

Lightways

Hospice and Serious Illness Care



Employee Benefit Summary

Employee Assistance Program

- (EAP) Company - sponsored resource that helps with life challenges
- Guardian provides confidential, professional counseling for personal work-related concerns

Identity Protection Service

- Daily credit bureau monitoring
- Annual credit bureau score
- Score Tracker

Paid Time Off (PTO)

- Full & Part time eligible
- Based on hours worked and length of service (example) full time new hire annualized 40-hour work week
- 17 paid days

Floating Holiday

- (1) company paid day
- Accrual starts 1/1 annually
- Must be used within the calendar year

Spark Day

- (1) company paid day
- All Lightways employees are eligible to receive a Spark Day
- Spark day is given to employees celebrating 1 years, 3 years, 5 years, 10 years, 20 years, 25 years (and every 5 years thereafter)

Observed Company Paid Holidays

All employees regularly scheduled to work between 72-80 hours per pay period

- New Year's Day
- Memorial Day
- Fourth of July
- Labor Day
- Thanksgiving Day
- Christmas Day

Bereavement Leave

- Full-time employee
- Part-Time PTO eligible employee
- Event of the death immediate family member up to (3) calendar days granted
- Event of the death extended immediate family member up to (1) calendar days granted

Education Reimbursement

- Full time regular employee (6) months service
- Job related courses up to \$1,500.00
- Seminars up \$300.00
- Bertrand Scholarship (application process)

401(K) Plan

- Retirement saving available through Roth or pre-tax payroll deductions
- First 3% matched dollar for dollar
- Next 2% matched .50 cent on the dollar
- Eligible upon hire entry available next quarter after hire date.
- Contact Tracey Haack by email at thaack@lightways.org with any questions regarding the 401(K) plan

Lightways



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Employee Insurance Benefit Summary

Medical – coverage through United Healthcare with four (4) different plan options; PPO's, HMO & Health Saving Account.

BENEFIT

Medical

EE \$31.24
EE + SP \$299.47
EE + CH \$59.37
EE + Fam \$329.01

EE \$47.09
EE + SP \$262.95
EE + CH \$86.80
EE + Fam \$377.16

EE \$99.68
EE + SP \$373.40
EE + CH \$117.26
EE + Fam \$536.01

EE \$18.16
EE + SP \$202.20
EE + CH \$37.04
EE + Fam \$289.78

United Healthcare

Nexus OAP

Individual 2,000/5,000
Family 4,000/ 10,000
Individual max 5,000/10,000
Family 10,000/20,0000
Copay \$0 Copay children under 19
\$10 Tier 1 \$40 Tier 2
Out Network 30%
Coinsurance Network Tier 10%
Coinsurance Out Network 30%

Nexus OAP H.S.A Non-Embedded

Individual 2,000/6,000
Family 4,000/ 12,000
Individual max 3,000/12,000
Family 6,000/24,0000
Copay \$0 Tier 1
Coinsurance Network Tier 2 20%
Coinsurance Out Network 30%

Nexus OAP

Individual 500/5,000
Family 1,000/ 10,000
Individual max 4,000/10,000
Family 8,000/20,0000
Copay \$10 Tier 1
Out of Network 30%
Coinsurance Network Tier 1 0% after deductible
Coinsurance Network Tier 2 20% after deductible

United Healthcare HMO

Individual 5,000
Family 10,000
Individual max 6350
Family 12,700
Copay \$0 Copay children under 19
\$30
Coinsurance 0% after deductible

Dental

BENEFIT

Dental

EE \$6.06
EE + SP \$17.44
EE + CH \$19.22
EE + Fam \$32.19

Vision

BENEFIT

Vision

EE \$3.46
EE + SP \$6.55
EE + Child(ren) \$6.89
EE + Fam \$10.14

Accident Insurance

BENEFIT

Accident

EE \$5.54
EE + SP \$9.23
EE + CH \$10.62
EE + Fam \$14.31

Critical Illness Insurance

BENEFIT

Critical Illness

Starting at \$10,000

EE 0-29 \$2.95
EE 30-39 \$4.29
EE 40-49 \$8.03
EE 50-59 \$14.40
EE 60-69 \$20.77
EE 70+ \$20.77

Hospital Indemnity

BENEFIT

Hospital Indemnity

EE \$9.94
EE + SP 17.61
EE + CH \$15.37
EE + Fam \$23.05

Life Insurance

Guardian

Deductible In/Out network
Individual 50/50
Family 150/150
Calendar year max \$1,250

Guardian - Network VSP

\$10 In-Network Copay
\$25 Copay on Lenses
\$150 Frame retail max

20% remaining balance

Guardian - Network VSP

Guardian - Network VSP

Age Determination Factors

Children
Included with EE Election

Guardian - Network VSP

Guardian

1X salary up to \$100,000

Voluntary Life Insurance / AD&D

Guardian

Employee \$10,000 and \$500,000
Per rate age bands
Children \$0.217 per \$1,000

Short Term Dependent Care Flexible Savings Account

Guardian

Percent of weekly earnings 66 2/3%
Max per week \$1,500

Long Term Disability Insurance

Employer Contribution 100%

Guardian

Employer Contribution 100% Percent of monthly earnings 60%

Flex Spending Account

EE Contributes

\$3,300 Annual Maximum per year

Dependent Care Flexible Savings Account

EE Contributes

\$5,000 Annual Maximum per year
\$2,500 if married or filling separately

Health Saving Account

EE Contributes

Self only: \$4,300
Family: \$8,550

Pet Insurance

Billed direct from Metlife