

Summary of Employee Benefits

Benefit	General Description	Eligibility - Conditions	Enrollment Required?																																														
Medical Plan 2024	<p>Highmark Blue Cross Blue Shield (SuperBlue Plus 2000) Pretax Premiums</p> <p>Calendar Year Deductible:</p> <ul style="list-style-type: none"> Rivers Health: \$100 individual, \$300 family CHH & SMMC: \$100 individual, \$300 family In-Network: \$1,500 individual, \$2,500 family Non-Network: No Coverage <p>Physicians & Facility Services:</p> <ul style="list-style-type: none"> Rivers Health: 90% In-Network: 80% Cabell & St. Mary's, Non-Network or competitor: 0% Not Covered <p>Deductible & Co-insurance Annual Out-of-Pocket limit:</p> <ul style="list-style-type: none"> In-Network: \$6,350/individual, \$12,700/family Non-Network: Not Covered <p>\$20 co-payment for RH, CHH & SMMC-employed provider, Urgent Care clinic. - \$40 co-payment for BCBS Network</p> <p>Non-emergency: ER \$250 co-pay/deductible/coinsurance Emergency: ER \$100 co-pay/no deductible/100% thereafter</p> <p>Pharmacy Plan - Express Scripts (RXBenefits)</p> <p>Mental Health provider is Behavioral Health Systems, Inc. (Available to all employees & dependents enrolled in the Medical Plan) Inpatient: Covered at 100% of the Approved Amount Outpatient*: No deductible, no co-pay. Substance Abuse Intensive Outpatient Program (IOP)*: Covered at 100% of the Approved Amount Pre-approval is required, call 800-245-1150 www.behavioralhealthsystems.com (Member Login: RH). *NOTE: Completion of BHS-Approved Aftercare Program Required for Future Benefit Eligibility</p>	<ul style="list-style-type: none"> Regular full- and part-time employees New EE 1st of month after 60-day wait <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th rowspan="2">Premium Rates</th> <th colspan="3">Full Time</th> <th colspan="3">Part Time</th> </tr> <tr> <th>Single</th> <th>Emp. Children</th> <th>Family</th> <th>Single</th> <th>Emp. Children</th> <th>Family</th> </tr> </thead> <tbody> <tr> <td>Biweekly</td> <td>\$51.14</td> <td>\$125.73</td> <td>\$135.50</td> <td>\$69.88</td> <td>\$178.03</td> <td>\$192.00</td> </tr> <tr> <td>Monthly</td> <td>\$110.80</td> <td>\$272.42</td> <td>\$293.58</td> <td>\$151.40</td> <td>\$385.73</td> <td>\$416.00</td> </tr> <tr> <td>COBRA Monthly</td> <td>\$1,222.26</td> <td>\$3,422.30</td> <td>\$3,422.30</td> <td>\$1,222.96</td> <td>\$3,422.30</td> <td>\$3,422.30</td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th colspan="2">Pharmacy Co-payments</th> </tr> <tr> <th colspan="2">Co-Pay Categories: Generic / Preferred / Non-Preferred / Specialty</th> </tr> </thead> <tbody> <tr> <td>RH (34-day supply)</td> <td>\$8/\$30/\$60/\$100</td> </tr> <tr> <td>RH(90-day supply)</td> <td>\$15/\$70/\$120/NA</td> </tr> <tr> <td>Network (Max. 34-day supply)</td> <td>20% to \$20-\$40 20% to \$40-\$60 20% to \$60-\$95 \$200</td> </tr> <tr> <td>Network (Mail Order / Max. 90-day supply)</td> <td>20% to \$50-\$100 20% to \$100-\$150 20% to \$150-\$230 NA</td> </tr> </tbody> </table>	Premium Rates	Full Time			Part Time			Single	Emp. Children	Family	Single	Emp. Children	Family	Biweekly	\$51.14	\$125.73	\$135.50	\$69.88	\$178.03	\$192.00	Monthly	\$110.80	\$272.42	\$293.58	\$151.40	\$385.73	\$416.00	COBRA Monthly	\$1,222.26	\$3,422.30	\$3,422.30	\$1,222.96	\$3,422.30	\$3,422.30	Pharmacy Co-payments		Co-Pay Categories: Generic / Preferred / Non-Preferred / Specialty		RH (34-day supply)	\$8/\$30/\$60/\$100	RH(90-day supply)	\$15/\$70/\$120/NA	Network (Max. 34-day supply)	20% to \$20-\$40 20% to \$40-\$60 20% to \$60-\$95 \$200	Network (Mail Order / Max. 90-day supply)	20% to \$50-\$100 20% to \$100-\$150 20% to \$150-\$230 NA	<p>Yes, Highmark Blue Cross Blue Shield</p> <p>Prior authorization required for all inpatient admissions and select outpatient services (listing can be found at highmarkbcbs.wv.com) call 800.344.5245</p> <p>Medical Plan subject to Working Spouse Provision</p> <p>Pharmacy RH plan requires that maintenance and specialty medicines be filled at the RH employee pharmacy</p>
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Dental Plan	<p>Delta Dental (PPO*, Pretax Premiums)</p> <ul style="list-style-type: none"> Calendar Year Deductible: \$30 individual / \$90 family Maximum benefit \$1,000 per person / calendar year Orthodontics Lifetime Maximum: \$650 / individual Diagnostic & Preventative (no deductible): 100% Basic Restorative, Oral Surgery, Endodontics, Surgical & Non-Surgical Periodontics, General Anesthesia: 80% Major Restorative, Prosthodontics, Orthodontics: 70% Dental exams, up to twice per calendar year <p>*NOTE: PPO Dentists have the greater pricing advantage. Premier & Non-Participating Dentists may bill the patient additional amounts in excess of plan allowances.</p>	<ul style="list-style-type: none"> Regular full- and part-time employees New EE 1st of month after 60-day wait <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th rowspan="2">Premium Rates</th> <th colspan="2">Full Time</th> <th colspan="2">Part Time</th> </tr> <tr> <th>Single</th> <th>Family</th> <th>Single</th> <th>Family</th> </tr> </thead> <tbody> <tr> <td>Biweekly</td> <td>\$5.18</td> <td>\$11.64</td> <td>\$9.05</td> <td>\$20.62</td> </tr> <tr> <td>Monthly</td> <td>\$11.22</td> <td>\$25.22</td> <td>\$19.61</td> <td>\$44.68</td> </tr> <tr> <td>COBRA Monthly</td> <td>\$22.23</td> <td>\$50.61</td> <td>\$22.23</td> <td>\$50.61</td> </tr> </tbody> </table>	Premium Rates	Full Time		Part Time		Single	Family	Single	Family	Biweekly	\$5.18	\$11.64	\$9.05	\$20.62	Monthly	\$11.22	\$25.22	\$19.61	\$44.68	COBRA Monthly	\$22.23	\$50.61	\$22.23	\$50.61	<p>Yes, Delta Dental</p>																						
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Vision	<p>Basic Plan: \$5 exam co-pay, \$195 allowance on frames or contacts, No charge on lenses & enhancement, eye exam-once every 12 months, contact lenses-once every 12 months, frames once every 24 months & much more. Premier Plan: \$5 exam co-pay, \$220 allowance on frames or contacts, No charge on lenses & enhancement, eye exam-once every 12 months, contact lenses-once every 12 months, frames once every 12 months & much more</p>	<ul style="list-style-type: none"> Regular full and part-time employees New EE 1st of month after 60-day wait <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th rowspan="2">Premium Rates</th> <th colspan="2">Basic Plan</th> <th colspan="2">Premier Plan</th> </tr> <tr> <th>Bi-weekly</th> <th>Monthly</th> <th>Bi-weekly</th> <th>Monthly</th> </tr> </thead> <tbody> <tr> <td>Employee</td> <td>\$4.32</td> <td>\$9.36</td> <td>\$6.81</td> <td>\$14.76</td> </tr> <tr> <td>Emp + Spouse</td> <td>\$7.57</td> <td>\$16.40</td> <td>\$12.26</td> <td>\$26.56</td> </tr> <tr> <td>Emp + Child</td> <td>\$9.21</td> <td>\$19.96</td> <td>\$14.88</td> <td>\$32.24</td> </tr> <tr> <td>Emp + Family</td> <td>\$12.61</td> <td>\$27.32</td> <td>\$21.45</td> <td>\$46.48</td> </tr> </tbody> </table>	Premium Rates	Basic Plan		Premier Plan		Bi-weekly	Monthly	Bi-weekly	Monthly	Employee	\$4.32	\$9.36	\$6.81	\$14.76	Emp + Spouse	\$7.57	\$16.40	\$12.26	\$26.56	Emp + Child	\$9.21	\$19.96	\$14.88	\$32.24	Emp + Family	\$12.61	\$27.32	\$21.45	\$46.48	<p>Yes, MetLife</p>																	
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Employee Assistance Program (EAP)	Provided through Behavioral Health Systems, Inc., includes Marital/Family, Parent-Child Conflict, Personal Relationships, Stress, Depression, ADD/ADHD, Work-related Concerns, Alcohol and Drug Abuse, Grief and Loss, Life Transition, Eldercare, Legal Consultations, Financial / Consumer Credit, and more. <i>Confidential – No Charge – 24 Hour Access</i>	All employees and their family members living in their household are eligible to receive one (1) initial assessment and up to four (4) counseling sessions at no charge when provided through BHS. <i>No new hire waiting period. Pre-approval is required.</i>	Yes, Behavioral Health Systems, Inc., enroll at time of service only, call toll free, 800-245-1150																									
Flex Spending Account	You can choose to have some of your out-of-pocket health care expenses (annual maximum \$3,200) and dependent care expenses (annual maximum \$5,000) processed on a pretax basis through this plan. Flex Spending Account Debit Card is available.	<ul style="list-style-type: none"> Regular part- and full-time employees New EE 1st of month after 60-day wait May change election January 1 annually Participants must enroll through The Health Plan 	Yes, The Health Plan																									
Long Term Disability	<ul style="list-style-type: none"> If Disabled, pays 50% of monthly earnings, less Other Income Benefits, up to \$2,000 Maximum Benefit Period: To Retirement Age Premiums paid by employer 	<ul style="list-style-type: none"> New EE 1st of month after 60-day wait Reg. FT employees only Elimination Period: 90 days 	Yes, NEW YORK LIFE																									
Short Term Disability	<ul style="list-style-type: none"> If Disabled, pays \$400 to \$5,000 up to 50% of earnings 	<ul style="list-style-type: none"> New EE 1st of month after 60-day wait Reg. FT employees only 	Yes, AFLAC																									
Basic Life and AD&D	<ul style="list-style-type: none"> Benefit equal to Base Annual Salary, up to \$150K Premiums paid by employer 	<ul style="list-style-type: none"> New EE 1st of month after 60-day wait Reg. FT employee, spouse, children 	Yes, NEW YORK LIFE																									
Voluntary Term Life	<ul style="list-style-type: none"> Up to \$400K or 5 X Base Annual Salary, whichever less Guarantee Issue Limit \$100K (self), \$30K (spouse), \$10K (children) Premiums paid by employee 	<ul style="list-style-type: none"> New EE 1st of month after 60-day wait Reg. FT employee, spouse, children Portable – policy can be converted 	Yes, NEW YORK LIFE																									
403(b) Employee Pension Plan	<ul style="list-style-type: none"> Employees may contribute a pretax dollar amount or a percentage (up to 100%) of pay, up to \$23,000 (2024 limit), whichever is less. Automatic enrollment at 3% unless opting out. Qualified rollovers are accepted Summary Plan Description (available in HR Dept.) 	<ul style="list-style-type: none"> Age 21 or older New EE, no waiting period 1% minimum contribution 	Yes, Principal Retirement principal.com																									
401(a) Employee Pension Plan	<ul style="list-style-type: none"> Plan contributes 3% of your total compensation; plus 3% of compensation in excess of SS Tax Wage Base up to Highly Compensated Limit. 100% Vested after 3 Years of Service Qualified rollovers are accepted Summary Plan Description (available in HR Dept.) 	<ul style="list-style-type: none"> Age 21 or older Completed 1 year of service “1 year” defined as 1,000+ hours Employed on last day of Plan Year 	Yes, Principal Retirement principal.com Annual enrollment																									
Tuition Assistance	Eligible employees may receive financial assistance for successfully completing continuing education classes in their current field or in other hard-to-fill positions. Up to \$3,000 per calendar year.	Reg. FT and PT only, must have passing grade of “C”, must be employed when class begins and when reimbursement requested. Requires 1-year work commitment.	Must apply in advance of class enrollment																									
Paid Time Off (PTO) Holidays	<ul style="list-style-type: none"> Provides paid time off for holidays and personal reason. Accrual begins upon day of hire. Paid at base pay rate Balance paid to terminating employee. <p>New Year's Day, Martin Luther King Jr Day, Easter, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day</p>	<table border="1"> <thead> <tr> <th>Years of Continuous Service</th> <th>FT/PT Status</th> <th>Annualized PTO Accrual</th> <th>PTO Accrual / Pay Period</th> </tr> </thead> <tbody> <tr> <td rowspan="2">Level One 0-5 years</td> <td>Full Time</td> <td>184 hours</td> <td>7.08 hours</td> </tr> <tr> <td>Part Time</td> <td>92 hours</td> <td>3.54 hours</td> </tr> <tr> <td rowspan="2">Level Two 5-15 years</td> <td>Full Time</td> <td>224 hours</td> <td>8.62 hours</td> </tr> <tr> <td>Part Time</td> <td>112 hours</td> <td>4.31 hours</td> </tr> <tr> <td rowspan="2">Level Three 15+years</td> <td>Full Time</td> <td>264 hours</td> <td>10.15 hours</td> </tr> <tr> <td>Part Time</td> <td>132 hours</td> <td>5.08 hours</td> </tr> </tbody> </table> <p>Maximum balance is 1 1/2 times annual accrual.</p>	Years of Continuous Service	FT/PT Status	Annualized PTO Accrual	PTO Accrual / Pay Period	Level One 0-5 years	Full Time	184 hours	7.08 hours	Part Time	92 hours	3.54 hours	Level Two 5-15 years	Full Time	224 hours	8.62 hours	Part Time	112 hours	4.31 hours	Level Three 15+years	Full Time	264 hours	10.15 hours	Part Time	132 hours	5.08 hours	No
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Extended Illness Bank (EIB)	<ul style="list-style-type: none"> Provides pay if employee suffers from an extended illness. EIB is not eligible the first 3 days of an illness. Eligible employees accrue EIB each pay period Accruals occur bi-weekly; Paid at base pay rate Balance not paid to terminating employee 	<table border="1"> <thead> <tr> <th>FT/PT Status</th> <th>Annualized EIB Leave Accrual</th> <th>EIB Leave Accrual Per Pay Period</th> <th>Max.</th> </tr> </thead> <tbody> <tr> <td>Full Time</td> <td>72 hours</td> <td>2.77 hours</td> <td>280 hrs.</td> </tr> <tr> <td>Part Time</td> <td>48 hours</td> <td>1.85 hours</td> <td>120 hrs.</td> </tr> </tbody> </table> <p>New EE eligible 1st of month after 90 day wait</p>	FT/PT Status	Annualized EIB Leave Accrual	EIB Leave Accrual Per Pay Period	Max.	Full Time	72 hours	2.77 hours	280 hrs.	Part Time	48 hours	1.85 hours	120 hrs.	No													
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Jury Duty Pay	If employees are called for jury duty, they will receive their normal base wages for scheduled work they missed.	FT and PT employees	Documentation from court is required.
Bereavement Pay	If an Immediate Family member dies, eligible employees are paid up to 24 hours of scheduled work time for the funeral, etc.	FT and PT employees. Benefit is effective immediately.	No
Wellness Center	<ul style="list-style-type: none"> • Free membership for all employees • Immediate Family Members Discount Available 	New Employee, No Waiting Period	Yes, Wellness Center
Additional Benefits	<ul style="list-style-type: none"> • Direct bank deposit • Voting time 	<ul style="list-style-type: none"> • Paid work breaks 	No

This summary of benefits is intended to provide only a general overview of benefits available to employees of Rivers Health. It is NOT intended to include all of plan details for each benefit. If there is a discrepancy between this summary and the Hospital's policy or official plan documents, Hospital policies and the benefit plan documents will prevail. For more information, please contact the Human Resource department at 304-674-2417.

