



2010 BENEFITS OF EMPLOYMENT

BENEFIT	EFFECTIVE	BENEFIT	FULL-TIME 36+ hours	PART-TIME 24+ hours	PER DIEM As needed
HEALTH INSURANCE BENEFITS THROUGH ANTHEM-MATTHEW THORNTON BLUE Health premiums are deducted on a pre-tax basis, unless an after-tax basis is requested in writing. Health benefits include Health Lifestyles and additional EyeMed coverage.					
PLAN 1 See plan booklet for more details	First of month following date of hire	<ul style="list-style-type: none"> • HMO with \$20 co-payment on PCP office visits, \$25 for Specialists • \$10/\$20/\$30 co-pays for prescriptions with \$100 deductible for non-generic drugs. Mail-in option for maintenance drugs • \$750 deductible (\$2250 per family) on inpatient care, CT Scan, MRI, and surgery. • 10% co-insurance up to a calendar yr max of \$1,000/per member or \$3,000 per family 	Individual 118.82 EE/Child(ren) 182.00 Two person 244.90 Family 326.30	Individual 155.87 EE/Child(ren) 261.30 Two person 321.75 Family 436.15	N/A
PLAN 2 See plan booklet for more details	First of month following date of hire	<ul style="list-style-type: none"> • HMO with \$30 co-pay for PCP office visits, \$35 for Specialists • \$10/\$20/\$30 co-pays for prescriptions with \$100 deductible for non-generic drugs. Mail-in option for maintenance drugs • \$1,500 per member deductible (\$4,500 per family on inpatient care, CT Scan, MRI, and Surgery. <i>Deductible is waived if services are received from the hospital (Practices excluded)</i>) • 20% co-insurance up to a maximum out-of-pocket of \$1,750 per member / \$5,250 per family 	Individual 60.97 EE/Child(ren) 96.85 Two person 127.79 Family 174.72	Individual 89.05 EE/Child(ren) 154.64 Two person 190.19 Family 258.38	N/A
Health Insurance Stipend	First of month following date of hire	If employees opt out of our health insurance and can provide proof of coverage elsewhere, (i.e. your spouse's employer) we will pay you a stipend of \$1200/year – <i>paid over 26 pay periods</i>	Eligible	Eligible	N/A
VOLUNTARY VISION					
Eye Med Vision <i>Not a pre-tax benefit</i>	First of month following date of hire	Employees may opt to purchase the Eye Med Vision plan even if they are not participating in a New London Hospital health plan, or they wish to cover dependents that are not on their New London Hospital insurance plan.	Eligible	Eligible	N/A

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DENTAL INSURANCE BENEFIT					
Dental premiums are deducted on a pre-tax basis, unless an after-tax basis is requested in writing					
Delta Dental	First of month Following date of hire.	Coverage includes: 100% preventative, 80% routine, 50% major services, and Orthodontic coverage subject to \$25 deductible. Rollover feature for calendar year cap (1k).	Individual 5.82 Two person 10.62 Family 20.28	Individual 7.75 Two person 14.82 Family 26.64	N/A
BASIC GROUP LIFE INSURANCE					
ING	First of month following successful completion of 3 mos.	<ul style="list-style-type: none"> Life Insurance Coverage is equal to 1X annual salary. AD&D coverage provides double the face value of the policy should you die as a result of an accident. Dismemberment benefits are payable according to a schedule provided in the certificate of coverage. 	Provided by NLH	N/A	N/A
VOLUNTARY SUPPLEMENTAL LIFE and ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE					
ING	First of month following successful completion of 3 mos.	Life coverage: Choose from \$10,000 to \$500,000 of term life insurance for employee. Can purchase up to 50% of your coverage for your spouse. Can also purchase Accidental Death & Dismemberment coverage. Children of insured employees may be covered for \$5,000 or \$10,000.	Employee paid	N/A	N/A
VOLUNTARY SHORT TERM DISABILITY					
ING	First of month following successful completion of 3 mos.	Plan pays 70% of your salary on day 15, up to 26 weeks (depending on nature of disability) for disability due to non-worker's comp accidents, illnesses, and injuries, including maternity leave.	Employee Paid	N/A	N/A
LONG TERM DISABILITY					
ING	First of month following successful completion of 3 mos.	Provides 50% income replacement for a long term disability. Employee has the option of purchasing an additional 10% replacement coverage at minimal cost.	Provided by NLH	N/A	N/A
TIME-OFF BENEFITS					
Earned Time Paid time off which includes sick, vacation and holiday time off.	Accrual begins upon employment <u>NLH Holidays:</u> New Years Day Presidents Day Memorial Day Independence Day Labor Day Thanksgiving & the day after Christmas	<u>Rate of Accrual:</u> 1 – 4 yrs = .1115 /per hour = 232 hours or 29 days/yr * 5 – 9 yrs = .1231 /per hour =256 hours or 32 days/yr * 10 – 15 yrs = .1346 /per hour = 280 hours or 35 days/yr * 15 + yrs = .15 /per hour = 312 hours or 39 days/yr * * The example above is based on a 40 hour work schedule	Eligible	Eligible	N/A
Extended Illness Bank	Accrual begins upon employment	<ul style="list-style-type: none"> Accrual rate per hour = .0231 x 40 = 6 days/yr * Initiated by employee request for LOA * The example above is based on a 40 hour work schedule	Eligible	N/A	N/A

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EXTRA PAY						
Shift Differential	Upon employment	Weekdays: 1 st = 0/hour 2 nd = \$2.00/hour 3 rd = 2.75/hour	Weekends: 1 st = 2.00/hour 2 nd = \$3.50/hour 3 rd = \$4.25/hour	Eligible	Eligible	Eligible
Per Diem Premium	Upon Employment	<ul style="list-style-type: none"> 5 - 35% depending upon position and schedule commitment 		N/A	N/A	Eligible
RETIREMENT AND SAVINGS BENEFITS (Pre-tax)						
403(b) Plan	<ul style="list-style-type: none"> Upon employment for employee contributions. NLH will contribute after 1 year of service for eligible employees 	<ul style="list-style-type: none"> Retirement account, sheltered from federal income tax. NLH pays a percentage of salary to eligible employees based on years of service. There are a variety of funds to invest in. NLH Employer contributions are on a 3 to 5 year vesting schedule. 		Eligible	Eligible	Eligible to contribute only.
FLEXIBLE SPENDING PROGRAM (SECTION 125)						
Benefit Strategies	Upon employment	Pre-tax accounts for medical and dental premiums, as well as for non-reimbursed health and dependent care expenses.		Eligible	Eligible	Eligible
ON-SITE CHILDCARE PROGRAM						
ABC'S	Upon Availability	Weekly 5 day Fee Structure, reduced schedules are available. Infant = \$175.00/week Toddler = \$167.50/week Preschool = \$150.00/week		Eligible 1 st Priority	Eligible 2 nd Priority	Eligible 3 rd Priority
WELLNESS PROGRAMS						
The Fit Stop	Upon employment & Orientation	<ul style="list-style-type: none"> Complimentary membership to Hospital's Fitness Center \$100 incentive if you workout 10x mo for 6 mos. 		Provided by NLH	Provided by NLH	Provided by NLH
On-site Fitness Programs	Upon employment	<ul style="list-style-type: none"> Pilates & Yoga Weight Watchers at Work Walking & Snowshoe Group Massage 		Employee paid	Employee Paid	Employee Paid
Breezes Café	Upon Employment	Full service café offering healthy nutritional options at a reasonable cost		Eligible	Eligible	Eligible
EDUCATION						
Health Education	Upon employment	Offerings include CPR, Smoking Cessation and other programs.		Eligible	Eligible	Eligible
Tuition Reimbursement	After 1 year of employment	<ul style="list-style-type: none"> Full-time annual maximum = \$2000 Part-time annual maximum = \$1000 All requests initiated by the employee 		Eligible	Eligible	N/A

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LITTLE EXTRAS					
Direct Payroll Deposit	Upon employment	Direct deposit for payroll check in participating financial institutions.	Eligible	Eligible	Eligible
EAP	Upon employment	The Employee Assistance Program provides free and confidential short-term counseling on-site.	Eligible	Eligible	Eligible
Credit Union Memberships	Upon employment	We offer access to two credit unions: NH Federal Credit Union, and Service Credit Union, providing checking, savings, and other banking services.	Eligible	Eligible	Eligible
Liberty Mutual	Upon employment	Personal Insurance Program offers discounted insurance: auto, homeowners, etc.	Eligible	Eligible	N/A