Jersey Community Hospital
2025 Benefit Outline

Medical
Meritain Health

Point of Service Plan

	In-Network
Tier 1 Jersey Community Hospital Deductible	$1,500 / $3,000
Tier 2 Deductible	$2,000 / $4,000
Tier 1 Jersey Community Hospital Out of-Pocket Maximum	$3,000 / $6,000
Tier 2 Out of-Pocket Maximum	$4,000 / $8,000
Tier 1 Jersey Community Hospital Office Visit Copay	No Charge
Tier 2 Office Visit Copay	$25 Copay
Prescription Drug Card	$15 / $40 / $65 / $100
Mail Order Drug Copay (3 month supply)	$30 / $80 / $130 / N/A
Tier 1 Jersey Community Hospital Emergency Room	$200 Copay per visit
Tier 2 Emergency Room	20% Coinsurance
Tier 1 Jersey Community Hospital Coinsurance	10% After Deductible
Tier 2 Coinsurance	20% After Deductible

High Deductible Health Plan (HDHP)

	In-Network
Tier 1 Jersey Community Hospital Deductible	$3,300 / $6,600
Tier 2 Deductible	$3,300 / $6,600
Tier 1 Jersey Community Hospital Out of-Pocket Maximum	$6,600 / $13,200
Tier 2 Out of-Pocket Maximum	$6,600 / $13,200
Office Visit Copay	Deductible then 10% Coinsurance
Office Visit Copay	Deductible then 20% Coinsurance
Preventive Care	No Charge
Prescription Drug Card	Deductible then 20% Copay
Mail Order Drug Copay (3 month supply)	Deductible then 20% Copay
Emergency Room	Deductible then $200 Copay
Coinsurance	20% After Deductible
HSA Employer contribution	$750

Important note: if you participate in a Health Savings Account (HSA), you may not participate in the Health Care FSA reimbursement account.

Health Savings Account

Health Savings Account Limit - $4,300 Individual / $8,550 Family

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Dental
Delta Dental

	PPO - High Option
Deductible	$50 Individual / $150 Family
Calendar Year Maximum	$1,500 Individual / $1,500 per person with Family Coverage
Preventative	In-Network - 100% / Out-of-Network - 100%
Basic	In-Network - 90% / Out-of-Network - 80%
Major	In-Network - 60% / Out-of-Network - 50%
Orthodontic Treatment	In-Network - 50% / Out-of-Network - 50%
Orthodontic Lifetime Maximum Benefit	$1,500
	PPO - Low Option
Deductible	$50 Individual / $150 Family
Calendar Year Maximum	$1,500 Individual / $1,500 per person with Family Coverage
Preventative	In-Network - 100% / Out-of-Network - 100%
Basic	In-Network - 90% / Out-of-Network - 80%
Major	In-Network - 60% / Out-of-Network - 50%
Orthodontic Treatment	Not Covered
Orthodontic Lifetime Maximum Benefit	Not Covered

Vision
Delta Dental

	Insight Network In-Network Member
Eye Exam (every 12 months)	$10 Copay
Lenses (every 12 months)	Single: $10 Copay Bifocal: $25 Trifocal: $25
Frames (every 24 months)	$100 allowance, 20% off balance over allowance
Contact Lenses (every 12 months)	Standard: $0 copay, Paid-in-full and 2 follow up visits Premium: $0 copay, 10% off retail price, then apply $55 allowance

Life and Accidental Death and Dismemberment (AD&D)
New York Life

Life and AD&D insurance is provided by your employer

Supplemental Life and Accidental Death and Dismemberment (AD&D)
New York Life

Increments of $10,000 to a Maximum of $250,000
Benefit Reductions apply at age 70 and at age 75
100% Employee Paid

Flexible Spending Accounts

Health Care Spending Account Limit - $3,300, Dependent Care Spending IRS Limit - $5,000 Annually
Pre-Tax Dollars used for your out-of-pocket expenses.

This sheet includes only highlights of the benefits. These highlights should not be construed as a total description of the insurance company quote or contract. Contract language and details vary by company. For further explanations and/or definitions, please refer to the insurance company contract or certificate.

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Paid Time Off

JCH Paid Time Off - Full Time Employees				Part Time Employees (Ex: 24 hr. per week)			Per-Diem Employees (PLAWA)*
PTO LEVEL	Per Hour Accrual	Hours Per Year	Shifts Per Year (8 Hrs.)	Per Hour Accrual	Hours Per Year	Shifts Per Year (8 Hrs.)	One Level: Accrue 1 hour for every 40 hours worked
I: Thru 4 Years	0.08463	176	22	0.05386	67	8	40 hours max accrual in 12 mo. Period
II: 5 to 14 Years	0.10386	216	27	0.07309	91	11	
III: After 14 Years	0.12309	256	32	0.09232	115	14	80 hours Roll-over Max

**In Accordance with Illinois Law: Paid Leave for All Workers Act - Does not payout if employee leaves the company.*

Additional Miscellaneous Benefits

Supplemental Accident, Critical Illness, Hospital Insurance Indemnity Plans
Employee Assistance Program
Wellness Center Employee Discounts
Extendend Sick Leave
Retirement / Pension
Short and Long Term Disability Plans
Voluntary Life and AD&D Plans
Tuition Reimbursement