

BENEFIT	WHO PAYS?	FULL TIME ELIGIBILITY	PART TIME ELIGIBILITY	BENEFIT YOU RECEIVE			
Health Insurance High Deductible Insurance Plan www.nebraskablue.com	You & BBGH	Effective the first day of the month following date of hire. Must maintain 30 hours per week.	Not Applicable	All premiums quoted are deducted per pay period. Medical Rates: Single\$58.00 pp Employee +Spouse\$140.00 pp Employee + Child(ren)\$100.00 pp Employee + Family\$188.00 pp			
Deductible In-network: Individual - \$4,500 Family - \$9,000 Out-of-pocket Limit In-network: Individual - \$5,500 Family - \$11,000							
Health Savings Account www.fnbo.com/	You	Effective the first day of the month following date of hire. Must maintain 30 hours per week.	Not Applicable	This is a tax deferred account setup through First National Bank of North Platte to pay medical, dental, and vision expenses not covered by BBGH plan B (High deductible Insurance Plan) Annual contribution limit: Individual - \$3,500 Family - \$7,000 Here is a link for a list of qualified purchases: www.wageworks.com/employees/support-center/hsa-eligible-expenses-table/			
Dental Insurance www.nebraskablue.com	You & BBGH	Effective the first day of the month following date of hire. Must maintain 30 hours per week.	Not Applicable	All premiums quoted are deducted per pay period. Dental Rates: Single\$16.99 pp Employee + 1\$36.99pp Employee + Family\$42.86 pp			
Deductible In-network: Individual - \$50 Family - \$100 Maximum Benefit: \$1,500 (A,B,C Services*) \$1,500 (D Services*) *services listed on Schedule of Benefits Summary							
VSP-Vision Insurance www.vsp.com	You	Effective the first day of the month following date of hire.	Effective the first day of the month following date of hire.	Plan B-\$20.00 copay for eye examination/\$20.00 copay for materials. Single\$5.22 pp Employee +1\$7.57 pp Employee + Family\$13.57 pp			
Dependent Care (FSA) www.discoverybenefits.co m	You	Immediately	Immediately	Allows payroll deduction on a pre-tax basis to pay dependent care expenses. The maximum election is \$5,000.00. Doesn't rollover to next year.			
Life Insurance thehartford.com	ввдн	Effective the first day of the month following date of hire.	Not Applicable	Hospital shall pay term insurance on Provider's life in the face amount equal to Provider's annual effective base compensation, not to exceed \$100,000, through age 70. Coverage reduces by 35% after turning age 70, then 50% reduction at age 75.			
Voluntary Life thehartford.com	You	Effective the first day of the month following date of hire.	Not Applicable	This product is purchased through The Hartford Financial Group. Voluntary life provides employees an opportunity to purchase additional life insurance. This coverage is available to employees, spouse and children. Please see Human Resources for specific rates.			
Long Term Disability thehartford.com	BBGH & You	After two worked pay periods	Not Applicable	This product is purchased through Colonial Life. 50% monthly salary replacement due to a disability in excess of 90 days. Maximum monthly benefit is \$2,500.00. Employees may choose to buy additional long term disability coverage. The additional coverage includes 60% monthly salary replacement due to a disability in excess of 90 days. Maximum monthly benefit is \$10,000.00 The additional premium amount is based on monthly salary and \$.374 rate.			



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Pension Plan www.firstnationalretire ment.com	BBGH & You	After completion of one year of service and worked more than 1248 hours (24 hours a week).	After completion of one year of service and worked more than 1248 hours (24 hours a week).	IRS Qualified Plan: Contributions are figured based on gross pay. Employee contributes 3%BBGH contributes 4% Excess of \$42,900.00 in gross earning. Employee contributes 6%BBGH contributes 8% *You must enroll or decline on 1st day of hire or you will be automatically enrolled. Can change at any time.	
Dependent Care (FSA) www.discovery.com	You	Immediately	Immediately	Allows payroll deduction on a pre-tax basis to pay dependent care expenses. The maximum election is \$5,000.	
Employee Assistance Program (EAP) www.family- resources.net/	BBGH	Immediately	Immediately	Confidential counseling for employees and immediate family members who are having problems with work relationships, grief, marital/family relationships, etc. EAP provides 6 sessions per year per person.	
Paid Time Off (PTO)	ввсн	After 90 Days	After 90 Days	Accrual based on hours worked not to exceed 40 hours: 0-4 Years - 0.07884 5-8 Years - 0-08655 9-11 Years - 0.09546 12-19 Years - 0.12000 20-29 Years - 0.14000 30+ Years - 0.15924	
**This inc	ludes observed ho		 cover any absence from rial Day, Independence	oscheduled shift. Day, Labor Day, Thanksgiving Day, and Christmas Day.	
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Extended Illness Bank (EIB)	ввсн	After 90 Days	Not eligible – Must work 36 hours per week.	Maximum of 30 days (240 hours) accrued at a rate 0.054 hours for every hour worked in the event of long-term illness/disability. This is equivalent to 4.32 hours of EIB for 80 hours worked, or 3. 89 hours for 72 hours worked. Benefits coordinated with PTO.
Student Loan Forgiveness Program	ввдн	Immediately	Not Applicable	BBGH participates in the Nebraska Office of Rural Health's Nebraska Loan Repayment Program. The maximum possible amount paid for a medical student is \$30,000 for up to four years.
Continuing Education Stipend	ВВСН	Immediately	Immediately	Provider may request up to \$5,000 per fiscal year for continuing education.
BBGH Wellness <u>bbghwellness.org</u>	BBGH or Employee	Immediately	Not Applicable	BBGH Wellness is a personal and confidential online health management program designed to improve your health and reduce healthcare costs. We offer an onsite Health Screening, an online Health Risk Questionnaire, health education tools, resources, and a detailed personal individual Action Plan.
Bereavement Leave	BBGH	Immediately	Immediately	Three days of fully paid leave for funerals in immediate family. Part time employees will receive One day. Immediate family includes: Spouse, children, step-children, adopted children, mother, father, sister, brother, step-parents, step-brother, step-sister, and parents-in-law. Used within 10 days.