

DR. JOHN WARNER HOSPITAL

**EMPLOYEE BENEFITS SUMMARY  
2011**

<b>BENEFITS</b>	<b>WHO PAYS</b>	<b>ELIGIBILITY</b>	<b>WHAT YOU RECEIVE/PAY</b>
<b>EARNED TIME OFF (ETO)</b>  Full-time  Part-time	DJWH	<b>AFTER 90 DAYS EMPLOYMENT</b>  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
<b>EXTENDED SICK BANK</b>  Full-time and Part-time	DJWH	<b>AFTER 90 DAYS EMPLOYMENT</b>  0 to 5 years 6 to 12 years 13 and over	80 hours (10 days) 120 hours (15 days) 160 hours (20 days)
<b>BEREAVEMENT</b>  Full-time	DJWH	<b>AFTER 90 DAYS EMPLOYMENT</b>	Up to 3 days off with pay for immediate family, 1 day for immediate Grandparent, Grandchild, Mother-in-law or Father-in-law
<b>JURY DUTY</b>  Full & Part time	DJWH	First day of work	Full Salary for scheduled work days less Jury Duty pay
<b>PRE-EMPLOYMENT PHYSICAL</b>  All Employees	DJWH	Before 1 <sup>st</sup> day worked	Drug Screening, CBS, Urinalysis, Rubella Titer, TB Skin Test or Chest X-Ray, General Physical
<b>ANNUAL PHYSICAL</b>	DJWH	Yearly	CBC & Urinalysis is optional.
<b>CAFETERIA</b> (All employees)	DJWH	1 <sup>st</sup> Day	Discount on Meals
<b>GROUP HEALTH CARE PLAN</b>  Employees regularly scheduled 32 hours or more per week	DJWH & YOU	91 <sup>st</sup> Day of Employment	Major Medical Insurance  Employee Only \$ 38.25 Employee & one dependent \$127.25 Employee & two or more dependents \$155.55 Medical Reimbursement Plan (MRP) \$ 0.00 New Hires after May 1, 2006 \$186.35 (60% of dependent coverage)
<b>DENTAL INSURANCE</b>	DJWH	91 <sup>st</sup> Day of Employment	DJWH pays 100% of premium
<b>GROUP TERM LIFE INSURANCE</b>  Employees regularly scheduled 32 hours or more per week	DJWH	91 <sup>st</sup> Day of Employment	Employee - Base Annual Salary rounded to next highest thousand  Spouse - \$2500  Child over 6 months old - \$1,000

<b>BENEFITS</b>	<b>WHO PAYS</b>	<b>ELIGIBILITY</b>	<b>WHAT YOU RECEIVE/PAY</b>
<b>OPTIONAL SUPPLEMENTAL TERM LIFE INSURANCE</b>	YOU	91 <sup>st</sup> Day of Employment	Employee Only \$3.92/pay Employee & Spouse \$5.65/pay Employee, Spouse & Children \$5.94/pay
<b>OPTIONAL SUPPLEMENTAL ACCIDENTAL DEATH &amp; DISMEMBERMENT INSURANCE</b>	YOU	91 <sup>st</sup> Day of Employment	Employee Only \$1.85/pay Employee & Family \$3.00/pay
<b>PRESCRIPTION DRUG CARD</b>	DJWH & YOU	91 <sup>st</sup> 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
<b>SHORT TERM DISABILITY BENEFITS</b>  Employees regularly scheduled 32 or more hours per week.	DJWH	After 6 Months Employment	75% of average weekly wages
<b>VSP – VISION INSURANCE PLAN</b>	YOU	The first of the month following 91 <sup>ST</sup> Day of Employment	Employee Only \$3.09/pay Employee + 1 Dependent \$4.95/pay Employee + 2 or more Children \$5.05/pay Employee + Family \$8.15/pay
<b>ILLINOIS MUNICIPAL RETIREMENT FUND (IMRF)</b>  Full & Part-time employees regularly scheduled 1, 000 hours or more per year	DJWH & YOU		Employees hired after December 31, 2010 are given the option to participate. If they elect to participate, the employee must contribute 4.5 % of their bi-weekly gross salary. The hospital contributes 10.36% which is subject to change from year to year.
<b>401 (a) MONEY PURCHASE PLAN</b> (Tax Deferred Compensation Plan)  Employees scheduled 600 hours or more per year	DJWH & YOU	91 <sup>st</sup> Day of Employment	Voluntary Participation ( <b>Note: the employee cannot participate in IMRF if participating in this plan</b> )  Participating Employee contributes 1 to 4.5% of their bi-weekly gross salary. Hospital contribution will be 1.75 of the employee's contribution.
<b>457 TAX DEFERRED COMPENSATION PLAN</b>  Full & Part Time Employees	YOU	1 <sup>st</sup> Day	Voluntary Participation ( <b>Note: the employee may participate in IMRF in addition to this plan</b> )  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.
<b>SHIFT PREMIUM</b>	DJWH	1 <sup>st</sup> Day	2 <sup>nd</sup> or 3 <sup>rd</sup> shifts
<b>SERVICE AWARDS</b>	DJWH	Each 5 years of continuous service	Recognition and Service Award Gifts