

Benefit	Eligibility	Summary
Medical Insurance	<p>First of the month following 30 days of employment.</p> <ul style="list-style-type: none"> <li>▪ You, your spouse or domestic partner cannot have other medical coverage (including coverage through a Medicare Advantage Plan) while enrolled in either of Gundersen’s medical plans. The only exceptions are Federal or State subsidized individual medical plans (e.g. original Medicare, Medicaid, TRICARE, CHAMPVA, etc.).</li> <li>▪ If both you and your spouse are eligible employees at Gundersen, each may enroll as an eligible employee <b>or</b> be covered as a dependent of the other, <b>but not both</b>.</li> <li>▪ Your eligible dependent children may have other coverage while enrolled in either of Gundersen’s medical plans.</li> </ul>	<p><b>Consumer Involved Medical Plan (CIMP) with Cost Share Fund</b>                      In-network - \$2,000 deductible + 20% coins up to \$2,000. Out of pocket max=\$4,000/person.                      Out-of-network - \$4,000 deductible + 40% coins up to \$4,000. Out of pocket max=\$8,000/person.                      Family out-of-pocket maximums apply for family of more than two.</p> <ul style="list-style-type: none"> <li>▪ Cost Share Fund (CSF) pays 50% of deductible and coinsurance. Gundersen funds \$1,000 for single coverage or \$2,500 for single+dependent and family coverage. Cost Share Fund is pro-rated if enrolling mid-year.</li> <li>▪ Annual exams, preventive and diagnostic screenings covered at 100% in-network.</li> </ul> <p><b>*Monthly premiums: Employees working .75 FTE or above:</b>                      Single Plan \$73      Single+Dependents \$139      Family Plan \$243</p> <p><b>HMO \$500 Plan</b> – must see in-network providers for benefit coverage.                      \$500 deductible + 10% coinsurance up to \$500 + copays up to \$500.                      Out of pocket max= \$1,500/person or \$3,000/family.</p> <ul style="list-style-type: none"> <li>▪ Copays for physician office visits.</li> <li>▪ Annual exams, preventive and diagnostic screenings covered at 100% in-network.</li> </ul> <p><b>*Monthly premiums: Employees working .75 FTE or above:</b>                      Single Plan \$165      Single+Dependents \$302      Family Plan \$510</p> <p><b>HDHP-HMO Plan</b> – must see in-network providers for benefit coverage.                      Allows you to establish a personal Health Savings Account (HSA).                      \$3,000 deductible + 20% coinsurance up to \$3,750.                      Out of pocket max= \$6,750/person or \$13,500/family.</p> <ul style="list-style-type: none"> <li>▪ Copays apply after deductible is met.</li> <li>▪ Annual exams, preventive and diagnostic screenings covered at 100% in-network.</li> </ul> <p><b>*Monthly premiums: Employees working .75 FTE or above:</b>                      Single Plan \$10      Single+Dependents \$20      Family Plan \$35</p> <p>*Employees working less than .75 FTE pay an additional amount per month for coverage:                      Single Plan + \$45      Single+Dependents + \$90      Family Plan + 170</p>
Dental Insurance	<p>First of the month following 30 days of employment.</p> <ul style="list-style-type: none"> <li>▪ If both you and your spouse are eligible employees at Gundersen, each may enroll as an eligible employee <b>or</b> be covered as a dependent of the other, <b>but not both</b>.</li> </ul>	<p><b>Employees working .75 FTE or above:</b>                      Single Plan \$18                      Family Plan \$49</p> <p><b>Employees working less than .75 FTE:</b>                      Single Plan \$23                      Family Plan \$59</p> <ul style="list-style-type: none"> <li>▪ Plan pays 100% of preventive services (routine exams, x-rays, etc.).</li> <li>▪ Plan pays 70% to 80% of restorative services (fillings, crowns, bridges, endodontic services, etc.) up to an annual maximum of \$1,000 per covered person.</li> <li>▪ Plan features a separate orthodontic benefit that pays 50% of eligible orthodontic services up to a separate lifetime maximum benefit of \$1,500 to \$2,000 per covered person.</li> </ul>
Group Term Life Insurance	<p>First of the month following 30 days of employment.</p>	<p>Gundersen-paid coverage of 1.5 times annual salary to a maximum of \$50,000. (This benefit is provided at no cost to you).</p>
Supplemental Term Life Insurance	<p>First of the month following 30 days of employment.</p>	<p>You may purchase supplemental life insurance for yourself, your spouse and/or dependents. Cost is based on your age and desired coverage.</p>
Short-Term Disability Insurance	<p>First of the month following 30 days of employment.</p>	<p>Replaces lost income (60% of your annual salary to a maximum of \$1,000 per week) for up to 75 days should you become disabled and unable to work. Benefits available after 14 calendar days of disability (from day 15 until day 90). Cost is \$.414 per \$10 of covered weekly earnings.</p>
Long-Term Disability Insurance	<p>First of the month following 30 days of employment.</p>	<p>Replaces lost income (60% of your annual salary up to a maximum of \$6,000 per month) should you become disabled and unable to work. Benefits available after 90 calendar days of disability (from day 91 until age 65). Cost is \$.41 per \$100 of monthly gross income.</p>

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Holidays	Immediately.	New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving, Christmas Eve afternoon and Christmas Day.																																
Paid Time Off (PTO)	Must work 40 hours or more per two-week pay period.	<p>You accrue PTO beginning your first day of employment.</p> <p><b>Full-time employees (1.0 FTE, 80 hours/2 week pay period)</b></p> <table border="0"> <tr> <td>Up to 5 years</td> <td>24 days</td> <td>16-17 years</td> <td>32 days</td> </tr> <tr> <td>6-11 years</td> <td>29 days</td> <td>18-19 years</td> <td>33 days</td> </tr> <tr> <td>12-13 years</td> <td>30 days</td> <td>20 years</td> <td>34 days</td> </tr> <tr> <td>14-15 years</td> <td>31 days</td> <td>21+ years</td> <td>39 days</td> </tr> </table> <p><b>Part-time employees (.5 FTE, 40 hours/2 week pay period)</b></p> <table border="0"> <tr> <td>Up to 5 years</td> <td>10.20 days</td> <td>16-17 years</td> <td>13.60 days</td> </tr> <tr> <td>6-11 years</td> <td>12.32 days</td> <td>18-19 years</td> <td>14.03 days</td> </tr> <tr> <td>12-13 years</td> <td>12.75 days</td> <td>20 years</td> <td>14.45 days</td> </tr> <tr> <td>14-15 years</td> <td>13.18 days</td> <td>21+ years</td> <td>16.57 days</td> </tr> </table> <ul style="list-style-type: none"> <li>▪ Calculations change for employees working .9, .8, .75, .60 FTE, etc.</li> <li>▪ You can carry forward a maximum of 480 hours of PTO to the next calendar year and can cash in a maximum of 160 hours each calendar year.</li> </ul>	Up to 5 years	24 days	16-17 years	32 days	6-11 years	29 days	18-19 years	33 days	12-13 years	30 days	20 years	34 days	14-15 years	31 days	21+ years	39 days	Up to 5 years	10.20 days	16-17 years	13.60 days	6-11 years	12.32 days	18-19 years	14.03 days	12-13 years	12.75 days	20 years	14.45 days	14-15 years	13.18 days	21+ years	16.57 days
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Retirement Plan	<p>Employees age 21 or older who work 40 hours or more in a two-week pay period. Must work 1,000 hours per year and be employed on Dec. 31 of each year to receive Gundersen base contribution. In initial year of hire or initial year of becoming eligible, need only average 19.23 hours per week.</p> <ul style="list-style-type: none"> <li>▪ Salary Deferment 401(k) entrance is the first of the month following 30 days of employment. Thereafter, you can enroll at any time. You may make personal pre-tax and/or Roth after-tax contributions to the plan.</li> </ul>	<p>Defined Contribution Retirement Plan has two components:</p> <p><b>Base Contribution</b> For each plan year (Jan. 1 to Dec. 31), Gundersen Health System will make a Base Retirement Plan Contribution on behalf of each eligible participant. The amount of the contribution is determined annually and is dependent on the financial performance of the organization. Contributions are made to plan accounts after the year has ended. No employee contribution is required to receive the base contribution.</p> <p>Vesting is calculated on a calendar year basis:</p> <table border="0"> <tr> <td>2 years of service</td> <td>20%</td> </tr> <tr> <td>3 years of service</td> <td>40%</td> </tr> <tr> <td>4 years of service</td> <td>60%</td> </tr> <tr> <td>5 years of service</td> <td>80%</td> </tr> <tr> <td>6 years of service</td> <td>100%</td> </tr> </table> <p><b>Salary Deferment 401(k)</b> Gundersen matches 100% on the first 3% you contribute and \$.50 for each dollar up to the next 2% you contribute, for a maximum contribution of 4%.</p> <table border="0"> <thead> <tr> <th>You contribute</th> <th>Gundersen contributes</th> </tr> </thead> <tbody> <tr> <td>1%</td> <td>1%</td> </tr> <tr> <td>2%</td> <td>2%</td> </tr> <tr> <td>3%</td> <td>3%</td> </tr> <tr> <td>4%</td> <td>3.5%</td> </tr> <tr> <td>5%</td> <td>4%</td> </tr> </tbody> </table> <p>The matching contribution is made after each pay period. You may elect to contribute more than 5%. By law, the voluntary contribution is limited to a maximum of \$19,500 for persons under age 50, and \$26,000 for persons age 50 or older by the end of the year. You are immediately 100% vested in your voluntary contributions and Gundersen's matching contributions.</p>	2 years of service	20%	3 years of service	40%	4 years of service	60%	5 years of service	80%	6 years of service	100%	You contribute	Gundersen contributes	1%	1%	2%	2%	3%	3%	4%	3.5%	5%	4%										
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Health Care and Dependent Care Flexible Spending Accounts (FSA)	First of the month following 30 days of employment.	Flexible spending accounts allow you to pay healthcare expenses and dependent care expenses with pre-tax dollars. Maximum of \$2,750 for healthcare FSA and \$5,000 for dependent care FSA.																																
Employee Discounts on Non-Covered Medical Services	Active employees and retirees, their spouses and eligible dependents.	A 20% employee discount for services not covered by Gundersen's medical and dental plans is available. Gundersen must deliver the service for the discount to apply. The discount does not apply to deductible amounts, co-pays or coinsurance amounts.																																
Identity Theft Protection	First of the month following 30 days of employment.	You may purchase Identity Theft Protection through ID Watchdog. Choose between two plans and either employee only or family coverage.																																
Pet Insurance	First of the month following 30 days of employment.	You may purchase My Pet Protection Pet Insurance through Nationwide. Choose between two plans for your dog and/or cat.																																

This is a summary of your benefits under the Gundersen Health System Total Benefit Program. This benefit grid is for informational purposes only and is subject to change. To be eligible for benefits, you must be classified as a .50 FTE or greater. If there are any discrepancies between this and the actual plan documents, the plan documents will control in all cases. Also, the establishment of these plans in no way change your employment rights or guarantees your employment with Gundersen Health System. If you have questions about this information, please contact the Benefits department at ext. 70140 or at (608) 775-4743 and press 2.