

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

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Employee Insurance Benefit Summary

Medical – coverage through Blue Cross Blue Shield of IL with four (4) different plan options; PPO's, HMO & Health Saving Account.

BENEFIT

Medical

EE \$58.58
EE + SP \$248.90
EE + CH \$77.33
EE + Fam \$349.71

EE \$50.88
EE + SP \$278.16
EE + CH \$106.29
EE + Fam \$393.75

EE \$118.38
EE + SP \$392.60
EE + CH \$196.33
EE + Fam \$555.79

EE \$36.26
EE + SP \$221.21
EE + CH \$56.52
EE + Fam \$308.44

Blue Cross Blue Shield

MIBCO5005 PPO

Individual \$2,000/\$4,000
Family \$8,000/ \$16,000
Individual max
\$4,500/\$6,500 Family
10,000/20,0000
Copay \$35 Tier 1
Out of Network 50%
Coinsurance Network Tier 1 10% after deductible
Coinsurance Network Tier 2 30% after deductible

MICOE4065 H.S.A

Individual \$3,500/\$4,600
Family \$10,500/\$13,800
Individual max
\$3,500/\$6,500 Family
\$10,500/\$14,000
Copay \$0 Tier 1
Coinsurance Network Tier 2 20%
Coinsurance Out Network 40%

MIBCO2005 PPO

Individual
\$750/\$1,750
Family
\$2,250/\$5,250
Individual max \$4,500/\$6,100
Family \$9,000/\$12,200
Copay \$25 Tier 1
Out of Network 50%
Coinsurance Network Tier 1 10% after deductible
Coinsurance Network Tier 2 20% after deductible

MIBAV4015 HMO

Individual \$0
Family \$0
Individual max \$6500
Family \$13,000
Copay \$25

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+ \$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

Guardian

Age Determination Factors

Children
Included with EE Election

Guardian

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 Disability Insurance

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

\$3,400 Annual Maximum per year

Dependent Care Flexible Savings Account

EE Contributes

\$7,500 Annual Maximum per year
\$3,750 if married or filling separately

Health Saving Account

EE Contributes

Self only: \$4,400
Family: \$8,750

Pet Insurance

Billed direct from Metlife