



2019 Benefit Summary



We strive to provide our employees with benefits that are comprehensive and enable them to get healthy and stay healthy.

The text contained in this Guide was taken from various summary plan descriptions and benefit information. In case of a discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act (HIPAA) of 1996. If you have any questions about your Guide, contact Human Resources.



Contact Information

Please refer to the list below when contacting one of the benefit vendors.

For general information contact Human Resources.



Health Plans, Inc.: Medical Insurance & HRA

888-335-9400

www.healthplansinc.com



Northeast Delta Dental: Dental Insurance

800-537-1715

www.nedelta.com



UNUM: Life Insurance & Disability Insurance

800-635-5597

www.unum.com



Assist America Inc.: Employee Travel Assistance Program

800-872-1414 (In the US, its territories, Canada & Bermuda)

609-986-1234 (Outside of the US)

email -medservices@assistamerica.com



ADP Retirement Services: Retirement Plan

800-695-7526

www.mykplan.com



ComPsych: Employee Assistance Program (EAP)

800- 460-4374(TDD) 800-697-0353

guidanceresources.com (Web ID: EAPEssential)



Health Advocate

866-695-8622

www.healthadvocate.com



Legal Shield- Voluntary Legal Protection

Cris Nicole

510-229-7988

crisinnicole@legalshieldassociate.com

www.legalshield.com/info/gracecottage



Nationwide: Voluntary Pet Insurance

877-738-7874

<http://www.petinsurance.com/gracecottage>



Employee Benefits Center & Enrollment

Employee Benefit Center (EBC)

This site has been created to provide you with an efficient way to obtain information and answers to your questions regarding your employee benefit plans on a 24/7 basis.

Your benefits are an important part of your total compensation, so we invite you to familiarize yourself with details of these plans and encourage you to seek clarification when necessary. Our goal is to empower you through the EBC tool to meet your specific needs, as well as enhance your understanding of our benefit programs. Specifically, you will have access to the various benefit summaries, SBC's, plan documents, forms, and links to important sites.

We understand that our people (you) are our most valuable resource. Therefore, we are committed to providing you with the richest and most cost-effective benefits programs possible. Should you have any questions regarding your benefits or any other component of your employment with us, we invite you to contact our Human Resources (HR) Department at (802) 365-3605 or (802) 365-3632.

To learn more about the benefits programs Grace Cottage has to offer please Visit:

<http://ebc.ubabenefits.com/gracecottagehospital>

Username: **gracecottage**

Password: **benefits**



Whether you are enrolling in benefits for the first time, processing a life event, or updating your demographic information, you can access our self-service online enrollment system by logging onto bswift located at www.gracecottage.bswift.com.

Once on the website, you will find the username and password requirements listed right there on the login screen.

This site can be accessed from anywhere and at any time of day for your convenience!

There will also be a direct link on the "Online Enrollment" tab on the EBC.

Even if you choose to not enroll in any benefit plans, you will need to log on to waive your coverage.

Human Resources is available to help you understand your benefits & to provide assistance with your enrollment.



Medical Coverage

Grace Cottage Hospital is pleased to offer their full time employees (30+ hours per week) and part time employees (20-29 hours per week) 3 plan choices through Health Plans, Inc. An employee is eligible to participate on the first day of the month following one month of employment.



Grace Cottage

Effective 1/1/2018

		Platinum Plan	Gold Plan	Silver Plan
Deductible & Out-of-Pocket				
Annual Deductible	Individual	\$6,450	\$6,450	\$6,450
	Family	\$12,900	\$12,900	\$12,900
Annual HRA Contribution	Individual	\$4,000	\$3,000	\$1,400
	Family	\$8,000	\$6,000	\$2,800
Annual Out of Pocket after HRA	Individual	\$2,450	\$3,450	\$5,050
	Family	\$4,900	\$6,900	\$10,100
Hospital Services				
Inpatient Hospital Charges		100% after deductible	100% after deductible	100% after deductible
Outpatient Hospital Charges		100% after deductible	100% after deductible	100% after deductible
Outpatient Other		100% after deductible	100% after deductible	100% after deductible
Preventive Care Services:				
Routine Physical Exams		100%	100%	100%
Routine Well Child Care		100%	100%	100%
Routine Pap Smear		100%	100%	100%
Routine Mammograms		100%	100%	100%
Routine Colonoscopies		100%	100%	100%
Physician Services – including but not limited to:				
Physician Inpatient Visits		100% after deductible	100% after deductible	100% after deductible
Office Visits - Primary Care		100% after deductible	100% after deductible	100% after deductible
Office Visits - Specialty Care		100% after deductible	100% after deductible	100% after deductible
Telemedicine (Doctors on Demand)		100% after deductible	100% after deductible	100% after deductible
Allergy Testing		100% after deductible	100% after deductible	100% after deductible
Chiropractic Care (prior approval required after 12 visits)		100% after deductible	100% after deductible	100% after deductible
Diagnostic Lab Tests and X-Rays		100% after deductible	100% after deductible	100% after deductible
MRI/CAT/PET Scans		100% after deductible	100% after deductible	100% after deductible
Emergency Room Visits		100% after deductible	100% after deductible	100% after deductible
Maternity Services				
Physicians Visit		100% after deductible	100% after deductible	100% after deductible
Hospital Services		100% after deductible	100% after deductible	100% after deductible
Other Services				
Ambulance		100% after deductible	100% after deductible	100% after deductible
Skilled Nursing Facility		100% after deductible	100% after deductible	100% after deductible
Home Health Care/ Hospice Care		100% after deductible	100% after deductible	100% after deductible
Durable Medical Equipment (up to plan year maximums)		100% after deductible	100% after deductible	100% after deductible
Physical Therapy/Occupational Therapy/Speech Therapy (Combined 30 visits per member per calendar year)		100% after deductible	100% after deductible	100% after deductible
Second Surgical Opinion		100% after deductible	100% after deductible	100% after deductible
Urgent Care		100% after deductible	100% after deductible	100% after deductible
Vision Exam (one exam per member per year)		\$20 copay then 100% deductible waived	\$20 copay then 100% deductible waived	\$20 copay then 100% deductible waived
Routine Eyewear (up to \$200 per person per calendar year)		100% after deductible	100% after deductible	100% after deductible
Mental Health & Substance Abuse Services				
Inpatient		100% after deductible	100% after deductible	100% after deductible
Outpatient		100% after deductible	100% after deductible	100% after deductible
Office Visit		100% after deductible	100% after deductible	100% after deductible
Prescription Drug Benefit: Express Scripts				
Prescription Drug Out of Pocket Maximums:			Single: \$1,300	Family: \$2,600
Retail / Mail Order:		All prescriptions are covered at 100% once the deductible has been met		
Wellness Drugs:		100% deductible waived	100% deductible waived	100% deductible waived

Unlimited Lifetime Maximum

Medical - Dental - Vision - Disability - Life/AD&D - Retirement - Wellness - Travel Assistance Program - Legal Shield - Health Advocate - Discounts



Doctor On Demand

See a doctor now,
wherever you are



It's fast and easy

- Quickly connect with a doctor on your computer or mobile device—the average wait time is only two minutes
- No need to wait to schedule an appointment
- Pay only your office visit/PCP-level cost share
- Referrals are not required
- Paperless prescriptions are sent directly to your pharmacy

Top Medical Issues Treated

Doctors can diagnose, treat and write prescriptions for many conditions including:

- Children's health
- Coughs/Colds
- Sore/Strep throat
- Flu
- Pediatric issues
- Sinus and allergies
- Nausea/diarrhea
- Rashes and skin issues
- Women's health
- Sports injuries
- Eye issues

How it works

1. Download the app on your mobile device or access doctorondemand.com.
2. Create your account and enter insurance and pre-consult information.
3. Complete a questionnaire of current symptoms and medical history.
4. Pay cost-share via app or website.
5. Consult with a Doctor On Demand board certified provider.
6. Receive email follow up after the visit to share with your PCP, or request that it be sent directly to your PCP.



or Web Video Visits at
doctorondemand.com/health-plans-inc

Have questions? Contact Customer Service at **800-532-7575**,
Monday through Friday, from 8:00am to 5:00 pm (ET).



HealthPlansInc.com

HPI is a Harvard Pilgrim company

The copay portion of the telemedicine claim will go to the HRA, just like any other claim.



2019 Full-Time Rates (30+ hours)

Annual Wages < Than 35K

Semi-Monthly Paycheck Cost	Platinum	Gold	Silver	Wellness Credit
Employee Only	\$56.47	\$33.22	\$21.02	\$11.29
EE + Spouse	\$90.35	\$53.14	\$33.63	\$11.29
EE + Child(ren)	\$79.06	\$46.50	\$29.43	\$11.29
Family	\$141.18	\$83.04	\$52.55	\$11.29

Annual Wages 35-70K

Semi-Monthly Paycheck Cost	Platinum	Gold	Silver	Wellness Credit
Employee Only	\$80.49	\$57.23	\$45.04	\$16.10
EE + Spouse	\$128.78	\$91.56	\$72.05	\$16.10
EE + Child(ren)	\$112.68	\$80.12	\$63.05	\$16.10
Family	\$201.21	\$143.06	\$112.58	\$16.10

Annual Wages > 70K

Semi-Monthly Paycheck Cost	Platinum	Gold	Silver	Wellness Credit
Employee Only	\$104.50	\$81.24	\$69.05	\$20.90
EE + Spouse	\$167.18	\$129.97	\$110.47	\$20.90
EE + Child(ren)	\$146.29	\$113.73	\$96.66	\$20.90
Family	\$261.24	\$203.09	\$172.61	\$20.90



2019 Part-Time Rates (20-29 hours)

Annual Wages < Than 35K

Semi-Monthly Paycheck Cost	Platinum	Gold	Silver	Wellness Credit
Employee Only	\$84.71	\$49.82	\$31.54	\$16.94
EE + Spouse	\$135.53	\$79.71	\$50.45	\$16.94
EE + Child(ren)	\$118.59	\$69.75	\$44.15	\$16.94
Family	\$211.77	\$124.55	\$78.83	\$16.94

Annual Wages 35-70K

Semi-Monthly Paycheck Cost	Platinum	Gold	Silver	Wellness Credit
Employee Only	\$120.73	\$85.84	\$67.55	\$24.15
EE + Spouse	\$193.16	\$137.34	\$108.08	\$24.15
EE + Child(ren)	\$169.01	\$120.18	\$94.57	\$24.15
Family	\$301.81	\$214.60	\$168.87	\$24.15

Annual Wages > 70K

Semi-Monthly Paycheck Cost	Platinum	Gold	Silver	Wellness Credit
Employee Only	\$156.75	\$121.86	\$103.57	\$31.35
EE + Spouse	\$250.79	\$194.96	\$165.71	\$31.35
EE + Child(ren)	\$219.44	\$170.60	\$145.00	\$31.35
Family	\$391.86	\$304.64	\$258.92	\$31.35



Dental & Vision Discount Program

Grace Cottage Hospital offers dental coverage to all full time employees working more than 32 hours per week. An employee is eligible to participate on the first day of the month following one month of employment.



Diagnostic / Preventative (Coverage A)	Basic (Coverage B)	Major (Coverage C)
Calendar Year Maximum: \$1,500 per person (Coverage A, B and C combined)		
Covered at 100%	Covered at 90%	Covered at 50%
Waiting Period: None	Waiting Period: None	Waiting Period: 6 months after enrollment in the plan
Oral Exams Cleanings (once in any consecutive six-month period) Routine & Non-routine X-rays Fluoride Application Sealants Space Maintainers (for non-orthodontic treatment)	Fillings Extractions & covered surgical procedures Anesthetics Periodontics Root Canal Therapy/Endodontics Repairs to Dentures Minor emergency treatment	Crowns Onlays Dentures Implants
<p>Services listed may be up to a pre-determined limit based upon the policy language. Please refer to your plan documents for a more detailed description of coverage.</p>		



Vision Discount Program

Through your Delta Dental enrollment you also receive Vision Discounts at participating providers.

Some discounts include:

- \$5 off comprehensive exam
- \$10 off contact lens exam
- 15% off retail price of contact lenses
- 30% off price of frames

Some participating providers include:

- LensCrafters
- Pearle Vision
- Sears Optical
- Target Optical

For more detailed information, please refer to your Employee Benefits Center.



2019 Contributions, Costs & Rates

Dental Plan



Semi-Monthly Paycheck Cost

Employee Only	EE+ Spouse	EE + Child(ren)	Family
\$0.00	\$21.15	\$23.78	\$44.04





Health Advocate

HealthAdvocate™

Help is Only a Phone Call Away

Introducing Health Advocacy

This helpful guide provides an overview of Health Advocate and its many services. If you have questions or need assistance, **simply call the toll-free number for prompt support.**

We are here to help you:

During your first call, you will be assigned a Personal Health Advocate who will begin helping you right away.

Personal Health Advocates are typically registered nurses, supported by medical directors and benefits and claims specialists. They'll help cut through the red tape and assist with complex conditions, find specialists, address eldercare issues, clarify insurance coverage, work on claim denials, help negotiate fees for non-covered services **and get to the heart of your issue.**

Get Started Today!



866.695.8622

Who is covered? Health Advocacy is available to eligible employees, their spouses or domestic partners, dependent children, parents and parents-in-law.



How We Can Help

Don't know where to turn?

We point the way.



- **Find the right doctors**, dentists, specialists and other providers
- **Schedule appointments**; arrange for special treatments and tests
- **Answer questions** about test results, treatments and medications

Confused by health insurance?

We cut through the red tape.



- **Clarify benefits**; uncover billing errors
- **Get to the bottom of coverage denials**
- **Get appropriate approvals** for covered services

Want to save on healthcare costs?

We help find solutions.



- **Find options** for non-covered services
- **Negotiate payment arrangements** with providers
- **Provide information** about generic drug options

Need eldercare services?

We're there for you.



- **Find in-home care**, adult day care, assisted living and long-term care
- **Clarify Medicare**, Medicare Supplement plans and Medicaid
- **Research transportation** to appointments

We Save You Time, Money and Worry!

You must be enrolled in one of the offered medical plan's in order to qualify for this benefit.












HAVE YOU EVER?

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Needed your Will prepared or updated <input type="checkbox"/> Been overcharged for a repair or paid an unfair bill <input type="checkbox"/> Had trouble with a warranty or defective product <input type="checkbox"/> Signed a contract <input type="checkbox"/> Received a moving traffic violation <input type="checkbox"/> Had concerns regarding child support | <ul style="list-style-type: none"> <input type="checkbox"/> Worried about being a victim of Identity theft <input type="checkbox"/> Been concerned about your child's identity <input type="checkbox"/> Lost your wallet <input type="checkbox"/> Worried about entering personal information on-line <input type="checkbox"/> Feared the security of your medical information <input type="checkbox"/> Been pursued by a collection agency |
|--|---|

WHAT IS LEGALSHIELD?




LegalShield was founded in 1972, with the mission to make equal justice under law a reality for all North Americans. The 3.5 million individuals enrolled as LegalShield members throughout the United States and Canada can talk to a lawyer on any personal legal matter, no matter how trivial or traumatic, all without worrying about high hourly costs. LegalShield has provided identity theft protection since 2003 with Kroll Advisory Solutions, the world's leading company in ID Theft consulting and restoration. We have safeguarded over 1 million members, provided more than 200,000 identity consultations, and helped restore nearly 10,000 individual identities.

THE LEGALSHIELD® MEMBERSHIP INCLUDES:

-  ✓ Personal Legal advice on unlimited issues
-  ✓ Letters/ calls made on your behalf
-  ✓ Contracts & documents reviewed (up to 15 pages)
-  ✓ Residential Loan Document Assistance
-  ✓ Lawyers prepare your Will, your Living Will and your Health Care Power of Attorney
-  ✓ Moving Traffic Violations (available 15 days after enrollment)
-  ✓ IRS Audit Assistance
-  ✓ Trial Defense (if named defendant/ respondent in a covered civil action suit)
-  ✓ Uncontested Divorce, Separation, Adoption and/or Name Change Representation (available 90 days after enrollment)
-  ✓ 25% Preferred Member Discount (Bankruptcy, Criminal Charges, DUI, Other Matters, etc.)
-  ✓ 24/7 Emergency Access for covered situations

LegalShield legal plans cover the member; member's spouse; never married dependent children under 26 living at home; dependent children under age 18 for whom the member is legal guardian; never married, dependent children up to age 26 if a full-time college student; and physically or mentally disabled dependent children. An individual rate is available for those enrollees who are not married, do not have a domestic partner and do not have minor children or dependents. No family benefits are available to individual plan members. Ask your Independent Associate for details.

THE IDSHIELDSM MEMBERSHIP INCLUDES:

-  **Privacy Monitoring**
Monitoring your name, SSN, date of birth, email address (up to 10), phone numbers (up to 10), driver license & passport numbers, and medical ID numbers (up to 10) provides you with comprehensive identity protection service that leaves nothing to chance.
-  **Security Monitoring**
SSN, credit cards (up to 10), and bank account (up to 10) monitoring, sex offender search, financial activity alerts and quarterly credit score tracking keep you secure from every angle. With the family plan, Minor Identity Protection is included and provides monitoring for up to 8 children under the age of 18.
-  **Consultation**
Your identity protection plan includes 24/7/365 live support for covered emergencies, unlimited counseling, identity alerts, data breach notifications and lost wallet protection.
-  **Full Service Restoration**
Complete identity recovery services by Kroll Licensed Private Investigators and our \$5 million service guarantee ensure that if your identity is stolen, it will be restored to its pre-theft status.

IDShield plans are available at individual or family rates. A family rate covers the member, member's spouse and up to 8 dependents up to the age of 18

Voluntary Pet Insurance

What do the plans cover?

My Pet Protection and My Pet Protection with Wellness reimburse a straight forward 90% of your vet bill* instead of using a benefit schedule. A \$250 annual deductible and \$7,500 maximum annual benefit apply to both plans.



What's new and exciting about the new My Pet Protection plans?

- The most comprehensive pet insurance coverage available as a voluntary benefit
- Simple 90% reimbursement*
- Simple pricing
- No age restrictions
- No lifetime limits

We ♥ pets.

Our pets are family—
just like yours.

GCFH proudly offers Voluntary Pet Insurance so that your pet can get the best care possible.



my pet protection™
with wellness
90% back on veterinary bills

- Accidents and illnesses
- Hereditary and congenital conditions
- Cancer
- Dental diseases
- Behavioral treatments
- Rx therapeutic diets and supplements
- Wellness exams
- Vaccinations
- Flea prevention
- Spay or neuter
- Teeth cleaning
- And more



my pet protection™
90% back on veterinary bills

- Accidents and illnesses
- Hereditary and congenital conditions
- Cancer
- Dental diseases
- Behavioral treatments
- Rx therapeutic diets and supplements


DOG INSURANCE RATES

Per-Paycheck Payments for Vermont



Starting at

\$39 / paycheck²



Starting at

\$23 / paycheck²


CAT INSURANCE RATES

Per-Paycheck Payments for Vermont



Starting at

\$23 / paycheck²



Starting at

\$14 / paycheck²

For More information please visit <http://www.petinsurance.com/gracecottage>



Education Assistance Benefits

Tuition Reimbursement

Grace Cottage Family Health & Hospital encourages employees with financial support intended to enhance employees' professional development, their skills and knowledge related to hospital administration and clinical education. Grace Cottage will reimburse tuition up to \$2,500 for approved programs for a maximum benefit of \$10,000 per degree program.



Tuition Repayment Assistance



Utilizing Grace Cottage Family Hospital's relationship with The Richards Group, consultation services provided through GradFin are provided free of charge. GradFin is a new benefit program that is revolutionizing the way employees can reduce their student loan debt.



To schedule a one-on-one consultation visit:

www.gradfin.com/trg.html

For additional information, please visit the "Tuition Assistance" tab on the EBC.

Licensed Loan Reimbursement Program

This program has been established to help assist employees in positions where a license is required. (An educational need is required to obtain that license). These positions include: PT, OT, RN, LPN, Radiological Technologist, Medical Lab Tech and Pharmacist. Reimbursement is only for the debt incurred to obtain the licensure needed for current position.

The Licensed Loan Reimbursement Program will award up to \$5,000 per year towards a licensed employee's educational loan payments up to a maximum of ten (10) years or until 100% of the educational loan is paid off, whichever comes first.

Advanced Practice Provider Loan Repayment

The Grace Cottage Hospital Loan Repayment Program has been established to help attract and retain advanced practice providers.

The Loan Repayment Program will award up to \$10,000 per year towards a full-time advanced practice employee's educational loan payments up to a maximum of ten (10) years or until 100% of the educational loan is paid off, whichever comes first.

See details of each plan for eligibility and other requirements



HRA & Retirement Plan

Health Reimbursement Arrangement (HRA)



- To offset your deductible, Grace Cottage Hospital funds an HRA account, through Health Plans, Inc. each year beginning on January 1 for each employee who is enrolled in the health plan.
- Funds can only be used for services that are eligible to be covered by Health Plans, Inc. under the medical plan.
- You may be required to substantiate your claims. You will be asked to provide receipts to prove that the charges you have put on your card are eligible for reimbursement. Claims can also be reimbursed by paper claim form if you are unable to use your card at a provider.
- Funding amounts will vary based on the medical plan you choose.

Retirement Savings Plan



- Eligible to participate with 1 year of service, a minimum of 1,000 hours worked per year and attained age 21.
- Effective first day of the month following the completion of eligibility.
- Elective deferrals of 1% - 90% of eligible earnings on a pre-tax or ROTH after-tax basis up to the federal cash value each year.
- Grace Cottage will make a matching contribution equal to 50% of elective deferrals up to 6% of your salary.
- Matching contributions vested 100% after three years of service. 0% vested with less than three years of service.

Go to: www.mykplan.com or call 800-695-7526

Group Life & Accidental Death & Dismemberment (AD&D)

- Grace Cottage Hospital pays for each full-time employee working more than 32 hours per week to have \$25,000 Life & AD&D insurance.
- The Hospital also pays for \$5,000 of coverage on the spouse of an employee and \$3,000 on dependent children of the employee (from birth to age 19, or age 26 if a full-time student).
- The coverage becomes effective on the first of the month following 30 days of employment.
- At age 70 coverage decreases to 50% of the amount of coverage you had prior to age 70.
- Coverage ceases at retirement or when you leave employment at Grace Cottage.
- Coverage can be converted within 31 days of leaving employment from Grace Cottage.



Voluntary Life Insurance

- Voluntary coverage is available to all full-time employees on the first of the month following 1 month of hire.
- Coverage is employee paid through payroll deduction.
- Coverage is available on each employee, their spouse and dependent children. An employee must enroll in coverage for themselves to cover their spouse and/or children.
- **Employees may purchase up to \$100,000 on themselves, \$25,000 on their spouse, and \$10,000 on their dependent child(ren) with no medical questions asked when initially eligible. Coverage may be purchased above these amounts, but will require Evidence of Insurability and approval from Sun Life.**
- Coverage may be purchased after the initial eligibility period, but will require Evidence of Insurability and approval from SunLife.

Voluntary Short Term Disability (For Hourly Employees)

- Grace Cottage Hospital offers hourly, full-time employees working more than 32 hours per week, the option to purchase coverage on the first of the month following 30 days of hire.
- Coverage is paid through payroll deductions.
- Rates are based upon your income and your current age. Coverage will increase along with any merit increases you receive, and rates will also increase proportionate to merit increases and as you age.
- Benefits begin to pay on the 1st day of the disability if it was the result of an accident or on the 8th day of the disability if it was the result of an illness .
- Benefits are 60% of your pre-disability income, up to \$1,000 per week.
- Benefits are paid, as long as you remain disabled, for up to 26 weeks.
- Employees may purchase coverage with no medical questions asked when initially eligible.



Short Term Disability (For Salaried Employees)

- Grace Cottage Hospital pays for each salaried employee to have Short Term Disability coverage.
- Benefits begin to pay on the 1st day of the disability if it was the result of an accident or on the 8th day of the disability if it was the result of an illness.
- Benefits are 66.7% of your pre-disability income, up to \$1,900 per week.
- Benefits are paid, as long as you remain disabled, for up to 26 weeks.



Long Term Disability (For Salaried Employees)

- Grace Cottage Hospital pays for each salaried employee to have Long Term Disability coverage.
- You must be disabled, and have a loss of income, for 180 calendar days before benefits begin to pay out.
- Benefits are 60% of your pre-disability income, up to \$7,500 per month.
- Benefits are paid, as long as you remain disabled, until age 65 or as defined in the policy certificate. See Human Resources for a copy of the policy certificate.

Accident Insurance

Employees may purchase voluntary insurance for accidents, through UNUM. Accident Insurance provides a range of fixed, lump-sum benefits to help offset the costs associated with a covered accident. These benefits are paid directly to you and may be used for any purpose, such as deductibles, prescriptions, transportation, child care, etc. The amount you receive varies by type of accident incurred. Accident coverage helps offset deductible and out-of-pocket medical costs.



Critical Illness Insurance

Eligible employees can elect Voluntary Critical Illness Insurance. Critical Illness Insurance pays a lump sum benefit between \$5,000 - \$20,000 if you are diagnosed with a covered illness including heart attack, stroke, or major organ transplant. The policy reimburses up to \$50 annually for a covered health screening. Coverage is available for employees, spouses and children.

Benefit amounts:

- Employee 's can choose the benefit amounts that best meet your needs. Benefit amounts may range from \$5,000 to \$20,000, in \$5,000 increments.
- For your Spouse: – Benefit amounts may range from \$5,000 to \$10,000, in \$2,500 increments.
- For your Dependent Children: – Benefit amount is \$5,000
- Spouse and Dependent Children: Actively-at-work employees who apply for coverage may also choose to purchase coverage for their spouse and dependent children. Spouse and dependent children may be able to obtain coverage even if the employee does not qualify.



Voluntary Benefit Rates

Legal Shield Rates

Payroll Deduction Semi-Monthly	Individual	Family
LegalShield	\$8.48	\$9.48
IDShield	\$4.48	\$9.48
Combined	\$12.95	\$16.95

Accident Insurance Monthly Rates

Employee Only	\$16.90
Employee & Spouse	\$26.65
Employee & Children	\$30.18
Employee & Family	\$47.15

Critical Illness Rates

Employee Critical Illness and Cancer Insurance:

Employee's Age as of January 1st of each year	Monthly Rate Per \$1000 of coverage	
	Smoker	Non-Smoker
Under 25	\$0.520	\$0.500
25-29	\$0.520	\$0.500
30-34	\$0.790	\$0.700
35-39	\$0.790	\$0.700
40-44	\$1.800	\$1.290
45-49	\$1.800	\$1.290
50-54	\$4.380	\$2.490
55-59	\$4.380	\$2.490
60-64	\$10.120	\$4.870
65-69	\$10.120	\$4.870
70-74	\$16.110	\$7.790
75-79	\$19.080	\$10.210
80 and Over	\$20.550	\$11.570

Spouse Critical Illness and Cancer Insurance:

Spouse's Age as of January 1st of each year	Monthly Rate Per \$1000 of coverage	
	Smoker	Non-Smoker
Under 25	\$0.520	\$0.500
25-29	\$0.520	\$0.500
30-34	\$0.790	\$0.700
35-39	\$0.790	\$0.700
40-44	\$1.800	\$1.290
45-49	\$1.800	\$1.290
50-54	\$4.380	\$2.490
55-59	\$4.380	\$2.490
60-64	\$10.120	\$4.870
65-69	\$10.120	\$4.870
70-74	\$16.110	\$7.790
75-79	\$19.080	\$10.210
80 and Over	\$20.550	\$11.570

Child Critical Illness and Cancer Insurance: Monthly rate of \$0.710 Per \$1000 of coverage.



Voluntary Benefit Rates

Optional Life Rates

Optional Life Rates*

Employee		Spouse		Child(ren)	
Age	Monthly cost per \$1,000 of coverage	Age	Monthly cost per \$1,000 of coverage	Monthly cost per \$1,000 of coverage	
Under 20	\$0.047	Under 20	\$0.063		
20-24	\$0.047	20-24	\$0.063		
25-29	\$0.056	25-29	\$0.076		
30-34	\$0.075	30-34	\$0.101		
35-39	\$0.084	35-39	\$0.114		
40-44	\$0.094	40-44	\$0.127		
45-49	\$0.141	45-49	\$0.190	All eligible children	\$0.232
50-54	\$0.216	50-54	\$0.291		
55-59	\$0.403	55-59	\$0.545		
60-64	\$0.619	60-64	\$0.836		
65-69	\$1.191	65-69	\$1.609		
70-74	\$1.932				
75-79	\$1.932				
80-84	\$1.932				
85 and Over	\$1.932				

*These are the rates in effect for January 1, 2015. Spouse rates are based on Spouse Age.

Voluntary AD&D Rates

Voluntary AD&D Insurance Rates

Your Coverage	Monthly cost per \$1,000 of Coverage
Employee Coverage	\$0.020
Spouse Coverage	\$0.020
Child(ren) Coverage	\$0.020

*These are the rates in effect for 1st January 2015

Cost to You

Hourly STD Rates

Your Age	Rate	Your Age	Rate	Your Age	Rate	Your Age	Rate
Under 25	\$1.380	35-39	\$1.030	50-54	\$0.920	65-69	\$1.490
25-29	\$1.380	40-44	\$0.800	55-59	\$1.170	70 and Over	\$1.490
30-34	\$1.550	45-49	\$0.870	60-64	\$1.490		



Earned Time

Earned Time

Earned Time is time off from work that can be accumulated and used for vacations, holidays, sickness or other personal reasons. Accrual will begin for those employees consistently working an average of at least 18 hours per week. Per Diem employees are not eligible for Earned Time.

Earned Time is accrued by non-exempt employees based on the hours actually worked. For Exempt employees, Earned Time is accrued based on their bi-weekly standard hours, up to a maximum of 80 hours per pay period. Accrual begins with the date of hire or when eligibility commences based on a status change. New hires or employees who are newly eligible for Earned Time must complete a waiting period of ninety (90) calendar days of employment before using Earned Time. During this 90-day waiting period, employees may use Earned Time for paid time off on GC recognized holidays. Employees may not borrow Earned Time or have a negative Earned Time balance. An employee who is terminated by Grace Cottage after completing the 90 day waiting period and then is re-hired within 12- months will not have to go through a new 90-day waiting period.

There is no maximum Earned Time accrual limit for either non-exempt or exempt employees. All accrued but unused Earned Time carries over from year to year.

Upon termination of employment, the maximum hours of Earned Time that will be paid out is 150% of an employee's Total Annualized Earned Time eligibility (e.g., an employee in Category A may receive a maximum payout of 264 Hrs. of Earned Time at separation). At separation, any accrued but unused Earned Time in excess of 150% of your current Total Annualized Earned Time eligibility is forfeited. Employees who voluntarily resign will be paid out Earned Time consistent with this policy only if they have completed their 90-day waiting period, have provided appropriate notice, and have worked through the conclusion of the notice period, if requested by Grace Cottage.

Earned Time is paid at the base normal hourly wage rate and does not include differentials. Earned Time is not considered time worked for calculation of overtime.

Twice a year (November and May) employees may choose to take Earned Time pay as a cash payment. Employees may request cash payments for Earned Time hours that have been accrued over one week of normally scheduled hours. Cash payments will be issued with the second paycheck of the month. These are the only two (2) times during the year when Earned Time cash payments can be requested.

An employee may not transfer Earned Time hours to another employee.

Earned Time does not accrue while an employee is using Earned Time or otherwise receiving paid leave or paid disability. Earned Time does not accrue during an unpaid leave of absence. Earned Time can be used to pay for benefits while on leave.

This policy is intended to provide paid time off in accordance with Vermont's earned sick leave law. To the extent this policy provides for a benefit more generous than that of applicable law, this policy will apply.



Earned Time (Continued)

Earned Time Accrual Method



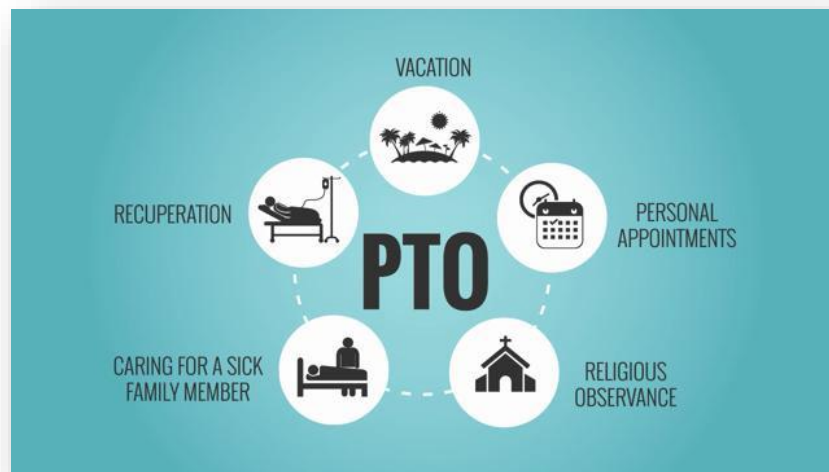
A
Day 1-5 years of
employment

B
6-15 years, or
Department Head 1-
5 years of
employment

A
15+ years, Or
Department Head 5+
years of employment

Category

<i>Category</i>	A Day 1-5 years of employment	B 6-15 years, or Department Head 1- 5 years of employment	A 15+ years, Or Department Head 5+ years of employment
Total Annualized Earned Time	176 Hrs.	216 Hrs.	256 Hrs.
Hourly Accrual Rate	0.0846 Hrs.	0.1039 Hrs.	0.1231 Hrs.
Based on 40 Hour Week Pay Period Accrual	6.768 Hrs.	8.312 Hrs.	9.848 Hrs.





Community Health Team



A HEALTHIER YOU

Ensuring your health and wellness is often a difficult path for people. It can require not only a “stick-to-it” motivation, but also coaching on your individual needs and some support in accomplishing your goals.

Grace Cottage would like to help you become **A HEALTHIER YOU** by providing you access to a Registered Nurse and Health Coach from the Community Health Team **FOR FREE. ADDITIONALLY, YOU’LL BE ABLE TO ATTEND YOUR APPOINTMENTS DURING YOUR WORKING HOURS AND BE PAID FOR THE TIME.**

To access this benefit you must first see your provider and get a referral to the Community Health Team. Then, let your manager know you want to participate in the **A HEALTHIER YOU** program so that arrangements for you to attend an appointment during work time can be arranged. Your first appointment will be with Claire Bemis, RN. She’ll check some of your basics and talk about your goals. From there a plan will be developed to assist you in reaching your goals. Members of the Community Health Team will become your coach and advisor.

All information about your visit will be kept confidential as HIPAA rules do apply. Grace Cottage wishes to provide you the opportunity to get individualized coaching and support towards **A HEALTHIER YOU**. This program applies to employees of Grace Cottage.



Wellness Credit Program



WELLNESS CREDIT

You can earn a credit towards your health insurance premiums by having a (physical) prevention/ wellness exam with your primary care provider. Let your provider know this is a prevention/wellness appointment and the appointment will be no cost to you.

If you wish to participate, see Chris or Jan in Human Resources for a program form. There are four (4) wellness markers for your provider to complete: 1) Attend an annual wellness visit; 2) Blood Pressure Check; 3) Cholesterol Screening; 4) Body Mass Index. Once these are completed you and your provider should discuss a plan to address any of your health needs. Have your primary care provider date and initial where indicated on the form, you both sign it, and return the form to Human Resources no later than March 31, 2019 to receive the credit. **DO NOT NOTE SPECIFIC HEALTH INFORMATION ON THE FORM.**

We encourage you to discuss with your primary care provider the **A HEALTHIER YOU** program as an option for moving forward with your plan. Combined with the **WELLNESS CREDIT** you'll be saving \$\$ and getting support towards your goals.

Eligible employees who complete these objectives between January 1, 2019 and March 31, 2019 will then have a credit applied towards their health insurance premiums between April 1, 2019 and December 31, 2019. Employees eligible for the **WELLNESS CREDIT** are only those employees of Grace Cottage who are enrolled in Grace Cottage's medical insurance plan as of January 1, 2019.

The Full Time Per Paycheck Premium credits will be \$11.29 for salary band of <35K; \$16.10 for band 35K-70K and \$20.90 for band 70K and above.

The Part Time Per Paycheck Premium credits will be \$16.49 for salary band of <35K; \$24.15 for band 35K-70K and \$31.35 for band 70K and above.



Employee Discounts

Grace Cottage is pleased to provide Staff with Employee Discounts that cover a wide range of products and services.



Patriot Insurance Company	Home and Auto	Lawrence and Wheeler 802-875-2544
Irving Oil	Oil/Propane	888.310.1924 (mention code 8332)
PC Connection	Computers & Electronics	www.pcconnection.com/gracecottage
Messenger Valley Pharmacy	25% off over-the-counter items	
GC Dietary Department	Food purchases at cost	Orders by case only. See Denise Choleva
GC Purchasing Department	Various items at cost	Orders by case only. See Dana West
Land's End	Logo wear	Contact Purchasing Department



Additional Information & Notices

COBRA Information:

COBRA continuation coverage is a temporary extension of coverage under the group health plan. The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage. It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage. For additional information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Benefits Coordinator in Human Resources.

Health Insurance Marketplace:

You may have other options available to you when you lose group health coverage. You may be eligible to buy an individual plan through the Health Insurance Marketplace (www.healthcare.gov). By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

HIPAA Information:

Special Enrollment Right Mandated by the Health Insurance Portability and Accountability Act of 1996

Group health plans and health insurance insurers are required to provide special enrollment periods during which individuals who previously declined coverage for themselves and their dependents may be allowed to enroll without having to wait for the plan's next open enrollment period. A special enrollment period can occur if a person with other health coverage loses that coverage or if a person becomes a new dependent through marriage, birth, adoption or placement for adoption. If you refuse enrollment for yourself or your dependents for medical coverage, you may later enroll within 30 days of a change in family status or loss of health coverage.

Individuals may not be denied eligibility or continued eligibility to enroll for benefits under the terms of the plan based on specified health factors. In addition, an individual may not be charged more for coverage than similarly situated individuals based on these specific health factors.

Effective April 1, 2009, the Children's Health Insurance Reauthorization Act of 2009 (CHIPRA) created a new 60-day special enrollment period for eligible employees and dependents to immediately enroll in the plan if they become ineligible for Medicaid or any state's Children's Health Insurance Program (CHIP) and lose coverage or become eligible for that state's premium assistance program. The employee must request coverage within 60 days after the termination of coverage or the determination of subsidy eligibility.

Women's Health and Cancer Rights Act of 1998 (WHCRA):

WHCRA requires a group health plan to notify you, as a participant or a beneficiary, of your potential rights related to coverage in connection with a mastectomy. Your plan may provide medical and surgical benefits in connection with a mastectomy and reconstructive surgery. If it does, coverage will be provided in a manner determined in consultation with your attending physician and the patient for a) all stages of reconstruction on the breast on which the mastectomy was performed; b) surgery and reconstruction of the other breast to produce a symmetrical appearance; c) prostheses; and d) treatment of physical complications of the mastectomy, including lymphedema. The coverage, if available under your group health plan, is subject to the same deductible and coinsurance applicable to other medical and surgical benefits provided under the plan. For specific information, please refer to your summary plan description or benefits booklet, or contact Human Resources.

THIS IS ONLY A SUMMARY, NOT A CERTIFICATE OF INSURANCE

The information contained in this Employee Benefits Summary is presented for illustrative purposes only and is based on information provided by the employer and in certificates of insurance supplied by the insurance carrier. The Richards Group, your company's insurance broker, has prepared this Summary to assist employees in understanding their company's benefits plan. While every effort has been made to describe these benefits accurately, discrepancies or errors are possible. You should also read the actual plan documents in their entirety. If there is a discrepancy between the Employee Benefits Summary and the actual plan documents, the plan documents will prevail. If you have any questions about the Employee Benefits Summary, please contact Human Resources.



Disclosures

Grace Cottage complies with applicable State and Federal civil rights laws and does not discriminate on the basis of race, color, religion, national origin, sex, sexual orientation, gender identity, ancestry, place of birth, age, or physical or mental condition.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-802-365-7357 (TTY: 1-800-253-0191)

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-802-365-7357 (ATS : 1-800-253-0191).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-802-365-7357 (TTY: 1-800-253-0191).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-802-365-7357 (TTY : 1-800-253-0191)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-802-365-7357 (TTY: 1-800-253-0191).

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-802-365-7357 (टिडिवाइ: 1-800-253-0191) ।

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-802-365-7357 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 1-800-253-0191).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-802-365-7357 (TTY: 1-800-253-0191).

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-802-365-7357 (TTY: 1-800-253-0191).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-802-365-7357 (TTY: 1-800-253-0191).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-802-365-7357 (رقم هاتف الصم والبكم: 1-800-253-0191).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-802-365-7357 (телетайп: 1-800-253-0191).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-802-365-7357 (TTY: 1-800-253-0191).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-802-365-7357 (TTY: 1-800-253-0191).

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-802-365-7357 (TTY: 1-800-253-0191) まで、お電話にてご連絡ください。

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-802-365-7357 (TTY: 1-800-253-0191).

