

CLINICA SIERRA VISTA

SUMMARY OF BENEFITS FOR EMPLOYEES



SUMMARY

Clinica Sierra Vista offers a comprehensive benefit package including Medical, Dental, and Vision. Benefits are available to full-time and part-time employees working more than 30 hours per week. Employees are eligible for most benefits on the first day of the month after 60 days of employment. See individual plan documents for details.

MEDICAL			
Services	CSV Provider	Other PPO Providers	Non-PPO Provider
Calendar Year Deductible (Individual / Family)	\$ -0-		per individual is \$295
Physician Visit	\$ -0-	\$25 copay	40% coinsurance
Hospitalization	n/a	With pre-certification: 80% of Negotiated Fee, no deductible & less a \$350 co-pay per Admission. Co-ay applies to maximum out of pocket.	With pre-certification: 60% of Covered Expense, after the Calendar Year Deductible and less a \$710 co-pay per admission.
Preventive Care	\$ -0-	\$25 copay	Not covered
Emergency Room	n/a	non-emergency: \$350 copay + 20% coinsurance Sudden & Serious Life	
Out of Pocket Max			
- Individual	n/a	\$6,350 per person	\$12,700 per person
- Family	n/a		
	Participating Pharmacy	Mail Order	Specialty Pharmacy Program
Prescription Drugs			
- Generic	\$15.00 Co-Payment	\$30.00 Co-Payment	n/a
- Formulary Brand	\$30.00 Co-Payment	\$60.00 Co-Payment	n/a
- Non-Formulary Brand	\$55.00 Co-Payment	\$110.00 Co-Payment	n/a
- Injectable Generic	Home Injectables & Other Specialty Medications: \$80.00 Co-Payments for a 30 day supply.		
- Injectable Brand			
- Injectable Non-formulary			

DENTAL	
PLAN YEAR MAXIMUM Per person, Per Calendar Year	\$2,000.00
DEDUCTIBLE Per Person, Per Calendar Year	\$115.00
FAMILY DEDUCTIBLE Per Calendar Year	3 Family Maximum
ELIGIBLE DENTAL EXPENSE	PLAN PAYS
Participating Provider Network	Ameritas Classic PPO Dental Network
Diagnostic & Preventative Care	80% of Negotiated Fee or 80% of UCR
Basic & Restorative Care	80% of Negotiated Fee or 80% of UCR
Major Care	50% of Negotiated Fee or 50% of UCR
Orthodontia (Child up to 19)	50% & Lifetime Maximum \$1,500

VISION

Exam.....\$10.00 copay every 12 months

Glasses

- \$25.00 copay

Lenses.....every 12 months

- Single vision, lined bifocal and lined trifocal lenses
- Polycarbonate lenses for dependent children

Covered Lens Options

- Photochromic and tints

Frame.....every 12 months

- \$140 allowance for a wide selection of frames
- 20% of amount over your allowance

-OR-

Contacts.....every 12 months

\$140.00 allowance for contacts and the contact lens exam (fitting and evaluation)

CONTINUING MEDICAL EDUCATION

Time off and reimbursement for employees who require licensure/certification.

TUITION REIMBURSEMENT

Up to \$1,500 per year for college tuition/books reimbursement.

403(b) RETIREMENT PLAN

Eligibility: Personal Contributions immediately upon start of employment. Company contributions begin after one year of service.

Employer Contribution:

1-5 years: CSV contributes 2% of gross salary, + 2% match
 5 -10 years: CSV contributes 3% of gross salary, + 2% match
 10 + years: CSV contributes 4% of gross salary, + 2% match

Vesting Schedule:

Employees are vested 20% per year beginning on the 1st anniversary.
 Employees become fully vested after 5 years of employment.
 Employees must meet a minimum of 1,000 hours worked to participate, per IRS regulations.

THE HARTFORD GROUP LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT

1.5 times your annual salary rounded to the next \$1,000 to a maximum of \$200,000 for each of Life and AD&D coverage; \$5,000 for spouse and children live birth to age 23.

THE HARTFORD LONG-TERM DISABILITY

60% of monthly salary subject to a maximum benefit amount of \$10,000 per month.

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PAID TIME OFF

Holidays

New Year's Day
Memorial Day
Independence Day
Labor Day
Thanksgiving Day
Christmas Eve
Christmas Day
1 Floating Holiday

Paid Time Off

0.00 to 4.99 years of service – 120 hours per year
5.00 to 9.99 years of service – 160 hours per year
10.00 or more years of service – 200 hours per year

Sick Time Off

Up to 24 hours per year

EIB (Extended Illness Bank)

Up to 64 hours per year, maximum accrual 300 hours

Jury Duty

Maximum of 40 hours

Bereavement Leave

Up to 24 hours (for the death of immediate family members)

EMPLOYEE ASSISTANCE PROGRAM

Around the clock assistance for confidential counseling for personal or work related issues, financial counseling, childcare, relationships, etc. Call 800-999-7222 or log on to anthemEAP.com and enter *Clinica Sierra Vista*.

EMPLOYEE TRAVEL ASSISTANCE PROGRAM

Around the clock assistance when you travel more than 100 miles away from home.

DISCOUNTS

Health Club Membership
Verizon Wireless Cellular Plans
Credit Union Membership
Group Legal Services
Colonial