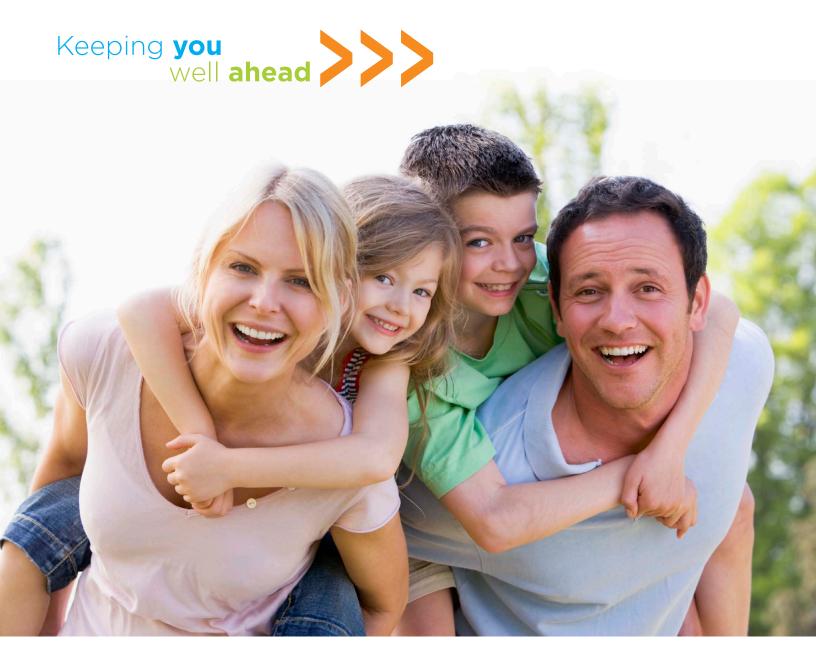
Main Line Health Weekend Staff

2012 Applicant Benefit Summary





WELCOME

Dear Applicant:

Welcome to the Main Line Health Applicant Benefit Summary.

Main Line Health's success is directly attributable to the talent and dedication of our employees and the immeasurable difference they make, both individually and collectively, in the lives of those who turn to us for their health care needs.

The people of our organization are our most valuable assets, and we remain committed to offering the members of the Main Line Health community highly competitive, convenient and comprehensive benefits. We are very pleased that you are considering joining that community, and we know that benefits are an integral factor in your decision. We hope this summary provides you with greater insight into the advantages of joining Main Line Health.

While the information within is a thorough depiction of the benefits offered, it is not exhaustive. We encourage you to review this summary and discuss any questions you have with your recruitment specialist.

Again, thank you for your consideration. We hope to welcome you to Main Line Health!

Sincerely,

Paul Yakulis

Senior Vice President, Human Resources

Your Medical Benefits

Main Line Health works hard to provide you with benefits options that meet your and your families' needs while managing rising health care costs. Following is a description of the medical benefit options that are available to you for 2012. (For more information, see the 2012 medical benefits comparison chart.)

JeffPLUS Keystone HMO

- This health maintenance organization (HMO) is administered through Independence Blue Cross (IBC).
- You can receive care from Keystone network providers or from a JeffPLUS provider who also participates in the Keystone network.
- You must select a primary care physician (PCP) from the Keystone network.
- If you do not use a PCP and use providers within your plan's network, benefits will not be paid.
- There are no annual deductibles or claim forms to file.
- Visit the JeffPlus Directory on Benefits Express to select a participating JeffPLUS Provider as your PCP.

JeffPLUS Personal Choice PPO

- This Preferred Provider Organization is administered through Independence Blue Cross (IBC).
- Through the JeffPLUS Personal Choice option, you have three tiers of coverage. You can receive care from
 - JeffPLUS JHS facilities and providers (i.e., MLH, TJUH, Methodist and Magee)
 - JeffPLUS Non-JHS facilities and providers (i.e., Aria, Nemours and Virtua)
 - IBC Personal Choice in-network facilities and providers (i.e., Temple, CHOP, etc.)
- Your level of coverage will differ depending on the provider you use.
- You do not need to select a PCP or obtain referrals to see specialists.
- If you do not obtain services from a JeffPLUS provider, you must meet an annual deductible before the plan pays benefits.
- Visit the JeffPLUS Directory on Benefits Express to find a participating provider.

JeffPLUS IBC Blue Saver HRA (CDHP)

- MLH's Consumer-Driven Health Plan (CDHP) offers you the opportunity to make elections about how you want to spend your healthcare dollars (including how much to budget for out-of-pocket expenses), which providers to see and what services fit your personal situation.
- Essentially, it is a PPO Plan with a higher deductible. MLH deposits money into a fund to help cover your deductibles.

The amount you pay for care under the CDHP depends on the provider you use. Here are the network choices available to you:

- **Tier 1:** JeffPLUS JHS facilities/providers when you receive care from JeffPLUS hospitals/facilities or JeffPLUS physicians that also participate in Blue Cross' network
- **Tier 2:** Blue Cross network when you receive care from any non-JHS facility or provider that participates in Blue Cross' network
- **Tier 3:** Out-of-network when you receive care from a provider or facility that does not fall under one of the above categories

Your Dental Benefits

You can select from three dental plan options, each of which offers preventive, basic and major restorative care (you may also waive coverage):

- Aetna DMO (service areas may be limited)
- Delta Dental Core Program
- Delta Dental Plus Program

YOUR DENTAL OPTIONS AT-A-GLANCE				
	Aetna DMO	Delta Core	Delta Plus	
Annual Deductible				
Employee Only	None	\$50	\$50	
Employee + Family	None	\$150	\$150	
Preventive/Diagnostic Care: Check-ups X-rays Cleanings for pregnant women	Covered 100%	Covered 100%, no deductible	Covered 100%, no deductible	
Basic Care Services include Fillings* Extractions Recementing of crowns Root canals** Treatment of gum disease Endodontics Periodontics Oral Surgery	Covered 100%	Covered 80%, after deductible	Covered 80%, after deductible Composites- all teeth	
Major Restorative Care Services include installation of bridges and dentures, dental implants, inlays and onlays, crowns, and abutments***	Covered 50% Dental implants are not covered under the DMO Plan	Covered 50%, after deductible Dental implants are not covered under the Core Plan Orthodontic Benefit (children only)	Covered 50%, after deductible Dental implants are covered Orthodontic Benefit adult and children	
Network Annual Benefit Maximum (excludes orthodontia benefits)	None	Preferred - \$1,500 per person Premier - \$1,700 per person	Preferred - \$1,700 per person Premier - \$2,000 per person	

^{*} Under Delta Dental Core Plan, composites are covered for front teeth only.

^{***} Clinical crown lengthening covered at 100%

ORTHODONTIA CARE				
Annual Deductible	None	\$50 per person	\$50 per person	
Plan Benefits	Covered 50%	Covered 50%, after deductible	Covered 50%, after deductible	
Lifetime Benefit Maximum	None	Preferred - \$1,500 per person Premier - \$1,700 per person	Preferred - \$1,700 per person Premier - \$2,000 per person	

 $^{^{\}ast\ast}$ Under the Aetna DMO, root canals on molars are covered at 50%.

Your Vision Benefits

Under the MLH Vision Plan, vision care is offered through Vision Benefits of America (VBA). You can receive vision care and purchase corrective eyewear at in-network rates through VBA's nationwide network of more than 12,000 optometrists, ophthalmologists and retail optical stores.

You can choose from the following options (you may also waive coverage):

- Vision Benefits of America Core Plan (VBA)
- Vision Benefits of America Plus Plan (VBA)

VISION BENEFITS OF AMERICA (VBA) CORE PLAN				
Covered Services	In-Network (VBA Participant)	Out-of-Network (Any Physician/Optometrist)		
Eye Exam	Covered 100%	Up to \$40		
Lenses (every 12 months)				
Single-vision	Covered 100%	\$40		
Bifocal	Covered 100%	\$50		
Trifocal	Covered 100%	\$75		
Lenticular	Covered 100%	\$100		
Frames (every 12 months)	Covered 100% ¹	Up to \$65		
Contact Lenses (in lieu of glasses) (including the cost of the exam)				
 Medically necessary² 	Covered 100% ³	\$320		
Elective	\$160	\$160		

VISION BENEFITS OF AMERICA (VBA) PLUS PLAN			
Covered Services	In-Network (VBA Participant)	Out-of-Network (Any Physician/Optometrist)	
Eye Exam	Covered 100%	Up to \$40	
Lenses (every 12 months)			
Single-vision	Covered 100%	\$40	
Bifocal	Covered 100%	\$50	
Trifocal	Covered 100%	\$75	
Lenticular	Covered 100%	\$100	
Bonus Lens Package (every 12 mont	hs)		
 Solid or Gradient Lens Tints 	Covered 100%	\$40	
Photosensitive	Covered 100%	\$50	
Transitions	Covered 100%	\$75	
Antireflective	Covered 100%	\$100	
Frames (every 12 months)	Covered 100% ¹	Up to \$65	
Contact Lenses (in lieu of glasses) (including the cost of the exam)			
 Medically necessary² 	Covered 100% ³	\$320	
Elective	\$200	\$200	

'Within the plan's allowance (frames — about \$75 wholesale; approximately \$190-\$225 retail)

²Contacts are considered medically necessary in these situations:

- Following cataract surgery
- Keratoconus
- To correct extreme visual acuity problems not correctable with spectacle lenses
- To correct for significant anisometropia

³Expenses for medically necessary contacts purchased at VBA participating providers are covered at 100% up to reasonable and customary (R&C) limits. R&C limits are the normal range of fees for a product or service in a geographic area as determined by VBA.

Weekend Program

Additional Benefits

Main Line Health offers a variety of programs to help you balance your personal needs at both work and home. These include

Flexible Spending Accounts

MLH offers you two pre-tax accounts that allow you to set aside money to pay for certain healthcare and dependent care expenses:

- Health Care Flexible Spending Account You can contribute from \$78 to \$5,000 annually or you can choose to waive coverage.
- Dependent Care Flexible Spending Account You can contribute from \$78 to \$5,000 annually (\$2,500 if you are married and file separate tax returns) or you can choose to waive coverage.

MLH Retirement Plans

- Pension Plan: A pension is a benefit paid to you when you retire that you earn during your working years. Your pension pays you every month of your retirement and can continue to pay your spouse, if living, after your death, until the spouse's death. The amount that you will get each month depends on your length of service and your annual earnings. It is 100% funded by Main Line Health.
- Retirement Savings Plan (403b): For every dollar you contribute to the plan, up to 4% of your earnings, MLH will match \$.25. You don't pay taxes on the money you contribute, the matching fund, or the interest or earnings of the fund until you make a withdrawal. You are always 100% vested in the money you contribute and the investment gains (or losses) on that money. You become fully vested in (that is, you are entitled to) MLH's matching contributions after two full years of employment. If you are not taking advantage of the match, you're losing money! If you earn \$25,000 and contribute 4%, you are saving \$1,000 and getting a match of \$250, plus investment earnings on both. If you have to, start small and build up your savings rate. Any questions call Participant Services at 800-523-1188 or go to http://mlh.vanguard-education.com/

Work/Life Benefits

Carebridge - Main Line Health's work/life information provider. Carebridge counselors and publications can help with Child Care, Eldercare, Parenting, College Planning, Relocation, Adoption Information, Personal Financial Management, Time or Stress Management. They will help you with referrals, provide written material and help you find eldercare options. This program is provided at no cost to employees.

Direct Deposit - All new employees are required to sign up for Direct Deposit (using ePay through MLH Self Service) to a checking or savings account through payroll deductions. **Employee Discount Programs** - To find information related to a variety of vendor offerings to MLH employees, visit Benefits Express.

FirstCALL Employee Assistance Program - FirstCALL is Main Line Health's Employee Assistance Program (EAP). This program provides short-term counseling, consultation, referrals and case management to employees and members of their households. FirstCALL can help you address issues such as: stress, relationship and emotional problems, job pressures, concerns about substance abuse, legal and financial quandaries, health advocacy services and more. Employee Assistance services are free, confidential and accessible 24/7.

Franklin Mint Federal Credit Union - A Federal Credit Union is available to all employees of Main Line Health. The Credit Union offers a wide variety of banking, financial and investing services to members, including checking and savings accounts, mortgages, loans, insurance, brokerage and investing accounts, credit cards, ATM cards, and online banking. The Credit Union offers convenient, low cost services to Main Line Health Employees.

Parking - Free parking. All employees are eligible upon hire. Transfer Opportunities (Job Posting) - Employees are eligible to post for transfer opportunities within Jefferson Health System after nine months of service. Consideration is based on qualifications.

Tuition Reimbursement - Employees pursuing an approved course of study can receive reimbursement for the cost of tuition at an approved educational institution.



2012 MLH Employee Contributions

Your contribution rates for medical, dental and vision coverage are determined by the level of coverage you choose, the type of plan you enroll in and the number of hours you are authorized to work each pay period. The charts below show the MLH bi-weekly contributions effective January 1, 2012, by medical and dental plan option, for each of the applicable authorized hour bands.

Medical

	CHDP	Personal Choice PPO	Keystone HMO
Single	\$68.01	\$97.15	\$111.72
EE + 1	\$140.95	\$201.35	\$231.55
Family	\$192.22	\$274.60	\$315.79

Dental

	Delta Dental Core Plan	Delta Dental Plus Plan	Aetna DMO
Single	\$10.25	\$12.10	\$7.05
EE + 1	\$20.25	\$23.94	\$13.40
Family	\$29.00	\$34.54	\$24.40

Vision

Bi-weekly Employee Contributions for Core Vision (All Benefits-Eligible Employees)		Bi-weekly Employee Contributions for Vision Plus (All Benefits-Eligible Employees)			
Single	EE + 1	Family \$6.26	Single	EE + 1	Family
\$2.82	\$5.25		\$3.96	\$7.38	\$9.12



Time Away From Work

Main Line Health (MLH) recognizes the need for employees to balance their work life with their family and personal life. That's why MLH offers a Time Away from Work Program that includes a flexible Earned Leave Program that may be used for personal time off, scheduled vacations and your own illness as well as an income replacement program for time missed from work due to your own illness or injury.

Earned Leave Program

Full-time and part-time employees who are authorized to work at least 32 hours bi-weekly are eligible to accrue hours in the two banks of Earned Leave:

- Basic Leave
- Extended Illness Leave

You begin accruing both Basic and Extended Illness Leave immediately upon employment. However, you may not use leave from either bank until you complete 90 days of employment.

Basic Leave can be used for vacation, a short-term illness (of seven or fewer calendar days), personal business or any other reason you need time away from work.

Extended Illness Leave may be used beginning the eighth calendar day of an absence due to a serious illness or a prolonged medical condition (e.g., pregnancy). Extended Illness Leave covers employees only. Physician certification is required.

Short-Term Disability (STD)

STD benefits are provided to benefits-eligible employees who are authorized to work a minimum of 32 hours, bi-weekly (60 hours for MLHC employees). STD benefits begin either:

- The eighth calendar day of leave OR
- The day after your extended leave is exhausted

Your STD benefit is equal to 60% of your weekly pre-disability pay. Combined with Basic Leave and Extended Leave, this pay will cover you through the 180th calendar day of your qualified leave due to illness or injury.

Long-Term Disability (LTD)

LTD benefits are provided to benefits-eligible employees who are authorized to work a minimum of 60 hours bi-weekly. Long-Term Disability (LTD) benefits begin on the 181st calendar day that you are unable to work due to a qualifying disability.

You will be automatically enrolled in our 60% LTD (MLH-paid) plan as a new hire. You may elect to pay an additional premium amount in order to receive 70% LTD coverage. This election can be made at your time of hire or during our annual open enrollment. You may not waive LTD coverage.

Holidays

Each year, you receive six paid holidays: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and Christmas Day. Because of patient care needs, scheduling of holiday time off is dependent on staffing. If you need to work on a holiday, you will receive another day off.

Other Time Off Jury Duty

All employees who serve will be paid as if they had worked their authorized scheduled hours. You do not have to relinquish pay you receive for jury duty. To ensure adequate staffing, give the jury duty summons to your supervisor immediately. If your service is not required, notify your manager. You may be required to report to work. If not, you may use Basic Leave. For evening and night shifts, you will be paid if you serve the day of your assigned evening shift or the day immediately after your assigned night shift. Shift differential will apply if you normally work the evening or night shift. Jury duty pay is not used to determine overtime.



Bereavement Leave

All benefits-eligible employees, regardless of length of employment, are eligible to receive between 16 and 40 hours of paid bereavement leave for family members as shown below. Part-time employees receive pro-rated time off, up to their authorized bi-weekly hours. To be paid, you must notify your manager within seven days of the loss of your family member. Bereavement Leave is not used to determine overtime.

Up to 40 Hours of Paid Leave for

- **Spouse:** a husband, a wife or a verified domestic partner
- **Parent:** a biological, adoptive or step- parent or legal guardian
- Child: a biological child, a stepchild, a child of a verified domestic partner or a legal dependent

Up to 16 Hours of Paid Leave for

- **Sibling:** a biological, adoptive or step- sister or brother
- Grand-relationships: a biological, adoptive or stepgrandparent/grandchild
- In-law relationships: parent-, son- or daughter-in-law defined as a relative by marriage or verified domestic partnership

You may be granted paid Basic Leave (or unpaid leave) for the death of someone not specified here.

For more information regarding our benefits, see the enrollment guide on Benefits Express, www.mainlinehealth.org/hrbenefits.

