



# WORKING FOR YOU:

## THE EMPLOYEE BENEFITS GUIDE

PLAN YEAR | APRIL 1, 2008 – MARCH 31, 2009

*[www.virginiahospitalcenter.com](http://www.virginiahospitalcenter.com)*



## At Virginia Hospital Center we are striving to Be the Best.

You see, to Be the Best is our mission. It's really that simple. And, we know that your time and expertise are valuable, which is why we offer one of the best benefits packages in the area. Virginia Hospital Center is a community-based hospital with the luxury of being located within a large and culturally diverse metropolitan area, providing you with the convenience of national museums, public transportation, shopping, nightlife, and more.

We are committed to your employment experience. We want to recognize your needs, and the needs of your family, in order for you to provide your best at the work place.

Human Resources at Virginia Hospital Center is dedicated to customer service and you are our customer. We have an open door policy and encourage your feedback, ideas, and/or comments regarding your employment with us.

## How Your Employee Benefits Package Works

You are eligible to receive benefits on the first day of the month following your date of hire. You have 30 days to apply for the benefits of your choice. If you do not enroll for benefits within this time frame, you will have to wait for open enrollment (annually) to apply for benefits. No exceptions can be made to this provision. Eligible employees are full-time status employees who work at least 32 hours per week, and permanent part-time status employees who work at least 20 hours per week.

## Family Status Change

Since life has a way of changing, and some of these changes may affect your need for benefits, you may make a coverage change during the year if you experience a change in family status by you, your spouse, or your dependents. Some qualified events include marriage, birth or adoption of a baby, divorce, or change of status of employment by you or your spouse. **You have 30 days after the change in family status event to make a benefit change. Contact Human Resources to see if you are eligible for a change. Newborn children must be added to the health plan within 30 days from the date of birth.**

Our benefits program is tax-effective in ways you may not even realize. For example, the premiums you pay for certain benefits (such as medical coverage) are deducted from your pay on a pre-tax basis. Because of this favorable tax treatment, IRS rules limit changes to your coverage during the year. Changes are only allowed within 30 days of a qualifying event – such as marriage, birth of a child, or a change in your or your spouse's employment status – and must be consistent with the event. If you do not have a qualifying event, next year's annual open enrollment period will be your next opportunity to change coverage.

## Employee Status Change

If you have an employment status change from PRN or part-time to full-time or permanent part-time, you have 30 days from your status change effective date to enroll in hospital benefits. No exceptions can be made to this provision. If your employment status changes and you become a benefits-eligible employee, your benefits will become effective on the first of the month following your employment status change. If you do not enroll in hospital benefits during this 30 day window, next year's annual open enrollment period or family status change event will be your next opportunity to add coverage.

## Annual Enrollment Time

This is the one time each year that you are allowed to add or change your benefits, a rule established by government regulations, because you pay for the benefits with pre-tax dollars. Careful attention to this summary will help ensure that your benefits meet your needs. During annual enrollment, you may add or drop coverage, add or drop dependents, and/or change plans. Your Medical and Dependent Care Flexible Spending Account elections do not automatically carry over each year. If you want to participate in the Flexible Spending Account programs, you must enroll each year, even if you want your Flexible Spending Account levels to stay the same.

# Virginia Hospital Center Summary of Employee Benefits

BENEFIT	FULL-TIME 32-40 HOURS	PERMANENT PART-TIME 20-31 HOURS	PRN (ON CALL) PART-TIME UNDER 20 HOURS PER WEEK
Answer Financial, Inc.	•	•	•
Apartment-Renter's Discount Program/NPEP	•	•	•
Arlington Transit	•	•	•
AVFCU Credit Union	•	•	•
Bereavement Leave	•	•	
Core Pension Plan & 401(k)/403(b)	•	•	•
Curves	•	•	•
Direct Deposit	•	•	•
Employee Assistance Program	•	•	•
For Eyes	•	•	•
Jury Duty	•	•	
Life Insurance	•	•	
Long-Term Disability (LTD)	•	•	
Medical/Day Care Flexible Spending Plans	•	•	
Medical/Dental Insurance	•	•	
Paid Family Leave Program	•	•	
PTO (Paid Time Off)	•	•	• (PT Only)
Sick Time (EIB or SCK Bank)	•	•	• (PT Only)
Short-Term Disability (STD)	•	•	
Sprint/Nextel	•	•	•
Tuition Reimbursement	•	•	
Verizon Wireless	•	•	•
Wachovia Bank Services	•	•	•
Washington Sport and Health	•	•	•
Worker's Compensation	•	•	•
YMCA	•	•	•
1-800-Flowers	•	•	•

## Virginia Hospital Center PPO Plan

Virginia Hospital Center has selected two networks: **CareFirst BC/BS** (Preferred Provider Organization PPN/PPO, or Select Preferred Providers PPO) and **Private Healthcare Systems** (PHCS). You choose a network option – either PHCS or CareFirst BC/BS – to direct your healthcare needs. This makes good sense from a medical perspective because the networks help assure that every physician is qualified with the appropriate credentials. It also makes sense from a cost perspective, because when you use a network physician, you receive the service at a discounted rate. In addition, when you use Virginia Hospital Center services you receive a 100% benefit. National Claims Administrative Services, Inc. (NCAS) is the plan administrator for our PPO plan. To contact NCAS call, 703-934-6227 or visit their website at [www.ncas.com](http://www.ncas.com).

## Medical Insurance Employee Cost for Plan

APRIL 1, 2008 – MARCH 31, 2009

DEDUCTION PER PAY PERIOD	PPO PLANS FULL-TIME	PPO PLANS PERMANENT PART-TIME
Employee Only	\$46.65	\$93.30
Employee & Child/Children	\$99.00	\$198.00
Employee & Spouse	\$115.24	\$230.48
Employee & Family	\$163.05	\$326.10

## Health Insurance Coverage Overview

SERVICES	CAREFIRST/PHCS (YOU MAY ONLY ACCESS ONE NETWORK, WHICH YOU CHOOSE AS A NEW HIRE OR DURING OPEN ENROLLMENT.)
Deductible	\$2000 for Out-of-Network (inpatient only)
Pre-Existing	None
Primary Care Physician (PCP) Visits	\$15 Co-Pay In-Network / 50% Out-of-Network
Specialist Visits	\$30 Co-Pay In-Network / 50% Out-of-Network
Gynecological Visits	\$15 Co-Pay In-Network / 50% Out-of-Network
Maternity	\$15 Co-Pay In-Network / 50% Out-of-Network
Well Baby	\$15 Co-Pay In-Network / 50% Out-of-Network
Outpatient Surgery	100% Virginia Hospital Center / 70% In-Network / 50% Out-of-Network
Inpatient Room & Board	100% Virginia Hospital Center / 70% In-Network / 50% Out-of-Network
Inpatient Diagnostic Lab & X-Ray	100% Virginia Hospital Center / 70% In-Network / 50% Out-of-Network
Outpatient Diagnostic Lab & X-Ray	100% Virginia Hospital Center / 70% In-Network / 50% Out-of-Network
Inpatient Mental/Nervous/Alcohol/Drug	100% Virginia Hospital Center / 70% In-Network / 50% Out-of-Network
Outpatient Mental/Nervous/Alcohol/Drug	\$30 Co-Pay In-Network / 50% Out-of-Network
Wellness & Preventative	\$1000 Maximum Per Year, Per Person Age 6 or Older (Unlimited for children under age 6)
Urgent Care	100% Virginia Hospital Center / \$15 Co-Pay In-Network / 50% Out-of-Network
Emergency Room	100% Virginia Hospital Center / 70% In-Network / 70% Out-of-Network
Prescription Plan Deductible	\$50 Individual / \$150 Family
Prescription Plan	\$10 Generic / \$25 Preferred Brand / \$35 Non-Preferred Brand
Mail Order Prescription Plan – No Deductible	\$20 Generic / \$50 Preferred Brand / \$70 Non-Preferred Brand (90-Day Supply)
Maximum Out-of-Pocket	\$2500 Individual / \$5000 Family In-Network, \$5000 / \$10000 Out-of-Network
Vision Care	\$200 Per Year, Per Person

## Prescription Drug Card Details (Caremark/CVS)

Generic versions of brand name drugs are reviewed and approved by the FDA (Food & Drug Administration). Generic drugs have the same active ingredients and come in the same strength and dosage form as the brand name drug. If you choose the generic drug, you will always pay the lowest co-pay. The patient should discuss the prescription alternatives with his/her doctor to determine if a lower cost alternative is available and appropriate for his/her condition. The patient and the doctor should determine the treatment plan that is most appropriate for the condition. In some cases, this may mean the patient will pay the higher co-pay. "Preferred Brand Drugs" are those included on the Caremark Performance Drug List. "Non-Preferred Brand Drugs" are not. If you choose to purchase a brand drug when the generic equivalent is available, you will be required to pay the generic co-pay plus the difference between the cost of the brand name and the generic. You will not be required to pay this difference if your doctor specifies the brand name drug on the written prescription and writes "Dispense as Written" on it. If the drug you have been prescribed is in a therapeutic category not listed on the Performance Drug List, you will pay the lower brand name co-pay.

Caremark maintains an open formulary that allows, subject to the determination of an independent Pharmacy and Therapeutics Committee, the inclusion of any ambulatory prescription drug product approved by the FDA for use in the United States. The Performance Drug List is a list of certain brand-name prescription drugs that is updated from time to time. Using performance drugs saves you money, but you are not required to use them. The Performance Drug List is regularly reviewed and periodically updated. For the most current listing, check the Internet at [www.druglist.com](http://www.druglist.com). For prescription questions call 1-866-831-4336.

### MAIL SERVICE PRESCRIPTION DRUG PROGRAM

The Mail Service Prescription Drug Program provides benefits for maintenance drugs which require a prescription by law to purchase, and insulin. The maximum quantity which can be claimed is a 90-day supply which is more than can be obtained under the regular Prescription Drug Plan. Use of the Mail Service Prescription Drug Program will save you trips to the pharmacy and minimizes the prescription co-payments. Please visit the "Benefits Corner" on the Employee Portal for the forms needed to order maintenance drugs via mail order or visit the Caremark website at [www.caremark.com](http://www.caremark.com). The Administrator for the Mail Service Drug Program is: **Caremark Mail Service**, P.O. Box 830070, Birmingham, AL 35283-0070. To fill prescriptions over the phone call Caremark Prescription at 1-866-831-4336.

## Dental

Dental coverage is provided thru the **Delta Dental PPO** plan. Delta Dental offers a large nationwide network of providers and you will be able to take advantage of lower out-of-pocket expenses because of the preferred pricing the network has established. Your benefits are based on levels of treatment: Diagnostic & Preventative, Basic, Major, and Orthodontic. Please refer to your plan summary for specific details. To contact Delta Dental for providers or customer service you can visit the website at: [www.deltadental.com](http://www.deltadental.com) or by phone at 1-800-237-6060.

## Dental Insurance Employee Cost for Plan

APRIL 1, 2008 – MARCH 31, 2009

DEDUCTION PER PAY PERIOD	DENTAL PLAN FULL-TIME & PERMANENT PART-TIME
Employee Only	\$13.78
Employee & Child/Children	\$26.31
Employee & Spouse	\$28.96
Employee & Family	\$48.66

## Short-Term Disability

### THE STANDARD INSURANCE COMPANY

A very real concern among people who work for a living is the need to protect their income during periods of disability. Short-Term Disability (STD) insurance helps to safeguard your income in the event that you experience a prolonged sickness or injury. This insurance coverage is available to benefit-eligible employees only. Employees pay the full cost with after-tax premiums for this benefit. There is a 15 day elimination period and you must deplete your accrued sick time (EIB/SCK) accruals before short-term disability payments go into effect.

## Long-Term Disability

### THE STANDARD INSURANCE COMPANY

What if you have an extended illness and can't work? How would the mortgage or other debts get paid? How would you take care of your family? In fact, you are more likely to become disabled during your working career than to die. That's why we offer you Long-Term Disability (LTD) coverage. Monthly long-term disability benefits are paid after you've been certified as partially or totally disabled and unable to work for 90 days. Employees pay the full cost with after-tax premiums for this benefit. The plan works together with other disability benefits that you may receive – like Social Security, Worker's Compensation, short-term disability and/or your sick bank. Refer to the LTD Plan Summary booklet for detailed information about long-term disability benefits.

## Life Insurance/AD&D (Accidental Death & Dismemberment)

### THE STANDARD INSURANCE COMPANY

Term Life insurance pays benefits to your beneficiary if you die. The Hospital pays the premium for this coverage.

Full-time Employees	1 x Annual Salary
Permanent Part-time Employees	1/2 x Annual Salary

### DESIGNATE A BENEFICIARY

You must name a beneficiary (or beneficiaries) to receive your life insurance. You may name anyone you wish, and you may change your designation at any time. To request a beneficiary form or to change your beneficiary, contact Human Resources.

## Portable Term Life

### THE STANDARD INSURANCE COMPANY

You are eligible to buy additional term life insurance for yourself, your spouse, and your children. You may purchase this additional life insurance in \$10,000 increments up to \$500,000. You may also purchase accidental death & dismemberment (AD&D) coverage up to \$250,000. If you wish to purchase additional term life insurance for your children (\$5,000 or \$10,000) you or your spouse must also purchase additional term life insurance. You pay for this portable life insurance on a pre-tax basis and you can continue it when you retire or leave the Hospital.

## Flexible Spending Accounts (FSA)

Everyone wants to save money and use it wisely. That's what flexible spending accounts do – they offer a way for you to pay for certain expenses with pre-tax dollars. The kinds of expenses you can pay through flexible spending accounts are generally important and necessary costs. Through the benefit plan, you have the option of two separate accounts – one for **medical**, and one for **daycare** expenses. **You must be a benefits eligible employee to participate in the FSA accounts and re-enroll every plan year.**

### HOW FLEXIBLE SPENDING ACCOUNTS WORK

It's simple to use these accounts—and it's easy to enroll in this benefit plan:

- Estimate the eligible expenses that you and your family will have during the plan year (check the list in the Flex Plan Summary Plan Description to identify which expenses are eligible to be included). **Under the medical flexible spending account, you may also claim medicine purchased over-the-counter without a physician's prescription, such as antacids, allergy medicines, pain relievers, and cold medicines.**
- For annual enrollment, divide this amount by the number of pay periods. Remember that you must specify whole dollar amounts, so round off if your calculation results in dollars and cents. This amount is put into your medical spending account and/or your dependent care spending account each pay period through pre-tax deductions from your paycheck.
- When you have eligible expenses, pay them and submit a flexible spending account claim form with the appropriate documentation.
- Reimbursement checks are mailed to your home address. Direct deposit can be set up via the NCAS website at [www.ncas.com](http://www.ncas.com).

### PARTICIPATING IN THE ACCOUNTS

#### MEDICAL FLEXIBLE SPENDING ACCOUNT

- Your share of expenses, such as co-payments and deductibles
- Non-covered vision care expenses such as eye exams, eye glasses, contact lenses, or laser vision correction
- Non-covered medical and dental care expenses
- Prescription drug co-payments and certain over-the counter medicines
- Non-covered hearing exams and hearing aids
- Refer to the Flex Plan Summary Plan Description for details on allowable expenses

#### DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT

- Care for children up to age 13 at a licensed nursery school, day camp, and childcare center that provides daycare
- Services from individuals who provide child care in or outside your home while you work
- Household services (related to the care of the elderly or disabled adults or children who live with you) provided by a housekeeper, maid cook, etc., as long as the individual is partly responsible for the well-being and care of your qualified dependents
- Care by a nurse or home health care agency for care for your spouse or legal dependent that is physically or mentally incapable of self-care
- Refer to the Flex Plan Summary Plan Description for details on allowable expenses.

### IRS FORFEITURE RULES

Be sure to estimate your expenses carefully. Government regulations require that you forfeit any unused dollars in your flexible spending accounts at the year's end. **Bottom Line: if you don't use it, you lose it.** If your employment ends, the deposits you make to the dependent care flexible spending account may be used for expenses you have up until the end of the plan year that your coverage ends. Deposits that you make to the medical flexible spending account only cover expenses you incur through the day that your coverage ends. For more information, please visit the IRS website at [www.irs.gov](http://www.irs.gov) and view IRS publications 503 – Dependent Care and 502 – Medical Care.

## Other Benefits

### ANSWER FINANCIAL

All employees have access to Answer Financial Inc., the leader in affordable, high-quality financial products. Answer Financial Inc. has been ranked as the number one online ([www.answercenter.com](http://www.answercenter.com)) destination for a variety of insurance products such as auto insurance, life insurance, home insurance for renters and owners, annuities, home warranty plans, online banking, legal services, vision care, prescription savings plans, pet insurance, long term care, personal accident insurance, dental care, and health care. Product details and your pin number are available from Human Resources. Feel free to log on and see what Answer Financial has to offer. There is no obligation.

### ARLINGTON TRANSIT

Hospital employees can ride the ART 51 & ART 52 buses for free by showing their Hospital ID badge upon boarding. The ART 51 bus serves customers who travel between Ballston Metro and Virginia Hospital Center. The ART 52 bus serves customers who travel between the East Falls Church Metro and Virginia Hospital Center. For general information visit [www.commuterpages.com/art](http://www.commuterpages.com/art) or call 703-228-RIDE.

### ARLINGTON VIRGINIA FEDERAL CREDIT UNION

As a Hospital employee, you and your family members are eligible for membership at Arlington Virginia Federal Credit Union (AVFCU). A member-owned, not-for-profit financial cooperative, AVFCU pledges to provide its members with personalized, professional and courteous service while acting as responsible stewards of the funds invested with them. Joining AVFCU is simple—just open a Share Savings Account with a \$5 deposit, and you're a member. To sign up with AVFCU visit them at 2130 North Glebe Road, Arlington, VA 22207, call 703-526-0200, or visit their website ([www.arlingtonvafcu.org](http://www.arlingtonvafcu.org)).

### CURVES

Discover what over two million women already know. There's only Curves. Curves offers a proven 30-minute workout, commonsense weight loss and the support you need to do both. Curves of Arlington offers our employees a discounted membership. No initiation fee and only \$49.00 a month. To contact Curves please call Cherrydale 703-243-4339, Clarendon 703-387-2474 or Shirlington 703-379-0305.

### FOR EYES VISION DISCOUNT

For Eyes Optical Company will provide you with comprehensive eye care services including eyeglasses, contact lenses and eye examinations at preferred pricing discounts for you and your immediate family. A 10% discount on eyeglasses frames, lenses and eye exams, a 20% discount on a complete pair of eyeglasses or contact lenses. For a location near you call 1-800-FOR-EYES or [www.foreyes.com](http://www.foreyes.com). You can obtain the coupon in Human Resources or on the employee portal. You must present this coupon for your discounted services.

### INSIGHT PROGRAM – EMPLOYEE ASSISTANCE PROGRAM (EAP)

The Insight Program is an assessment and referral service for employees. It provides free, confidential, professional assistance to help employees resolve problems that affect their personal lives or job performance. To contact Insight, dial 703-558-6EAP.

### NATIONAL PREFERRED EMPLOYER PROGRAM (NPEP)

As an employee you are entitled to great discounts at participating apartment/townhouse communities. Visit [www.npep.com](http://www.npep.com) or call 1-877-629-6082 to get the latest Participating Community Listings.

### SPRINT/NEXTEL

All Virginia Hospital Center employees are entitled to receive a discount on their monthly charges on either Sprint or Nextel phone service with a 2-year Service Agreement. The discount rate for Sprint users is 23% and Nextel users 15%. Begin using your benefit now by visiting [www.evpdiscount.com/VHC](http://www.evpdiscount.com/VHC) or by calling 1-888-457-4649. You may also visit your local Retail store with your employee ID or a recent pay stub and mention the "Public Sector Discount" to be applied to your membership.

## TUITION REIMBURSEMENT PROGRAM

The Hospital provides assistance to employees for pre-approved, clinical only, coursework at an accredited college, university, or professional school. Courses are approved by select criteria (refer to tuition policy for criteria). Full-time employees can use, on an annual basis, an unlimited amount to attend a college or university listed in the tuition policy, and permanent part-time employees can use \$2500 annually to attend a college or university listed in the tuition policy. If a full-time employee wishes to attend a college or university not on the specified list, there is a \$5000 yearly maximum (\$2500 for permanent part-time employees). You must complete your 90 day probationary period then you can apply for coursework in the following semester. You must apply prior to the start of coursework each semester.

## VERIZON WIRELESS

Virginia Hospital Center employees can take advantage of special pricing on wireless service, equipment, and accessory purchases. Employees receive 20% off their monthly access fee on plans \$39.99 and higher, 25% off accessories, and low equipment prices. To place an order, or to register your line, please go to [www.verizonwireless.com/getdiscount](http://www.verizonwireless.com/getdiscount) or contact the Verizon Wireless Sales Representative, Chris Chambers, at 703-801-0500 or by email at [Christopher.Chambers@verizonwireless.com](mailto:Christopher.Chambers@verizonwireless.com).

## WACHOVIA AT WORK

Wachovia Bank offers you discounts on checking, savings, borrowing needs and planning for your future. To find your nearest Wachovia Banking/Financial Center call 1-888-353-7375 or [www.Wachovia.com/wachoviaatwork](http://www.Wachovia.com/wachoviaatwork).

## WASHINGTON SPORT AND HEALTH

Washington Sport and Health provides discounted membership to employees and their families. To enroll visit the website [www.sportandhealth.com/enroll](http://www.sportandhealth.com/enroll) then enter the pin number: 01537 or call direct at 703-556-6556. All Virginia Hospital Center employees receive a 15% discount and waived enrollment fees at Sport & Health clubs. Please visit the link above and enter the pin number for details and instructions on how to take advantage of the program.

## YMCA

Virginia Hospital Center employees get a special discounted rate on membership at the YMCA Arlington, located at 3422 North 13th Street, Arlington, VA 22201. They offer a variety of activities and amenities for members, including cardio equipment, LifeFitness strength circuit, free-weight area, racquetball/handball courts, outdoor swimming pool, saunas, towel service, free aerobic classes, free babysitting, and the AWAY program for traveling members. They also offer several classes for children, including gymnastics, dance, and sports. In addition, they offer a before and after school program and camps on most days when Arlington County schools are closed. The YMCA also has a metropolitan membership program for people who live outside the Arlington area. Mention that you work at the Hospital to receive your special discounted rate. For more information, check the website at [www.ymcawashdc.com/YMCA-Arlington.aspx](http://www.ymcawashdc.com/YMCA-Arlington.aspx) or call 703-525-5420.

## 1-800-FLOWERS

1-800-FLOWERS has developed an Employee Discount Program for Virginia Hospital Center employees to use anytime throughout the year for personal purchases. You may take advantage of this discount by visiting [www.1800flowers.com](http://www.1800flowers.com) or by contacting their Business Gift Services dedicated line at 1-800-755-7474 and using promotional code **VHCenter** to receive a 10% discount off your entire purchase.

# PTO

Paid Time Off (PTO) is an employee benefit which combines traditional vacation, holiday, and sick leave programs into one plan with two components, which provide you a flexible method of scheduling time off with pay.

The first component, PTO, includes hours that may be used at your discretion with the approval of your department manager. The second component, sick time (EIB or SCK), is restricted to use for personal illness/injury only. For absences due to illness or injury, this is intended to enable you to accrue sufficient time to bridge the waiting period between the onset of Short Term Disability (STD) and/or Long Term Disability (LTD). All employees use their PTO time for Hospital-recognized holidays when their department is closed. Those employees who work on a recognized holiday are paid time and one-half. Those whose day off falls on a holiday do not have to use PTO. If a supervisor allows an employee to work on a holiday when their department is closed the employee does not use PTO.

## FULL-TIME STAFF PTO SCALE

### YEARS OF SERVICE

Staff 0-5 years	Accrues (.08460) per hour
Staff 5+ years	Accrues (.10385) per hour
Department Head 0-3 years	Accrues (.10385) per hour
Department Head 3+ years	Accrues (.12308) per hour

*For example, a full-time staff member worked 80 hours per pay period and has a service date of 3 years. 80 hours x .0846 = 6.77 (time accrued each pay period). 6.77 x 26 pay periods per year = 22 days*

## PART-TIME STAFF PTO SCALE

### YEARS OF SERVICE

Staff 0-5 years	Accrues (.0500) per hour
Staff 5+ years	Accrues (.0692) per hour

*If a part-time staff member worked 40 hours per pay period with a service date of 2 years. 40 hours x .05 = 2.0 (time accrued each pay period).*

## ACCUMULATION

The maximum of accrued hours that can be carried over from one calendar year to another is based on the following schedule:

STAFF	CARRYOVER	DEPARTMENT HEAD	CARRYOVER
5 or fewer years of service	120 hours	3 or fewer years of service	200 hours
More than 5 years of service	200 hours	More than 3 years of service	240 hours

## Cash Conversion

Employees may sell back or “cash out” unused PTO time at \$0.75 on the dollar. “Cash out” must be done in a minimum of 8-hour increments. There are no other minimum restrictions except that full-time staff must use at least 40 hours PTO per year as scheduled time off.

PTO cash-ins must be submitted on a PTO payout request form. The Department Head will verify the accrued PTO hours and forward all approved requests to Payroll for processing. The cashed-in hours will be included in the next regularly scheduled pay period.

**Upon resignation or termination, employee will receive 100% payment for full PTO balance.**

## Sick Time

A staff member may be paid accrued extended illness bank leave/sick leave (EIB/SCK) pay if the absence is due to:

- A hospital (in-patient) admission.
- An outpatient surgical procedure, including dental surgery.
- A work-related illness or injury sustained on the job that qualifies for workers compensation.
- A re-occurrence of an illness when the re-occurrence appears prior to the completion of five consecutive shifts from the date of return, or the first 24 hours of illness.
- Absences that exceed 24 hours of normally worked time.
- When a staff member is absent due to an illness for which he/she subsequently: is admitted to a hospital (as an inpatient), or; undergoes an outpatient surgical procedure (including dental surgery), the first three days of that illness are paid from accrued EIB/SCK leave. The previously charged PTO time is then credited to the staff member.
- If an employee has a continuous service date of five years or more he/she may use their sick time (SCK) leave on the first sick day.
- Physician certification may be requested before EIB/SCK hours are paid.

### FULL-TIME SICK TIME (EIB OR SCK) ACCRUAL SCALE

Years of Service	Staff 0-5 years	All Dept. Heads/Staff 5+ years
Accrual Rate	(.02690) per hr.	(.03846) per hr.

### PART-TIME SICK TIME (EIB OR SCK) ACCRUAL SCALE

Years of Service	All Staff 0+ years
Accrual Rate	(.02690) per hr.

## Virginia Hospital Center Family Leave Program

Virginia Hospital Center recognizes the need for employees to be responsible for family matters.

All full-time (work 32 hours or more per week) and permanent part-time employees (work 20 hours or more per week) become participants in the family leave program upon hire. To begin using the leave you must have a continuous service date of five years or more.

Full-time employees will earn four days per year; permanent part-time employees will earn two days per year. The maximum accrual is 20 days for full-time employees and 10 days for permanent part-time employees.

### USE OF FAMILY LEAVE

When an employee has a qualified family medical leave situation (as defined by the Federal government) and has reached the five year service requirement, he/she is eligible to use the days accrued in their family leave bank. You must complete a request form and turn it in to Human Resources along with a doctor's note. Your timekeeper will record your time as SCK, PTO, or leave without pay. Human Resources and Payroll will credit back your hours. Once an employee has exhausted the family leave bank he/she will once again begin to accrue days for future family leave purposes. Human Resources must approve family leave pay before it is paid, and you must provide proper medical certification.

# Virginia Hospital Center Retirement Program

There are three parts to the savings and retirement program for eligible employees of Virginia Hospital Center:

- Core pension plan paid by Virginia Hospital Center
- Your 401(k) or 403(b)\* contributions
- Hospital-paid match - .50¢ on the dollar up to 8% of your salary

## CORE PENSION PLAN

Virginia Hospital Center will make contributions to the Core Pension Plan ranging from 1.25% to 4.5% of eligible compensation following the end of each calendar year determined as follows: You must have completed 1 year of service, be an active employee on December 31, and work 1,000 hours in the plan year to be eligible for the core contribution. (See the chart on the following page for the percentage of contribution based on these criteria).

## SALARY DEFERRAL PLAN 401(K)/403(B)\*

Through the salary deferral plan 401(k) or 403(b)\*, you can elect to save from 1-50% of your eligible compensation – not to exceed \$15,500 (Plan year 2008) - with pre-tax dollars. Virginia Hospital Center will match your contribution .50¢ on every \$1 you save, up to the first 8% of your contribution; you must have completed 1 year of service, be an active employee on December 31, and work 1,000 hours in the plan year to be eligible for the match. This match is determined following the end of each calendar year.

## MORE ABOUT 401(K) OR 403(B) PLAN\*

The 401(k) or 403(b)\* plan offers an easy way to save for retirement. Because your 401(k) or 403(b)\* savings are tax-deferred, you pay no taxes on your contributions or their earnings until you take a distribution. It also offers flexibility for today with loans that provide access to your money in case you need it before you retire. If you're eligible for a distribution from another retirement plan, you may be able to roll it over to the Hospital plan. For more information about the plan and your investment choices, contact Wachovia Retirement at 1-800-377-9188.

## VESTING

You'll earn ownership rights to Hospital contributions to the Core Pension Plan and ownership of the Hospital's matching funds to your 401(k) or 403(b)\* after three years of service and working 1,000 hours per year. Of course, your own 401(k) or 403(b)\* contributions are always 100% vested.

## CATCH-UP PROVISION

The government has allowed certain employees to contribute additional compensation towards retirement after reaching the 401(k) or 403(b)\* deferral maximum. If you are age 50 and over or turn age 50 during the plan year, you may contribute an additional \$5000 (Plan year 2008) to your 401(k) or 403(b)\* plan. If you are under the age of 50, have 15 or more years of service and are enrolled in the 403(b)\* plan, you also may contribute an additional \$5000 (Plan year 2008). **You must contact a Human Resources Benefits Representative to notify them of your eligibility so you can be set up in the program for this provision.**

\* *Highly compensated employees are directed to a 403(b) plan annually based on prior year's total eligible compensation earned at Virginia Hospital Center and meet the IRS compensation limits per year.*

**Note: Plan year for Retirement refers to calendar year.**

# Savings and Retirement Program

## An Overview of the Savings and Retirement Plans

PLAN	CORE PLAN	401(k)												
You are eligible	The first of the month following 12 months of service	Starting on your Date of Hire												
Action you must take	None—you're automatically enrolled when eligible	You must enroll on Wachovia's website <a href="http://www.wachovia.com/401k">www.wachovia.com/401k</a> or voice response system 1-800-377-9188												
You contribute	Nothing—Virginia Hospital Center pays the full cost	From 1-50% of your eligible pay before taxes; Maximum of \$15,500 (Plan year 2008) <sup>o</sup>												
Virginia Hospital Center contributes	<p>BASED ON SERVICE:</p> <table border="1"> <thead> <tr> <th>Years of Service</th> <th>% of eligible pay<sup>o</sup></th> </tr> </thead> <tbody> <tr> <td>Less than 5 years</td> <td>1.25%</td> </tr> <tr> <td>5-9 years</td> <td>2.00%</td> </tr> <tr> <td>10-14</td> <td>3.00%</td> </tr> <tr> <td>15-19</td> <td>4.00%</td> </tr> <tr> <td>20 or more</td> <td>4.50%</td> </tr> </tbody> </table> <p>Vesting requirements must be met for ownership of Core Pension contributions<sup>o</sup></p>	Years of Service	% of eligible pay <sup>o</sup>	Less than 5 years	1.25%	5-9 years	2.00%	10-14	3.00%	15-19	4.00%	20 or more	4.50%	<p>.50¢ on every \$1 you save, up to the first 8% of your contribution; you must have completed 1 year of service, be an active employee on December 31, and work 1,000 hours in the plan year to be eligible for the match.</p> <p>Vesting requirements must be met for ownership of match contributions<sup>o</sup></p>
Years of Service	% of eligible pay <sup>o</sup>													
Less than 5 years	1.25%													
5-9 years	2.00%													
10-14	3.00%													
15-19	4.00%													
20 or more	4.50%													
Funds invested in	Your choice of professionally-managed funds	Your choice of professionally-managed funds												
For more information	See plan summary	See plan summary												

<sup>o</sup>Plan provisions and maximums apply

## Contact Information

**NCAS** (National Claims Administrative Services)  
Virginia Hospital Center's Health/Flex Plans/COBRA  
Administrator  
703-934-6227 or 1-800-888-6227  
[www.ncas.com](http://www.ncas.com)

**PHCS** (Private Healthcare Systems)  
For providers and facilities network information  
1-800-922-4362  
[www.phcs.com](http://www.phcs.com)

**CareFirst BC/BS**  
(Preferred Provider Organization PPN/PPO or  
Select Preferred Provider PPO)  
For providers and facilities network information  
1-800-235-5160  
[www.carefirst.com](http://www.carefirst.com)

**Caremark**  
Prescription drug administration  
1-866-831-4336  
[www.caremark.com](http://www.caremark.com) or [www.druglist.com](http://www.druglist.com) to view the medication  
directory

**Delta Dental**  
Virginia Hospital Center Dental Plan  
1-800-237-6060  
[www.deltadental.com](http://www.deltadental.com)

**Short-Term Disability/Long-Term Disability/Life Insurance**  
The Standard Insurance Company  
1-888-937-4783  
[www.standard.com](http://www.standard.com)

**Wachovia Retirement Services**  
1-800-377-9188  
[www.wachovia.com/401k](http://www.wachovia.com/401k)

**Virginia Hospital Center – Human Resources Department**  
703-558-6572  
[www.virginiahospitalcenter.com/content/benefits.asp](http://www.virginiahospitalcenter.com/content/benefits.asp)

**Answer Financial**  
1-888-222-4115  
[www.answercenter.com](http://www.answercenter.com)

**Arlington Transit**  
703-228-RIDE  
[www.commuterpages.com/art](http://www.commuterpages.com/art)

**Arlington Virginia Federal Credit Union**  
703-526-0200  
[www.arlingtonvafcu.org](http://www.arlingtonvafcu.org)

**Curves**  
Cherrydale Location – 703-243-4339  
Clarendon Location – 703-387-2474  
Shirlington Location – 703-379-0305  
[www.curves.com](http://www.curves.com)

**For Eyes**  
1-800-FOR EYES  
[www.foreyes.com](http://www.foreyes.com)

**Insight Program**  
703-558-6EAP

**National Preferred Employer Program (NPEP)**  
1-877-629-6082  
[www.npep.com](http://www.npep.com)

**Sprint/Nextel**  
1-888-457-4649  
[www.evpdiscount.com/VHC](http://www.evpdiscount.com/VHC)

**Verizon Wireless**  
703-801-0500  
[www.verizonwireless.com/getdiscount](http://www.verizonwireless.com/getdiscount)

**Wachovia at Work**  
1-888-353-7375  
[www.wachovia.com/wachoviaatwork](http://www.wachovia.com/wachoviaatwork)

**Washington Sport and Health**  
703-556-6556  
[www.sportandhealth.com/enroll](http://www.sportandhealth.com/enroll)

**YMCA – Arlington**  
703-525-5420  
[www.ymcawashdc.com/YMCA-Arlington.aspx](http://www.ymcawashdc.com/YMCA-Arlington.aspx)

**1-800-FLOWERS**  
1-800-Flowers  
[www.1800flowers.com](http://www.1800flowers.com)

# COBRA

The Consolidated Omnibus Budget Reconciliation Act (COBRA), as amended by the Tax Reform Act of 1986 and the Omnibus Budget Reconciliation Act of 1989, requires the continuation of health benefits in certain situations where coverage would otherwise be lost.

## ELIGIBLE EMPLOYEES

If you are an employee of Virginia Hospital Center and are covered under the Virginia Hospital Center's health and/or dental benefit plans, you may have a right to choose COBRA. If you lose your group health/dental coverage because of a reduction in your hours of employment or the termination of your employment (for reasons other than gross misconduct).

## ELIGIBLE DEPENDENTS

If you are covered under Virginia Hospital Center's Benefit plan, you may choose COBRA for yourself if you lose your coverage because of:

- The death of the employee.
- A reduction in the employee's work hours or termination of the employee's employment (for reason other than gross misconduct).
- Divorce or legal separation.
- The employee becoming entitled to Medicare.

In addition, a dependent child who stops being eligible as a "dependent" under Virginia Hospital Center's benefit plan is eligible for COBRA coverage. A child born to, or placed for adoption with, the covered employee during a period of continuation coverage is also a qualified beneficiary eligible for COBRA coverage.

It is your (or your family member's) responsibility to inform Human Resources of a divorce, legal separation or a child losing dependent status under Virginia Hospital Center's Benefit plan within 30 days of the date of the event. You have at least 60 days from the date you would lose coverage to notify the COBRA administrator that you want to continue coverage under COBRA. If you don't choose to continue coverage within this time period, your medical coverage will end. Your coverage under COBRA will be identical to the coverage provided under the plan to similarly situated employees or their covered dependents. This also means that if the coverage changes for similarly situated employees or their covered dependents, your coverage under COBRA will also be modified. See plan description for more information.

# Your Rights Under The Family and Medical Leave Act of 1993 (FMLA)

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to “eligible” employees for certain family and medical reasons. Employees are eligible if they have worked for a covered employer (one with at least 50 employees within 75 miles) for at least one year, and for 1,250 hours over the previous 12 months.

## REASONS FOR TAKING LEAVE:

Unpaid leave must be granted for any of the following reasons:

- to care for the employee’s child after birth, or placement for adoption or foster care;
- to care for the employee’s spouse, son or daughter, or parent, who has a serious health condition; or
- for a serious health condition that makes the employee unable to perform the employee’s job.

At the employee’s or employer’s option, certain kinds of paid leave may be substituted for unpaid leave.

## ADVANCE NOTICE AND MEDICAL CERTIFICATION:

The employee may be required to provide advance leave notice and medical certification. Taking of leave may be denied if requirements are not met.

- The employee ordinarily must provide 30 days advance notice when the leave is “foreseeable.”
- An employer may require medical certification to support a request for leave because of a serious health condition, and may require second or third opinions (at the employer’s expense) and a fitness for duty report to return to work.

## JOB BENEFITS AND PROTECTION:

For the duration of FMLA leave, the employer must maintain

- the employee’s health coverage under any “group health plan.”
- Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.
- The use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee’s leave. FMLA cannot exceed 12 weeks in total.

## UNLAWFUL ACTS BY EMPLOYERS:

FMLA makes it unlawful for any employer to:

- interfere with, restrain, or deny the exercise of any right provided under FMLA;
- discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

## ENFORCEMENT:

- The U.S. Department of Labor is authorized to investigate and resolve complaints of violations.
- An eligible employee may bring a civil action against an employer for violations.

FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights.

## FOR ADDITIONAL INFORMATION:

Contact the nearest office of the Wage and Hour Division, listed in most telephone directories under U.S. Government, Department of Labor.

U.S. Department of Labor  
Employment Standards Administration  
Wage and Hour Division  
Washington, D.C. 20210

## Your Rights Under ERISA

As a participant in the plans, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA). ERISA provides that all plan participants are entitled to:

- Examine, without charge, at the plan administrator's office and at other specified locations, all plan documents, including insurance contracts, and copies of all documents filed by the plans with the U.S. Department of Labor, such as detailed annual reports and plan descriptions.
- Obtain copies of all plan documents and other plan information upon written request to the Plan Administrator. The Administrator may make a reasonable charge for the copies.
- Receive a summary of the plans' annual financial report.  
*The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report.*

**CONTINUE GROUP HEALTH PLAN COVERAGE** – You are entitled to continue health care coverage for yourself, your spouse, or your dependents if there is a loss of coverage under the plan as a result of a qualifying event. You or your dependents may have to pay for such coverage. It is important to review the documents governing the plan regarding the rules for exercising your COBRA continuation coverage rights. You also are entitled to reduce or eliminate exclusionary periods of coverage for pre-existing conditions under your group health plan, provided that you have creditable coverage from another plan. You should be provided a certificate of creditable coverage, free of charge, from your group health plan or health insurance issuer:

- When you lose coverage under the plan;
- When you become entitled to elect COBRA continuation coverage;
- When your COBRA continuation coverage ceases (if you request it before losing coverage); or
- When you request it anytime up to 24 months after losing coverage.

Without evidence of creditable coverage, you may be subject to a pre-existing condition exclusion for up to 12 months (18 months for late enrollees) after the date you enroll in the plan.

In addition to creating rights for plan participants, ERISA imposes duties upon the people who are responsible for the operation of the employee benefit plans.

The people who operate your plans have a duty to do so prudently, and in the interest of you and other plan participants and beneficiaries.

No one, including your employer or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a welfare benefit or exercising your rights under ERISA.

If your claim for a welfare benefit is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request materials from the plan and do not receive them within 30 days, you may file suit in a federal court. In such case, the court may require the Plan Administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the Administrator.

If you have a claim for benefits which is denied or ignored, in whole or in part, you may file suit in a state or federal court. If it should happen that those who operate the plan misuse the plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in federal court.

The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claims frivolous.

**CLAIM REVIEW** — Claim processing usually takes from 5 to 10 business days, exclusive of mailing time. In special situations, we may need additional time to make a final decision on your claim.

**CLAIM APPEAL PROCEDURE** — If a claim is denied or partially denied, the Plan Supervisor will furnish notice to the Participant which will specify the reason or describe the additional information required. Upon written request by the Participant within 60 days after notice is received, the Plan Supervisor will review the claim in question and give final written decision. If such decision is not received within 90 days, the Participant may assume that the claim has been denied, unless he/she has been notified of the special circumstances necessitating an extension of time for consideration of the claim (up to 90 additional days).

Within 60 days after an appealed claim has been denied by the Plan Supervisor, the Participant may appeal the denial by filing a written request for a review by the Plan Administrator. The Participant may have access to pertinent Plan documents, which will be made available during normal business hours or any other reasonable times designated by the Employer. He/she also has the right to provide the Plan Administrator with written statements relating to the merits of his/her claim. As soon as it is possible (but in no event longer than 120 days), the Plan Administrator will render a written, final and binding decision. This decision will also be delivered in writing setting forth specific reasons for the decision and specific references to the pertinent plan provisions upon which the decision is based. If the decision to review is not furnished within the prescribed time, the claim shall be denied on review.

If you have any questions about this statement or your rights under ERISA, you should contact the Plan Administrator, Rita Jensen-Jaouhari at 703-558-6572 or the nearest Employee Benefits Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, DC 20210.

This booklet is meant to provide you with an overview of the benefits of working at Virginia Hospital Center. The Hospital reserves the right to make any changes to any of the benefit plans.

Summary plan descriptions are available in Human Resources to provide you with specific information on specific plans. Virginia Hospital Center policies and procedures are written in the Personnel Policy Manual and accessible to you through your supervisor, department manager, or Human Resources. The Human Resources Department encourages you to review all plan materials in detail before making any benefit or employment decisions.

Please feel free to contact us.

**VIRGINIA HOSPITAL CENTER  
HUMAN RESOURCES DEPARTMENT**

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