

Benefit and Description	Who Eligible Full-time, Part-time & Per-diem	When Eligible	Who Pays
HEALTH COVERAGE:			
<p>LVHN Health Plan - comprehensive health plan for employees and eligible dependents. Claims processed by Populytics 484-862-3505. Prescription Drugs - Refer to the Benefit Information Guide</p> <p>Wellness Benefit - Participate in wellness activities to earn points for a \$125 gift card. Learn more at mth.lvh.com.</p>	0.375 FTE or higher & Non-benefit eligible employees averaging 30 hours/week during 12 month measurement period	Upon employment	Full & Part-time employees may purchase.
<p>LVHN PPO Plan option: PPO plan with \$250 single/\$500 family annual deductible (Tier 1).</p>			Full-time premiums based on plan type, coverage level and earnings, Part-time based on plan type & coverage level.
<p>LVHN HSA Plan option: High deductible plan with \$1,400 single/\$2,800 family annual deductible. Also, employee/employer contributions to a Health Savings Account (HSA) up to the IRS maximum annual contribution.</p>			
HEALTH SAVINGS ACCOUNT (HSA):			
<p>If electing the LVHN HSA Plan, employees may set aside money on a pre-tax basis through payroll deduction, up to the IRS annual maximum, to pay for expenses not covered under health, dental or vision plans. <i>Note: You cannot elect an HSA if you enroll in the LVHN PPO Plan.</i></p>	0.375 FTE or higher	Upon employment	Employee via pre-tax payroll deduction.
DENTAL COVERAGE:			
<p>The dental provider is Delta Dental. 1-800-932-0783.</p>	0.375 FTE or higher	Upon employment	Employee via pre-tax payroll deduction
<p>Basic Option: Includes Preventive, Basic and Major services.</p> <p>Comprehensive Option: Includes Preventive, Basic, Major, Implants & Orthodontic services.</p>			
COBRA:			
<p>Continued health and dental coverage if elected, for up to 18 months upon separation, 29 months if disabled, or 36 months if dependent should lose coverage.</p>	0.375 FTE or higher	Upon termination when covered by the health, dental and/or FSA Plan.	Employee
VISION COVERAGE:			
<p>Employees may purchase vision coverage for themselves and/or dependents on a pre-tax basis through payroll deduction.</p> <p>Employees can elect a Base Plan or Buy-Up Plan. The vision provider is EyeMed. 1-866-804-0982.</p>	0.375 FTE or higher	Upon employment	Employee via pre-tax payroll deduction
FLEXIBLE SPENDING ACCOUNTS (FSA):			
<p>Health Care FSA: Employees elect to set aside money on a pre-tax basis through payroll deduction to pay for expenses not covered under health, dental or vision plans. Per calendar year - Minimum \$100, Maximum \$2,750. <i>Note: You cannot elect a Health Care FSA if you enroll in the LVHN HSA plan.</i></p> <p>Child/Elder Care FSA: Employees elect to set aside money on a pre-tax basis through payroll deduction to pay for childcare expenses. Per calendar year - Minimum \$100, Maximum \$5,000.</p>	0.375 FTE or higher	Upon employment – you can submit eligible expenses incurred from date of hire only. Estimate carefully - If you do not use all of the dollars during the year, you will lose any dollars remaining.	Employee via pre-tax payroll deduction.
MEMBER TIME OFF (MTO):			
<p>As defined in physician contract</p>	0.4 FTE or higher	Upon employment	Employer
SICK TIME:			
<p>Full-time: 1040 hours Part-time: 520 hours</p>	0.5 FTE or higher	Earn immediately	Employer

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DISABILITY:			
Long-Term Disability: 60% of base pay up to \$5,000 monthly maximum, less any other benefits due you or your family because of disability from the 181st calendar day of total disability due to injury or sickness with approval from LTD carrier. Benefits will not be paid during the first year of coverage for any condition that existed and was diagnosed or treated up to 90 days prior to hire date.	0.5 FTE or higher	Upon employment	Employer
Supplemental Long-Term Disability: Supplemental long-term disability may equal up to approximately 60% of base pay up to maximum monthly benefit of \$10,000 per month in addition to the basic LTD.	0.75 FTE or higher	Upon employment	
RETIREMENT MATCHED SAVINGS PLAN - 403(b) or 401(k):			
Contact AIG Retirement Services @ 800-448-2542 to speak to a financial advisor. Subject to IRS 2021 Maximum Annual Contribution.			
All employees are automatically enrolled in a 2% contribution beginning with the 3rd paycheck, unless you elect differently. If an investment option is not selected, you will be defaulted into the appropriate target date fund based on your age.			
Savings through pre-tax payroll deduction towards retirement.	All employees	Upon employment - Refer to Matched Savings Plan Booklet for specific eligibility requirements	Employee via payroll deduction
LVHN will match 50% of the first 4% of pay you contribute. You are always vested in your LVHN matched contributions.			Employer
RETIREMENT PLAN:			
Defined Contribution Plan- account –based plan where LVHN contributes a percentage of pay to an account in your name. The percentage of pay, up to the IRS plan compensation limit, based on years of service is: Less than 5 years - 2%; 5-9 years - 4%; 10 or more years - 6%. You choose how to invest the money. Vesting occurs in 3 years.	All employees	1,000+ hours per payroll calendar year & age 21. Full & Part-time - 6 months of service. Per-diem - 1 year of service.	Employer
EMPLOYEE VOLUNTARY 457(b) PLAN			
The ability to save more for retirement. This is in addition to the contributions you make into your 403(b) plan. Subject to IRS 2021 Maximum Annual Contribution.	A select group of highly compensated employee includes individuals with a compensation in excess of \$150,000	1st of month following 30 days of employment	Employee via payroll deduction
LIFE INSURANCE & ACCIDENTAL DEATH AND DISMEMBERMENT:			
Death benefit equal to 2x annual salary of scheduled hours. Benefit reductions starting at age 65.	0.375 FTE or higher	Upon employment	Employer
Accidental death benefit equal to 2x annual salary of scheduled hours. Percentage for dismemberment. Benefit reductions starting at age 65.			
SUPPLEMENTAL & DEPENDENT LIFE INSURANCE:			
Supplemental Group Term Life Insurance			
Supplemental: Employees may purchase supplemental term life insurance at group rates (in addition to their group life insurance), on a post-tax basis through payroll deduction, up to lesser of 5x annual salary or \$500,000. Coverage above \$250,000 requires Evidence of Insurability.	0.375 FTE or higher	Upon employment	Employee via payroll deduction
Dependent: Employees may purchase life insurance for their spouse (either \$25,000 or \$50,000) and/or dependents (\$15,000 for each child, up to age 26) on a post-tax basis through payroll deduction.			

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Supplemental Group Universal Life Insurance			
Supplemental: Employees may purchase supplemental life insurance (in addition to their group life insurance) on a post-tax basis through payroll deduction. Information packets will be mailed to your home address from CIGNA.	0.375 FTE or higher	Upon employment (voluntary) guarantee issue amount with no medical review if enrolled within 31 days of employment.	Employee via payroll deduction
Dependent: Employees may purchase life insurance for their spouse and/or dependents on a post-tax basis through payroll deduction. Information packets will be mailed to your home address from CIGNA.		Upon employment (voluntary)	
LEAVE OF ABSENCES (LOA):			
Military Leave: Leave of absence (within limits of policy)	All employees	Upon employment	Refer to Leave of Absence Policy - #3002.00 on Human Resources web site
Medical LOA within Trial Period (first 6 months of employment): A leave of absence may be granted by the department director up to, but not to exceed, 60 calendar days. Must use earned PTO.			
Medical LOA after Trial Period: Accrued sick time must be used first then you must use earned PTO. Max of 180 days.			
Personal LOA: Approval based on departmental needs. Must use earned PTO. Maximum of 180 days.	All employees	After 6 months of employment	Refer to Leave of Absence Policy - #3002.00 on Human Resources web site
Family Medical Leave Act (FMLA): Leave of absence for up to 12 weeks for the birth, adoption or foster care of a child (within one year of the event), to care for a spouse, child or parent with a serious health condition or when unable to work because of own serious personal health condition. May use earned PTO.		After completion of 12 months and 1250 hours	
TUITION REIMBURSEMENT:			
Maximum per calendar year: Full-time - \$4000, part-time - \$2000. Reimbursement 85% of tuition cost for any degree level courses which leads to a degree which is job related. Must be approved by Department Head and Human Resources. Scholarship or other financial aid will offset amount of tuition reimbursement.	0.4 FTE or higher	Upon employment for any course which begins on or after employee's hire date	Employer
EMPLOYEE ASSISTANCE PROGRAM (EAP):			
Up to five free counseling sessions for employees and eligible dependents per calendar year. 610-433-8550	0.4 FTE or higher	Upon employment	Employer
BEREAVEMENT LEAVE:			
Full-time: maximum of 24 hours for immediate family, 1 day of scheduled hours for extended family members. Part-time: 1 day up to 8 hours for immediate family members only.	0.4 FTE or higher	Upon employment	Employer
JURY DUTY:			
Paid base pay for scheduled work hours missed while on jury duty.	0.4 FTE or higher	Upon employment	Employer
WORKERS' COMPENSATION:			
Financial assistance when injured on the job	All employees	Upon employment	Employer

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TRAVEL/ACCIDENT INSURANCE:			
\$100,000 benefit if fatally injured while traveling on network business. Percentage for dismemberment. <i>Note - Does not include to & from work.</i>	All employees	Upon employment	Employer
LIABILITY INSURANCE:			
Professional liability coverage.	All employees	Upon employment	Employer
PENNSYLVANIA UNEMPLOYMENT COMPENSATION:			
Financial assistance from job due to lack of work.	All employees	Upon employment	Employer
CREDIT UNION:			
Savings and loans at competitive rates through payroll deduction. Contact Peoples First Credit Union main branch at (610) 797-7440 for more information	All employees	Upon employment	Employee
CHILD CARE:			
Children Early Care & Education Center located at LVHN – Cedar Crest. 610-402-8969	All employees	Upon employment - subject to availability	Employee
VOLUNTARY BENEFITS:			
The Hartford - Call 855-EZ-NROLL (855-396-7655) for more information or to enroll.			
Group Accident Advantage Plus: Accident Insurance can provide you with a payment associated with a covered injury and related services such as Emergency Rooms, Urgent Care, X-Rays, Diagnostic Exams and more.	Full-time & Part-time	Eligible as of the first of the month following 30 days of employment	Employee via payroll deduction
Group Critical Illness Advantage: Critical Illness Insurance can provide a benefit to help cover the expenses related to the treatment and recovery from a major illness (such as cancer, heart attack or stroke) that traditional health insurance may not.			
Group Hospital Indemnity: Hospital Indemnity Insurance can provide a cash benefit if you are hospitalized for a pregnancy, accident, or serious illness.			
Additional Voluntary Products - Call The Hartford - 855-EZ-NROLL (855-396-7655) for more information or to enroll.			
Life Lock: Help ensure your peace of mind with comprehensive identity theft protection.	Full-time & Part-time	Eligible as of the first of the month following 30 days of employment	Employee via payroll deduction
MetLaw/Hyatt Legal: Secure coverage for a wide variety of life's expected and unexpected legal events.			
Nationwide Pet Insurance: Health care protection for your furry family members (dogs and cats). Discounts for enrolling multiple pets.			
Travelers: Auto and home insurance at special savings.			
MassMutual: Three ways to protect your retirement assets from an unexpected Long Term Care event.			
Cigna: Make sure you have the right amount of coverage to protect you and your family. Universal life product.			

This benefit summary provides an overview; however, all benefits are administered as defined in the Plan Document. Your Summary Plan Description(s) provide you with more detailed information regarding your benefit programs.