

DR. JOHN WARNER HOSPITAL

EMPLOYEE BENEFITS SUMMARY
May 2009

| BENEFITS | WHO PAYS | ELIGIBILITY | WHAT YOU RECEIVE |
|---|------------|---|---|
| EARNED TIME OFF (ETO) Full-time Part-time | DJWH | AFTER 90 DAYS EMPLOYMENT 0 to 5 years 6 to 12 years 13 and over Earn ETO in proportion to hours paid not to exceed 80 hrs per pay (some paid hours excluded) | 20 days (160 hours) 25 days (200 hours) 30 days (240 hours) Not to exceed the above accruals |
| EXTENDED SICK BANK Full-time and Part-time | DJWH | AFTER 90 DAYS EMPLOYMENT 0 to 5 years 6 to 12 years 13 and over | 80 hours (10 days) 120 hours (15 days) 160 hours (20 days) |
| BEREAVEMENT Full-time | DJWH | AFTER 90 DAYS EMPLOYMENT | Up to 3 days off with pay for immediate family, 1 day for immediate Grandparent, Grandchild, Mother-in-law or Father-in-law |
| JURY DUTY Full & Part time | DJWH | First day of work | Full Salary for scheduled work days less Jury Duty pay |
| PRE-EMPLOYMENT PHYSICAL All Employees | DJWH | Before 1 st day worked | Drug Screening, CBS, Urinalysis, Rubella Titer, TB Skin Test or Chest X-Ray, General Physical |
| ANNUAL PHYSICAL | DJWH | Yearly | TB Skin Test is mandatory. CBC & Urinalysis is optional. |
| PHARMACY DISCOUNT | DJWH | 1 ST DAY | Employee & Family Prescriptions at Pharmacy Cost |
| CAFETERIA (All employees) | DJWH | 1 st Day | Discount on Meals |
| GROUP HEALTH CARE PLAN Employees regularly scheduled 32 hours or more per week | DJWH & YOU | 91 st Day of Employment | Major Medical Insurance Employee Only \$ 37.50 Employee & one dependent \$124.76 Employee & two or more dependents \$152.49 Medical Reimbursement Plan (MRP) \$ 0.00 New Hires after May 1, 2006 \$182.70 (60% of dependent coverage) |
| DENTAL INSURANCE | DJWH | 91 st Day of Employment | DJWH pays 100% of premium |
| GROUP TERM LIFE INSURANCE Employees regularly scheduled 32 hours or more per week | DJWH | 91 st Day of Employment | Employee - Base Annual Salary rounded to next highest thousand Spouse - \$2500 Child over 6 months old - \$1,000 |

| BENEFITS | WHO PAYS | ELIGIBILITY | WHAT YOU RECEIVE |
|--|-----------------|------------------------------------|---|
| OPTIONAL SUPPLEMENTAL TERM LIFE INSURANCE | YOU | 91 st Day of Employment | Employee Only \$3.92/pay Employee & Spouse \$5.65/pay Employee, Spouse & Children \$5.94/pay |
| OPTIONAL SUPPLEMENTAL ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE | YOU | 91 st Day of Employment | Employee Only \$1.85/pay Employee & Family \$3.00/pay |
| PRESCRIPTION DRUG CARD | DJWH & YOU | 91 st Day of Employment | \$15.00 per prescription up to a 30 day supply \$30.00 per prescription for a 31 to 90 day supply You pay the difference between Generic & Brand unless exempted |
| SHORT TERM DISABILITY BENEFITS Employees regularly scheduled 32 or more hours per week. | DJWH | After 6 Months Employment | 75% of average weekly wages |
| 401 (a) RETIREMENT PLAN (Tax Deferred Compensation Plan) Employees scheduled 600 hours or more per year | DJWH & YOU | 91 st Day of Employment | Voluntary Participation Participating Employee contributes 1 to 4% of base annual salary per pay. Hospital will match 50% of employee contribution (minimum of 1%). |
| 457 TAX DEFERRED COMPENSATION PLAN Full & Part Time Employees | YOU | 1 st Day | Voluntary Participation Participating Employee may contribute the lesser of \$16,500 per year or 100% of taxable compensation <i>after</i> subtracting 457 deferrals. No hospital matching contribution. |
| SHIFT PREMIUM | DJWH | 1 st Day | 2 nd or 3 rd shifts |
| SERVICE AWARDS | DJWH | Each 5 years of continuous service | Recognition and Service Award Gifts |