

KIMBALL HEALTH SERVICES BENEFIT PROGRAM

Kimball Health Services seeks to provide benefits that meet the various needs of employees.

This document is intended to be a summary only and to be informational in nature. It does not represent a contractual obligation of any kind. Kimball Health Services reserve the right to revise, revoke or add to any or all of these benefits. In the event this summary information conflicts with actual terms and conditions of coverage noted in the Plan Document or Employee Manual, the latter governs. For more details contact the Human Resources Department at (308) 235-1974.

Kimball Health Services provides:

Equal Opportunity Employer (MFVH)

7/1/2023

BENEFIT	APPLIES TO FT (≥30 hours/wk.) AND PT (≥24 hours/wk)	WHEN ELIGIBLE	YOU RECEIVE
PAID TIME OFF (PTO) (VACATION, SICK, PERSONAL) (MAXIMUM ACCUMULATION IS 320 HOURS) PTO BUY-BACK PROGRAM ALSO AVAILABLE	BOTH	AFTER 30 DAYS OF EMPLOYMENT (Part time employees receive a pro-rata amount of paid time off based upon hours paid and length of service.)	From hire thru the end of the 4 th yr.: <u>.0615/hr. to 128hrs. /yr.</u> From the beginning of the 5 th yr. thru the end of the 14 th yr.: <u>.0808/hr. to 168 hrs. /yr.</u> From the beginning of the 15 th yr. on: <u>.1000/hr. to 208 hrs./yr.</u>
HOLIDAYS	BOTH	AFTER 30 DAYS OF EMPLOYMENT	Pay for the six legal holidays at 8 hours per holiday, plus your anniversary date (Part-time paid 4 hours per holiday)
EXTENDED ILLNESS BANK (EIB)	BOTH	AFTER 30 DAYS OF EMPLOYMENT	.036/hr to 320 hrs. An employee paid 80 hours would accrue 2.88 hrs per pay period. Not a vested benefit.
LIFE INSURANCE (INCLUDES AD&D)	BOTH	1 ST OF THE MONTH AFTER 30 DAYS OF EMPLOYMENT	One times your annual salary.
DEPENDENT LIFE	BOTH	1 ST OF THE MONTH AFTER 30 DAYS OF EMPLOYMENT	\$2000 term life for spouse and children 6 months -19 yrs; \$1000 for a child less than 6 months. Premium paid by Hospital. Age 19; to age 25 if a Full Time student
LONG TERM DISABILTY (LTD)	FULL TIME	1 ST OF THE MONTH AFTER 30 DAYS OF EMPLOYMENT (Premium paid by Hospital)	Plan pays 60% of weekly earnings to a maximum benefit of \$8000/mo after 60 day waiting period.
WELLNESS	BOTH	UPON EMPLOYMENT	50% for any wellness membership (Gym, W.W., Spin, Yoga etc.) equal to 50% membership value at Kimball Fitness Center.
WORKER'S COMPENSATION	BOTH	UPON EMPLOYMENT	Medical care and lost time income for on the job injuries in accordance with state law.

BENEFIT	APPLIES TO FT (≥30 hours/wk.) AND PT (≥24 hours/wk)	WHEN ELIGIBLE	YOU RECEIVE
FAMILY MEDICAL LEAVE (FMLA)	BOTH	MUST BE EMPLOYED AT LEAST 12 MONTHS AND HAVE WORKED AT LEAST 1250 HOURS DURING THE 12 MONTHS PRECEDING THE COMMENCEMENT OF THE LEAVE	Leave of up to 12 weeks for employee's personal illness/injury; or a family obligation related directly to childbirth, adoption, or placement of a foster child; or to care for a child, spouse or parent with a serious health condition. Additional provisions for military related circumstances.
PERSONAL LEAVE	BOTH	UPON EMPLOYMENT	Un-paid leave for reasons other than as noted for FMLA. (90 day max)
EMPLOYEE REFERRAL BONUS PROGRAM	BOTH	UPON EMPLOYMENT (PT = 50% / Casual = 25%)	\$1,000 (\$500 after new EE completes intro period / \$500 after 12 months)
BEREAVEMENT LEAVE	BOTH	UPON EMPLOYMENT	See policy # 204.0.0.15
MILITARY LEAVE / JURY DUTY	BOTH	UPON EMPLOYMENT	According to legal requirements
UNEMPLOYMENT COMPENSATION	BOTH	NON-VOLUNTARY UNEMPLOYMENT	Jobless pay benefits as defined by state law
EMPLOYEE ASSISTANCE PROGRAM (EAP)	BOTH	UPON EMPLOYMENT 1-800-854-1446	Free confidential counseling for employee and immediate family.
<u>HEALTH CARE PLAN:</u> <u>BCBS</u> <u>\$40 CLINIC CO-PAY AND</u> <u>OTHER POSSIBLE COST</u> <u>REDUCTIONS IF SERVICES</u> <u>ARE AT KHS. (See Policy #</u> <u>204.0.0.23)</u> <u>Deductible - Individual \$1,500</u> <u>Deductible – \$3,000</u> <u>Coinsurance (member pays)</u> <u>- 30%</u> <u>Out-of-Pocket Maximum -</u> <u>Individual \$4,500</u> <u>Out-of-Pocket Maximum -</u> <u>Family \$9,000</u>	BOTH	1 ST OF THE MONTH AFTER 30 DAYS OF EMPLOYMENT	<u>BCBS</u> Provides Basic Wellness, Preventative, Prescription, Major-Medical, Mental and Surgical Benefits. <u>FULL TIME</u> EMPLOYEE-ONLY \$174.25/MO EE + SPOUSE \$654.90/MO EE + CHILD(REN) \$559.40/MO FAMILY \$925.54/MO <u>PART TIME</u> EMPLOYEE-ONLY \$706.10/MO EE + SPOUSE \$1448.13/MO EE + CHILD(REN) \$1236.45/MO FAMILY \$2049.15/MO
VISION MetLife	BOTH	1 ST OF THE MONTH AFTER 30 DAYS OF EMPLOYMENT	EMPLOYEE ONLY \$6.41/MO EE + 1 DEP \$12.04/MO FAMILY \$17.14/MO

BENEFIT	APPLIES TO FT (≥30 hours/wk.) AND PT (≥24 hours/wk)	WHEN ELIGIBLE	YOU RECEIVE
DENTAL CARE PLAN AVAILABLE via METLIFE	BOTH	1 st OF THE MONTH AFTER 30 DAYS OF EMPLOYMENT	<p><u>FULL TIME</u> EMPLOYEE ONLY FREE FAMILY \$56.66/MO</p> <p><u>PART TIME</u> EMPLOYEE ONLY \$27.01/MO FAMILY \$83.67/MO</p>
<p>PENSION PLAN:</p> <p>COMBINED DEFERRED COMPENSATION MATCHING PLAN AND DEFINED CONTRIBUTION PLAN (UNDER SECTION 401(A), 414 (H) (2), AND 457(B) OF THE IRS CODE)</p> <p>MATCHING MONEY AND 100% VESTING ACCURS AFTER ONE YEAR OF EMPLOYMENT</p>	BOTH	<p>EMPLOYEES MAY PARTICIPATE UPON DATE OF HIRE WITH VOLUNTARY PRE-TAX CONTRIBUTIONS IN THE DEFERRED COMPENSATION PROGRAM UP TO THE MAXIMUM ALLOWED BY LAW. (FOR 2013 THE MAXIMUM IS \$17,500 OR \$23,000 FOR THOSE AGE 50 AND OLDER)</p> <p>MATCHING CONTRIBUTIONS START ON THE 1ST OF THE MONTH FOLLOWING ONE YEARS OF SERVICE FOR THOSE EMPLOYEES WHO ARE AGE 21, AND WORK AT LEAST 1000 HOURS PER YEAR.</p>	<p>After 1 year of service, it is mandatory that you contribute 2.8% of gross pay, and the hospital matches 2.8% of your gross pay. Furthermore, the hospital will match an additional 1.2% of your gross pay in years 2-5, 2.2% in years 6-10, and 3.2% thereafter. Therefore, total contributions for the base and voluntary matching programs would be 4% in years 2-5, 5% years 6-10, and 6% for 11 years of service or more.</p> <p>Voluntary contributions over and above the matched amounts may also be made up to the maximum. Employees are vested 100% in the hospital contributions at age 65 or after 1 year of service, whichever occurs first. You are always 100% vested in your own contributions.</p>
<p>EDUCATION TUITION REIMBURSEMENT PLAN</p> <p>(CONTINUING EDUCATION ALSO PROVIDED)</p>	<p>BOTH</p> <p>(PART TIME PRORATED AT 50%)</p>	<p>AFTER 4 MONTHS OF EMPLOYMENT</p> <p>Applications are taken in April of each year for approval by the Hospital Foundation for budget year beginning July 1</p>	<p>Maximum per calendar year: Full-time \$2,000 Part-time \$1,000 Employee owes hospital one year of employment (commencing from the date of reimbursement)</p>
SOCIAL SECURITY AND MEDICARE (FICA)	BOTH	UPON EMPLOYMENT	Hospital matches employee's contribution.
CAFETERIA PLAN (FLEXIBLE SPENDING ACCOUNT) (FSA)	BOTH	UPON EMPLOYMENT	Pre-tax payroll deduction for health care expenses and child/adult care expenses in accordance with IRS guidelines.
<p>UNUM (Supplemental Accident Benefit Plans)</p> <p>ASSURANT (Supplemental Critical Illness Benefit Plans)</p> <p>UNUM (Additional Life Insurance Plans)</p>	<p>BOTH</p> <p>BOTH</p> <p>BOTH</p>	<p>1st OF THE MONTH AFTER 30 DAYS OF EMPLOYMENT</p> <p>1st OF THE MONTH AFTER 30 DAYS OF EMPLOYMENT</p> <p>1st OF THE MONTH AFTER 30 DAYS OF EMPLOYMENT</p>	<p>Several supplemental benefit policies are available through employee- paid pre-tax payroll deduction.</p> <p>Additional life insurance policies are available through employee- paid payroll deduction.</p>