



Employee Benefits

Benefits are an integral part of the overall compensation package provided by NaphCare. The objective of the employee benefits program is to provide you and your eligible dependents with comprehensive coverage and protection by allowing you to select the plans that best meet your needs. Unless otherwise specified, the following benefits are offered to our full-time classified employees.

NaphCare's Medical Plans are available to all full-time and part-time over 30 hours classified employees.

Summary of Benefits	Medical Plan In-Network Comparison		
	Platinum Plan Group 72431	Gold Plan Group 63802	Silver Plan Group 71111
Annual Deductible Individual/Family	\$500/\$1,500	\$2,000/\$4,000	\$4,000/\$8,000
Annual Out-of-Pocket Max Individual/Family	\$6,600/\$13,200	\$7,500/\$14,000	\$9,000/\$14,000
Lifetime Maximum Benefit	Unlimited		
Physician Services			
Preventive Care	Covered 100%	Covered 100%	Covered 100%
Primary Care/Specialist Office Visit	\$30 copay/\$50 copay	\$35 copay/\$50 copay	\$30 copay first 3 office and first 3 spec, then ded + 20%
Teladoc	\$55 copay	\$55 copay	\$55 copay
Urgent Care	\$75 copay	Deductible + 20%	Deductible + 40%
Maternity Care	100% after ded	Deductible + 20%	Deductible + 40%
Chiropractic Care	Deductible + 20%	Deductible + 20%	Deductible + 40%
Diagnostics			
Lab and X-Ray at Physician's Office	\$10 copay	Deductible + 20%	Deductible + 40%
MRI, CT, PET at Physician's Office	Deductible + 20%	Deductible + 20%	Deductible + 40%
MRI, CT, PET at Outpatient Facility	\$250 copay	Deductible + 20%	Deductible + 40%
Hospital Services			
Inpatient and Residential Treatment	\$250 daily copay	Deductible + 20%	Deductible + 40%
Outpatient Surgery	\$250 copay	Deductible + 20%	Deductible + 40%
Mental Health Services			
Inpatient	Deductible + 20%	Deductible + 20%	Deductible + 40%
Outpatient	\$50 copay	Deductible + 20%	Deductible + 40%
Emergency Room	\$250 copay	Deductible + 20%	Deductible + 40%
Prescription Drugs (30-day supply)			
Tier 1	Prime Network Pharmacy \$4 copay	Prime Network Pharmacy \$10 copay	Prime Network Pharmacy \$15 copay after deductible
Tier 2	\$40 copay	\$45 copay	\$50 copay after deductible
Tier 3	\$75 copay	\$75 copay	\$75 copay after deductible
Specialty Drugs (30-day supply, no mail order)	20%	10%	Lesser of 50% or \$425 copay
Mail Order Prescription Drugs (90-day supply)	NaphCare Pharmacy - \$0/\$0/\$0 BCBS \$4/\$40/\$75	NaphCare Pharmacy \$0/\$0/\$0 BCBS \$10/\$45/\$75	NaphCare Pharmacy \$0/\$0/\$0 BCBS \$15/\$50/\$75

NaphCare's Dental Plan is available to all full-time and part-time over 30 hours classified employees.

Summary of Benefits	NaphCare Inc. Group BCBS Dental
Calendar Year Deductible Individual/Family	\$25/\$75
Calendar Year Out-of-Pocket Max Per Individual	\$1,350
Diagnostic and Preventive Services	Covered 100% after deductible
Basic Services (Restorations, simple extractions, endodontics, oral surgery)	Covered 100% after deductible
Periodontics Services	Deductible + 20%
Major Services (Veneers, inlays/on-lays/crowns, dentures/removable prosthetics, bridges)	Deductible + 50%
Orthodontic Services	Not covered

NaphCare's Vision Plan is available to all full-time and part-time over 30 hours classified employees.

Summary of Benefits	VSP Vision Plan	
	In-Network	Out-of-Network
Well Vision Exam (every calendar year)	\$10 copay	Reimbursement up to \$50
Prescription Glasses Frame (every other calendar year) Lenses (every calendar year)	\$25 copay for frame and lenses \$130 allowance + 20% off balance Single vision, lined bifocal/trifocal	Reimbursement up to \$70 Reimbursement depends on lens type
Contact Lens Exam (every calendar year)	Up to \$60 copay	Not covered
Contacts —in lieu of glasses (every calendar year)	\$130 allowance (no copay)	Reimbursement up to \$105

Health Care FSA

Contribute pre-tax dollars to a health care FSA to pay for qualified medical, dental, and vision expenses such as deductibles, copays, coinsurance, eye glasses, contact lenses, and other health-related expenses that are not paid by your insurance plans.

Dependent Care FSA

Contribute pre-tax dollars to a dependent care FSA to pay for qualified day care expenses to allow you and your spouse to work or attend school full time.

Basic Life and AD&D Insurance

NaphCare provides a company paid Basic Life and Accidental Death & Dismemberment (AD&D) benefit equal to one times annual salary, up to \$50,000, for all full-time employees through Mutual of Omaha.

Voluntary Life and AD&D Insurance

NaphCare provides benefit-eligible employees with the option to purchase additional Voluntary Life and AD&D insurance. If you purchase voluntary life and AD&D insurance for yourself, you may purchase coverage for your spouse and/or child(ren).

Employee	Up to \$250,000 or 7x salary
Spouse	Up to \$100,000 or 50% of employee election
Child(ren)	Up to \$10,000

Voluntary Short- and Long-Term Disability Insurance

NaphCare provides full-time employees with the option to purchase voluntary short-term and long-term disability insurance, which is intended to replace a portion of your income in the event a personal medical illness or injury keeps you from working. You are responsible for the full cost of the premium for short- and long-term disability coverage.

Please contact the Benefits department at benefits@naphcare.com for additional information regarding NaphCare Benefits or visit NaphCare Online.

401(k) Retirement Savings Plan

NaphCare provides a 401(k) retirement savings plan (pretax and Roth) to all full-time and part-time employees, immediately upon hire, as an easy way to help you save for the future. To support you in saving for retirement, NaphCare will match your contribution at a rate of \$0.25 for every \$1 you contribute up to 6 percent of your eligible pay.

Investment Advice

As a valued employee and 401(k) plan participant, you have access to investment guidance and resources through our partnership with the advisors of EverThrive Financial Group. Meet one-on-one with an advisor who can help you determine what type of investor you are, and how you can use that knowledge to build a diversified portfolio and invest with confidence.

Paid Time Off

NaphCare provides paid time off (PTO) accrued biweekly to active, full-time employees based on your years of service.

<u>Length of Service</u>	<u>Annual PTO Accrual</u>
Up to 5 years	160 hours per year
5+ years	200 hours per year

Paid Holidays

NaphCare provides eight paid days off in observance of the following holidays:

- New Year's Day
- Martin Luther King, Jr. Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Day after Thanksgiving
- Christmas Day

Your designated facility may have a separate operating policy/procedure regarding holidays based on clinical needs within the facility.

Educational Assistance Program

The tuition reimbursement program is available to full-time employees who have been employed by NaphCare for three (3) months, and provides financial assistance for certain educational programs up to a maximum of \$2,000 in a 12-month rolling period.

Employee Referral Rewards

NaphCare offers tiered referral bonuses to employees who recruit full-time or part-time employees. If that recruit successfully completes six (6) months service with the company, you will receive a tiered referral bonus based on that employee's classification and provider status.

NOTE: Please refer to the full policy on NaphCare Online for complete details.

Employee Assistance Program

NaphCare provides an EAP at no cost to all employees and their eligible dependents, which includes up to six (6) free face-to-face sessions and unlimited telephonic coaching for assistance with issues such as the following:

- Family life
- Financial
- Health
- Legal
- Emotional problems
- Personal growth
- Stress-related
- Unlimited telephonic coaching

This benefits summary contains highlights of the benefits options available to employees of NaphCare based on classification. They are not complete descriptions of the benefits. NaphCare may terminate, withdraw, or modify any benefit described in this update, in whole or in part, at any time.

About Your Benefits

In addition to the regular paycheck you receive for working at NaphCare, we offer numerous benefits, services, and conveniences to help provide protection and assistance for you and your family.

The Value you receive from these benefits and services is really a “hidden paycheck” provided by our Company, with a value of over one-third of your base pay.

Our insurance, 401(k) and other plan benefits are discussed in more detail in separate booklets, and in the formal contracts and other plan documents. In the event there is any question or conflict in language or interpretation between those booklets and documents in relation to the provisions of this Handbook, the terms of the actual contracts and other plan documents will control over the summaries.

It is further understood that nothing in any of the benefit plan summaries summarized in this section will be considered a waiver of the Company’s Standards of Attendance.

Employee Benefits Eligibility

Type of Benefit	Full-time Exempt & Non-Exempt Employees	Part-time Employees	PRN or Temporary Employees
Paid Time Off (PTO)	Yes	Over 30 hours	No
Medical and Prescription Insurance	Yes	Over 30 hours	Per ACA Guidelines
Dental Insurance	Yes	Over 30 hours	No
Vision Insurance	Yes	Over 30 hours	No
Company Paid Life and AD&D Insurance	Yes	No	No
Voluntary Life and AD&D Insurance	Yes	No	No
Short Term Disability Insurance	Yes	No	No
Long Term Disability Insurance	Yes	No	No
401(k) Retirement Plan	Yes	Yes	PRN - Yes Temporary - No
Paid Holidays	Yes	No	No
Employee Assistance Program	Yes	Yes	Yes
Worker’s Compensation	Yes	Yes	Yes
Unemployment Compensation	Yes	Yes	Yes
Social Security	Yes	Yes	Yes