and successful completion of your probationary period.

3. **LONG TERM DISABILITY** provides coverage against being disabled for longer than a period of six (6) months. This is without cost to the employee. The plan will provide a payment to you equal to 60% of your normal gross earnings per month if you are disabled while an employee of South Peninsula Hospital.

Requirements: Status of 1.0 FTE to no less than a .50 FTE (.45 FTE if a 12-hr scheduled employee) and successful completion of your probationary period.

4. **PERSONAL TIME OFF (PTO)** begins accruing upon calculation of a regular employee's first paycheck. PTO may not be used until completion of the employee's first 480 hours of successful employment. PTO is earned based on the number of hours worked; with an accrual no less than an employee's designated FTE. PTO cap is 400 hours. See attached for rates at which PTO is earned.

PTO USE : Each regular employee covered under this Agreement may use accrued paid time off in increments of not less than fifteen (15) minutes which must be scheduled with the consent of the Employer. Approval for use of PTO is contingent on a reasonable expectation that the employee will have sufficient PTO accrued to cover the absence. All personal leave hours shall be paid at the regular employee's base rate of pay.

Requirements: Status of 1.0 FTE to no less than a .50 FTE (.45 FTE if a 12-hr scheduled employee) and successful completion of your probationary period.

HOLIDAYS. The following holidays are observed:

New Year's Day - January 1
Memorial Day - Last Monday in May
Independence Day - July 4
Labor Day - First Monday in September
Veteran's Day - November 11
Thanksgiving - Fourth Thursday in November
Christmas Day - December 25

5. **SICK LEAVE** is earned at a rate equal to .030768 times the hours regularly scheduled to be worked for regular full-time employees and all hours actually worked or equivalent to regular part-time employees designated FTE. Sick leave begins accruing upon calculation of a regular employee's first paycheck. Sick leave may not be used until completion of the employee's first 480 hours successful employment. This bank is to be used for illness or injury. For the first 16 hours of work missed because of sickness or accident, employees will be required to use PTO, any days missed thereafter sick leave will be used. For absence due to hospitalization, elective outpatient surgery, or on-the-job injury (Workers' Compensation) or an infectious disease, sick leave will be paid beginning with the first 8 hours of work missed. After the employee uses eight (8) hours of PTO for absence due to an infectious disease as described in the "Employee Infection" policy, HW-01-103. The bank cap is 400 hours.

6. **EXTENDED ILLNESS BANK (EIB)** is a benefit for those employees who have accrued hours beyond the 400 hour cap of their sick leave bank. Once the cap is reached, additional sick leave hours will accrue to the individual employee's EIB. The accrual rate will match the accrual rate of regular sick leave.

The EIB may be accessed for an extended illness or injury when an employee depletes his/her sick leave bank and PTO hours. However, prior to use of the EIB, the employee may choose to retain a maximum balance of forty (40) hours in his/her PTO bank. Employees may also opt to transfer PTO hours, beyond the one hundred twenty (120) minimum to their individual EIB. Transferred hours shall lose their cash value.

Requirements: Be an employee of SPH

7. **NON-VOLUNTARY 403(b) RETIREMENT PLAN**:
Provides for an employer contribution plus a dollar for dollar match of elective deferrals. Your employee status will determine which plan you are eligible for.

Requirements: 1000 hours of work per year and be at least age 19

VOLUNTARY 403(b) (Non-Profit Hospital) RETIREMENT PLAN:
All Employees may enjoy the benefits of a retirement savings account that can be contributed to every pay period. The money is taken from your check prior to taxes being calculated. Your Federal Taxes are based on the remaining dollars in your paycheck.

Requirements: Be an employee of SPH

8. A **401K PLAN**, an employee only contribution plan is available through the Teamsters Local 959 for bargaining unit members. There is a $1.00 monthly administrative fee that is paid by the hospital. More information available from your Union local.

Requirements: Teamster's 959 member

9. Participation in a **FLEXIBLE SPENDING ACCOUNT** will insure that your health premiums are deducted from your paycheck with pretax dollars (before your federal taxes are calculated). There is also the availability to deduct out of pocket medical expenses (deductibles, co-pays and some non-covered services) as well as supplemental life insurance and child care from your paycheck before Federal Tax is calculated. All employees who are eligible for benefits must enroll or decline participation in the **Flexible Spending Account**. Annual enrollment is conducted each November for the following plan year.

Requirements: Be an employee of South Peninsula Hospital who is eligible for benefits.

10. To encourage a healthy lifestyle South Peninsula Hospital has adopted a **Wellness Program**. The following programs are available to eligible employees as 50% co-payment up to a maximum of $400.00 reimbursement per calendar year. Listed below are some examples:

Requirements: Be an employee at South Peninsula Hospital.

- Membership or participation fees for an approved weight loss or control program when done in conjunction with a Nutrition consultation
- Smoking cessation clinic
- Nutrition consultation or participation in CHIP's (Complete Health Improvement Plan)
- Exercise/fitness program or class: Yoga, Zumba, Pilates, basketball, soccer, volleyball, high school walking punch card, High School weight room punch card
- Swimming punch card at Homer High School pool
- Health Club membership fees: Bay Club Fitness Center, AK Training Room
- Hockey or Ice skate punch card
- Physical Therapy Facility usage at SPH **(monthly fee of $20 for unlimited use)**.
- Exercise equipment which provides cardiovascular/total body workout, purchased from a retail outlet.
- Light Therapy Box (white light with illuminance of 10,000 lux)

The following are **not** covered under the Wellness Program: reimbursement for exercise equipment purchases, massage therapy, rolfing, or any other alternative health therapies (some alternative therapies may be covered through your Flexible Spending Account with an order from a healthcare provider).

Your hospital contacts for benefits are: Loretta Marx, Human Resources Analyst, 235-0385.