

Benefit Offerings

2021 - 2022



*At **Village Health Partners** we have a talented staff that we try to challenge and reward. The providers and staff foster a work place that is **respectful, professional and engaging**. We encourage and are encouraged by positive, enthusiastic, empathetic, efficient, and innovative people. We will always strive to have an environment based on our core values while implementing our mission statement.*

Eligible employees at VHP are provided a wide range of benefits. A number of the programs (such as Social Security, workers' compensation, state disability, and unemployment insurance) cover all employees in the manner prescribed by law. Benefits eligibility is dependent upon a variety of factors, including employee classification.

The following benefit programs are available to eligible employees on the first of the month after completion of initial 60 days. Some benefit programs listed require contributions from the employee.

Medical - Cigna Local Plus

VHP contributes up to 83% of employee only cost depending on plan selection.

	HDHP EPO
Individual Deductible:	\$5,000
Family Deductible:	\$10,000
Coinsurance:	100%
Office/Specialist Visit:	Deductible, then covered at 100%
Out-Of-Pocket:	\$5,000
Family Out-of-Pocket:	\$10,000
Wellness Exam:	Covered at 100%, no deductible
Emergency Room:	Deductible, then covered at 100%
Urgent Care:	Deductible, then covered at 100%
RX:	Deductible, then covered at 100% Combined with medical deductible

Dental - Mutual of Omaha

Vision - Mutual of Omaha

Deductible:	LOW PLAN
Preventative Services	\$50 Individual / \$150 Family
Basic Services:	100%
Major Services:	80%
Annual Maximum:	50%
	\$1,000/\$1,000 (orthodontia)

Deductible:	HIGH PLAN
Preventative Services	\$50 Individual / \$150 Family
Basic Services:	100%
Major Services:	90%
Annual Maximum:	60%
	\$2,500/\$1,500 (orthodontia)

Eye Exam: (1x12 months)	\$10 Copay
Lenses: (1x12 months)	\$25 Copay (Standard Progressive - \$65 Copay; Premium Progressives - \$85-\$110 Copay)
Frames: (1x24 months)	\$0 Copay, \$120 allowance plus \$20% off balance over allowance
Contact Lenses: (1x12 months)	\$0 Copay, \$120 allowance plus 15% off balance over allowance

Additional Voluntary Plans

Life Insurance:

- \$25,000 Group Life insurance paid by the company
- Voluntary Life/ADD coverage

Disability Coverage:

- Voluntary Short-Term Disability coverage
- Voluntary Long-Term Disability coverage

Voluntary Supplement Benefits - Colonial Life

- Accident
- Cancer
- Critical Illness
- Hospital Confinement/Medical Bridge

Paid Time Off (PTO)

- **Year 1:** 3.7 hours per pay period
- **Years 2-4:** 4 hours per pay period
- **Years 5-9:** 5.54 hours per pay period
- **Years 10+:** 6.5 hours per pay period

**Based on bi-weekly pay period*

Paid Holidays

- New Year's Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Day After Thanksgiving (1/2 day)
- Christmas Eve (1/2 day)
- Christmas Day

**Full-time employees eligible after completion of 90 days*

401(k)

Employees age 21 and over are eligible after completing 6 consecutive months of service with 500 hours worked. VHP matches employee contributions up to 3%, plus 50% of your contributions up to 5%.

Staff Reward Programs

- New Patient Referrals
- New Hire Referrals