

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