

COLLECTIVE
BARGAINING
AGREEMENT

Between

Prospect RI Home Health

& Hospice

and

United Nurses & Allied
Professionals Local 5111

December 1, 2022- November 30, 2025

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Appendix A

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Article I **Recognition**

Bargaining Unit

In accordance with the provisions of the certification of the National Labor Relations Board in Case No. 01-RC-273537 and Case No. 01-RC-273550, the Employer, Prospect RI Home Health & Hospice, recognizes the Union, United Nurses & Allied Professionals, Local 5111, as the sole and exclusive bargaining representative with respect to salaries, hours of employment and other conditions of employment for all full-time, regular part-time and per diem staff employed by the Employer in the following job titles: Registered Nurse, Occupational Therapist, Physical Therapist, Speech Language Pathologist (SLP), Case Manager, Clinical Support Specialist, Licensed Practical Nurse (LPN), Certified Occupational Therapy Assistant (COTA/L), Certified Nursing Assistant (CNA), Physical Therapy Assistant (PTA) and Scheduling Coordinator, but excluding guards and supervisors as defined in the Act.

Scope of the Bargaining Unit and Agreement

The terms "employee" and "employees" as used hereinafter in this Agreement refer only to such persons employed by the Employer and covered by this Agreement.

Employee Definitions.

(a) Full-Time Employees

The terms "full time employee" and "full time employees" as used in this Agreement refer to an employee scheduled to work thirty-two (32) or more hours per week.

(b) Part-Time Employees

The terms "part time employee" and "part time employees" as used in this Agreement refer to an employee scheduled to work at least twenty (20) hours per week but less than thirty-two (32) hours per week.

(c) Per Diem Employees

The terms "per diem employee" and "per diem employees" as used in this Agreement refer only to employees who are employed on an as needed and as available basis in accordance with Employer work expectation guidelines.

(d) Temporary Employees

The terms "temporary employee" and "temporary employees" as used in this Agreement refer only to employees who are hired (i) to work for a specific period of time not to exceed six (6) months or (ii) up to one (1) year to replace an employee who is on leave of absence. Temporary employees are not included in the bargaining unit described herein.

Article II
Non-Discrimination

The parties are mindful of their obligations under federal and state laws pertaining to discrimination and sexual harassment in employment, and accordingly the Employer and the Union agree that neither will discriminate against any employee with respect to matters relating to employment because of such employee's race, color, national origin, religion, sex, age, sexual orientation, disability or activity with respect to the Union in violation of such federal or state laws. A grievance alleging a violation of this section will not be subject to arbitration if the employee has filed a claim with any government agency or in state or federal court. The employee waives all rights to file such a claim if a grievance over this section is submitted to arbitration.

Article III
Union Activities

Participation in Union Activities

The Employer will advise all newly hired employees, at the time of their employment, that the Union is their bargaining representative. The Employer and the Union recognize the right of any employee to become and remain a member of the Union or to refrain

from becoming and/or remaining a member of the Union, and neither party will interfere with any employee in the exercise of that right.

New Hire Orientation

During the new hire orientation there shall be a fifteen (15) minute break period when the Employer shall provide the President of Local 5111 or her/his designee with fifteen (15) minutes solely to orient each new hire to Local 5111, and to the provisions of the current collective bargaining agreement.

Union Representative

An authorized representative of the Union shall have reasonable opportunity to visit the Employer's facilities for the purpose of conferring with authorized representatives of the Employer and for the purpose of conferring for a reasonable period of time with a local Union representative and/or employees relative to any question arising under this Agreement. Any such visit with a local Union representative and/or employee shall not interfere with orderly operations of the Employer.

Local Union Representatives

The Union agrees to appoint and the Employer agrees to recognize the Union President, the Grievance Chairperson, and grievance committee members as designated by the Union as local Union representatives who may deal with the Employee concerning problems arising under this Agreement and grievances at Step 2 and above. The Employer agrees to recognize Union Vice Presidents and department representatives designated by the Union as local Union representatives who may deal with immediate managers concerning problems in their

departments and Step 1 grievances. The Union will notify the Employer of the local Union representatives' and designees' department designations and authority, and any change in either.

One (1) local Union representative together with the grievant who attends a jointly scheduled grievance hearing or arbitration hearing will not lose any pay for his/her regularly scheduled hours because of such attendance. In the case of a class action grievance the Union representative will attend together with the local Union representative.

Union Activities on Employer Premises

There shall be no Union meetings, and no other Union activities which interfere with or are incompatible with the Employer's operations on its premises.

Bulletin Boards

The Union may locate bulletin boards supplied by the Union at the Elmhurst entrance and staff entrance. Such bulletin boards shall be used for posting of notices of Union meetings, Union elections, Union social events and information relating to employees' work.

Dues Deductions

The Employer agrees to deduct on a bi-weekly basis a pro rata share of the annual dues for membership in the Union from the earnings of any employee who has voluntarily authorized the making of such deduction by filing a written authorization therefore with the Employer in the form set forth below. Such deductions shall be in the amounts certified by the Union and shall be made in accordance with the terms of said authorization. Withheld amounts will be forwarded to the designated Union officer

during the calendar month following the month in which the actual withholding occurs, together with the record of the amount and the names of those from whom deductions have been made.

The Employer shall not be required to make deductions with respect to an employee for a workweek in which the employee is on an approved leave of absence or layoff, or for which the employee shall not have received net wages at least equal to the deductions. The Employer shall cease to make deductions upon the employee's termination, transfer to a position not covered by this Agreement, or upon revocation of the authorization by the employee.

Dues Deduction Form

_____, hereby authorize Prospect Rhode Island Home Health and Hospice, LLC to withhold from my salary due me the rate of dues certified by the Union. I understand that this authorization may be revoked by me upon sixty (60) days written notice to the Human Resources Leader. In the absence of such notification, this authorization shall be deemed to be continuous until revoked by me, or upon my transfer to a position not covered by the collective bargaining agreement or upon termination of my employment. I hereby waive all rights and claims for said monies as deducted and transmitted in accordance with the authorization and relieve the Employer and all of its officers from any liability thereof.

Employee's Signature: _____

Date: _____

Department: _____

Phone: _____

Email: _____

Address: _____

Union Security

All employees who are members of the Union on the effective date of this Agreement shall maintain their membership during the term of this Agreement as a condition of continued employment.

Beginning either on the 60th calendar day following the beginning of employment or the 60th day following the effective date of this Agreement, whichever is later, an employee must become and remain a member of the Union in good standing. The Union shall indemnify, defend and save the Employer harmless against all claims, demands, suits or other forms of liability that may arise out of, or by reason of, any action taken or not taken by the Employer for the purpose of complying with this Section.

Union Leave

An employee who wishes to attend the Union's conference or convention may request and shall be granted Union leave in conformance with the vacation request practices applicable to the department in which the employee works. Vacation scheduling will take priority over requests for Union leave. Each immediate manager will determine the maximum number of employees who may be scheduled off at any time based on the immediate manager's determination of staffing needs. Employees who are granted Union leave may take such time without pay or use accrued paid time off.

Membership Updates

The Employer agrees to provide monthly membership updates electronically to the Union to be sent along with the dues deduction payments. Such list will include: name of employee, date of hire, date of termination, weekly hours, department, job title, along with known contact information of the employee such as address, phone number and email address.

Article IV
Management Rights

The Union recognizes the right of the Employer to operate and manage its facilities. All rights, functions, prerogatives, and discretions of the management of the Employer, formerly exercised, potentially exercisable, or otherwise, are vested exclusively in the Employer except to the extent that such rights are specifically modified by the express provisions of this Agreement. Without limiting the generality of the foregoing, the Employer reserves to itself, subject only to the express provisions of this Agreement, the management of the Employer and the right to: direct the employees and assign work; determine the quality, quantity and type of work to be performed; determine qualifications for employees; establish standards of performance and rules of conduct; require the maintenance of discipline, order and efficiency; evaluate competency and performance; hire, transfer and promote; establish, promulgate, administer, regulate, determine and re-determine policies, practices, methods, procedures and conditions related to standards of departments covered by this Agreement, performance standards for employees, patient care, staffing, research, education, training, operations, services and maintenance; determine the number and location of divisions, departments, units, and all other facilities of the Employer and whether the whole or any part of its operations shall continue to operate and where it shall operate; to lay off employees for lack of work or other reasons or to reduce an employee's work hours; determine and re-determine job content and establish, expand, reduce, alter, combine, consolidate, abolish or discontinue any job classification, department, unit, operation or service or portion thereof; subcontract work or use the services of auxiliary, temporary or volunteer employees; discharge, dismiss, suspend, demote, warn or otherwise discipline employees in accordance with this Agreement; require additional hours of work, including overtime work; institute, publish and republish, promulgate, implement, enforce and require adherence to rules, policies and procedures relating to any or all of its rights and prerogatives.

Article V
Staffing

Staffing

Pursuant to State of Rhode Island regulations regarding the licensure and regulation of home care providers (216-RICR-40-10-17), the Employer shall employ a sufficient number of qualified personnel to provide quality patient care and related services.

The Employer will assign a manager to be available to staff to take clinical crisis calls up until 4:30 pm each workday. The Employer will have an administrator (designated manager) available from 4:30 pm — 8:00 am Monday through Friday and 4:00 pm — 8:00 am on Saturdays, Sundays and Holidays.

Labor Management Staffing Committee

There will be a Labor Management Staffing Committee consisting of three (3) members appointed by the Union and three (3) members appointed by the Employer.

The Committee will meet on a quarterly basis on a mutually agreeable day and time unless both parties agree that there are no agenda items to discuss. Interim meetings may be scheduled by mutual agreement.

Union members serving on the committee shall be released from work with pay at their regular rate to attend such meetings.

The role of the Committee will be:

- to work to develop staffing plans using external benchmarks that are reflective of the better performing home health providers of like size and acuity; and
-) to devise and utilize a mutually agreeable process for addressing staffing and other related issues.

If an employee is confronted with an emergent staffing situation which is compromising or could compromise the quality of patient care or is putting an employee's license/certification at risk, the employee will immediately notify his/her supervisor. The supervisor will assist in managing the situation promptly.

In addition, the matter will be submitted to the Committee for review at its next meeting.

The Committee is not empowered to take any action that would change this Agreement in any way.

Matters that are subject to an active grievance or arbitration may not be submitted to or considered by the Committee.

The Committee may make recommendations to the Employer and/or the Union. However, the failure of the Employer to take action on a recommendation shall not be subject to the grievance or arbitration procedure in this Agreement.

Article VI **No Strike - No Lockout**

The union agrees that it shall not cause or participate in any strike, walkouts, stoppages of work, sit-downs or slowdowns, sick-outs or sit-ins, or any other interference with the Employer's

activities or operations during the term of this Agreement. This provision does not prohibit the Union or bargaining unit employees from otherwise engaging in concerted, protected activity under the Act.

The employer agrees that there shall be no lockout of employees during the term of this Agreement.

Article VII **Grievance and Arbitration**

Purposes

The purpose of this Article is to establish a procedure for the settlement of grievances which involve the interpretation and application of a specific provision of this Agreement. The grievance and arbitration procedure provided for herein shall be the exclusive procedure for resolution of disputes concerning the interpretation or application of the Agreement.

Informal Adjustments

The parties recognize that day-to-day problems affecting employees will normally be adjusted between the employee and her or his immediate manager. Such matters shall not be deemed grievances, and their settlement shall not establish a precedent for the resolution of other or similar problems between an employee and her or his immediate manager or elsewhere in the Employer's facilities.

Definitions

For the purpose of this Agreement, a "grievance" is a complaint by an employee that the Employer or the Union has interpreted or applied this Agreement in violation of a specific provision hereof and that such interpretation or application has adversely affected her or his interest as an employee under this Agreement. The term "days"

as used in this Section shall mean Monday through Friday, excluding holidays. Only grievances as defined in this Article are subject to grievance and arbitration hereunder. A grievance shall also be a complaint by the Employer that the Union has violated a specific provision hereof and that such interpretation or application has adversely affected its interests under this Agreement. Any grievance which cannot be adjusted as contemplated by Informal Adjustment as described herein shall be subject to resolution in the following manner:

STEP 1 The aggrieved employee shall submit the grievance in writing to the Director or designee within five (5) business days after the aggrieved employee first knew or should have had reason to know of the factual basis for the grievance. The grievance shall state the specific provision(s) of the Agreement alleged to have been violated, the facts on which the grievance is based, and the remedy sought. The Director or designee as the case may be, will meet with the aggrieved employee and a local Union representative regarding the grievance and will give her or his answer in writing within five (5) business days after the conclusion of the meeting regarding the grievance.

STEP 2 If the aggrieved employee is not satisfied with the answer at Step 1, within seven (7) business days after receipt of such answer, the grievance may be submitted in writing to the Human Resources Leader. The Human Resources Leader will meet with the aggrieved employee and a local Union representative regarding the grievance and will give her or his answer in writing within ten (10) business days after the conclusion of the meeting regarding the grievance.

STEP 3 If the Union is not satisfied with the answer to the grievance at Step 2, the Union may refer the grievance to arbitration by filing a written Demand for Arbitration

with the American Arbitration Association and a copy with the Human Resources Leader within twenty (20) days after receipt of the answer at Step 2.

Notwithstanding the foregoing, any individual employee or group of employees shall have the right at any time to present grievances to the Employer and to have such grievances adjusted, provided that any grievance adjustment shall not be inconsistent with this Agreement and the Employer shall notify a local Union representative to be given an opportunity to be present at any such adjustment.

Union Grievance

The Union may submit a grievance in writing at Step 1 or Step 2 with regard to a grievable matter which affects either the entire bargaining unit in precisely the same way or a group of employees where the factual basis is precisely the same with respect to all members of the group. In order to be timely, a grievance must be filed within five (5) business days after any member of the unit/group knew or should have had reason to know of the factual basis for the grievance.

Arbitrator's Function and Authority

The function of the arbitrator is to determine the interpretation and application of the specific provisions of this Agreement to the grievance as submitted in accordance with Step 1. There shall be no right in arbitration of a grievance to obtain, and no arbitrator shall have any authority or power directly or indirectly to award or determine, any change in, modification or alteration of, addition to, or detraction from, any of the provisions of this Agreement. Any back pay is subject to any applicable federal, state and local withholdings as required by law.

Effect of Arbitrator's Decision

Subject to the Employer's or Union's right to seek to set aside or modify an arbitrator's decision in court, the decision of the arbitrator shall be final and binding upon the Employer, the Union and the aggrieved employee.

Rules

Any arbitration hereunder shall be conducted in accordance with the rules of the American Arbitration Association then applicable to voluntary labor arbitrations except to the extent that such rules may be in conflict with the provisions of this Agreement. In the event of any such conflict, the provisions of this Agreement shall govern.

Expenses

The administration fees of the American Arbitration Association and the fees and expenses of the arbitrator shall be shared equally by the parties.

Time Limits Mandatory

The time limits provided for herein are mandatory. Any waiver or extension thereof must be in writing, signed by an authorized representative of the party who is granting such waiver or extension and is to be bound thereby. If a grievance is once settled or if it is not presented in writing or advanced to the next step of the grievance and arbitration procedure within the time limits provided for herein, it shall be considered closed and shall not thereafter be subject to the grievance procedure or arbitration hereunder. If an answer is not given within said time limits, the grievance shall be deemed denied on the date that such answer was due and the grievance may then be referred to the next step.

Article VIII
Employment Status

Probationary Period

Each newly-employed employee shall be deemed a probationary employee during her/his first three (3) months of continuous employment. The Employer may, in its sole discretion, extend an employee's probationary period up to a maximum of ninety (90) days. During the probationary period, discipline, discharge, layoff or transfer of the employee shall be at the sole discretion of the Employer without recourse under this Agreement. The Employer will notify the Union in the event of an extension of the probationary period. An employee shall not acquire any seniority status until completion of her/his probationary period. Upon completion of the probationary period, an employee's seniority shall then be calculated from her/his date of employment. A newly hired employee will be given a copy of his/her job description and informed of the starting wage rate.

Licensure/Certification

Each employee who is required by the Employer to be licensed or certified will advise the Employer of any revocation, suspension or other action affecting their license or certification.

Discipline and Discharge

An employee who has completed her/his probationary period will not receive a written warning or suspension or be demoted or discharged without just cause. The Employer shall notify the union and the employee simultaneously when

imposing disciplinary suspensions and terminations. The Employer shall notify the Union as soon as is practical when the employee is placed on investigatory leave.

Should an investigation extend beyond fifteen (15) business days, the employee on investigatory leave shall be paid each day thereafter their base rate of pay for their regular work days, if any, until completion of the investigation. Such payment shall be made notwithstanding a finding of misconduct; however, if any employee is not cooperating with the investigation, the payments shall cease. Investigations should be completed expeditiously and in a reasonable amount of time. Upon request, the Employer shall update the Union on the progress of the investigation.

An employee who is required to meet with a manager for the purpose of investigating circumstances that might reasonably lead to the employee being disciplined or for the purpose of imposing discipline, shall be permitted to have a union representative present. In either instance, the manager shall inform the employee of his/her right to have such a representative present; provided, however, that the failure of a manager to so advise an employee shall not in and of itself negate or adversely affect any disciplinary action taken by the Employer with regard to that employee. The manager will postpone for a reasonable period of time any such meeting if a local representative is unavailable to attend.

Personnel Files

The Employer will maintain one official personnel file for formal personnel documents relating to an employee. An Employee will be given reasonable access to his/her personnel file by prearrangement with the Human Resources office. An employee will be given a copy of any document to be added to his/her personnel file which is critical of the employee's performance or conduct. The employee will be required to initial a copy of

any such document. Such shall signify that the employee is aware of the document, but shall not signify agreement with its contents. Copies of grievance procedure papers (grievance, answers and appeals) shall be included in a file separate from the employee's personnel file. Such papers shall not be considered in decisions regarding promotion, transfer or assignment. The Employer will remove from an employee's personnel file documentation of disciplinary action if the employee has no other related disciplinary action during the 15 month period following such disciplinary action.

Annual Evaluation

Performance evaluations will normally be conducted upon the completion of the 90-day initial evaluation period and annually thereafter. The actual frequency of evaluations may vary depending upon an employee's length of service, job position, past performance, changes in job duties or performance problems. The Employer shall have the right to determine the content and format of performance evaluations. The categories evaluated will take into account the duties and responsibilities included in the employee's job description. Except for disciplinary actions that are a consequence of evaluations, matters related to employee evaluations shall not be subject to the grievance and arbitration procedure in this Agreement. The Employer has the right to establish a performance improvement plan based on the evaluation. The decision to place an employee on a performance improvement plan shall not be subject to the grievance and arbitration procedure.

New Hire Orientation

The Employer will provide all newly hired employees with an orientation. The Employer, will determine the content and extent of the orientation for a new hire, taking into account the

new hire's skills and experience. Before taking an independent assignment, new hires will be oriented to essential policies and procedures, equipment, and location and the frequently occurring activities necessary for the new hire to function competently. All employees are expected to support, guide, and serve as a resource to new hires and to work to provide a climate in which new hires are encouraged to seek their assistance when they have questions or are exposed to a policy or procedure which is new to them.

Article IX **Filling of Vacancies**

If the Employer decides to fill a vacancy in a bargaining unit position, the vacancy will be posted for a period of seven (7) calendar days, inclusive of weekends and holidays. Among qualified employees of the Employer who apply for a bargaining unit vacancy, the vacancy will be awarded based on the comparative ability and performance (collectively the qualifications) of the applicants. As between two (2) or more employee applicants whose qualifications are relatively equal, the position will be awarded to the applicant with the most seniority. The Employer will select an internal bargaining unit applicant over an external applicant unless the external applicant is substantially more qualified. The Employer will provide intranet access listing all current bargaining unit vacancies. In addition, the Employer shall provide the Local with a copy of all bargaining unit vacancies at the time of posting. An employee will not be eligible to bid on another bargaining unit position during his/her probationary period, unless mutually agreed by the Employer and the Union. However, an employee will not in any case be prohibited from bidding on a position in his/her department.

Article X **Cell Phones**

Bargaining unit employees shall be provided a cell phone for business use, at the Agency's expense.

Article XI
Safety & Health

The employer shall maintain a safe and healthy workplace for employees in conformity with all applicable State, Federal, Joint Commission and other regulatory agency laws, regulations and standards.

The employer shall also comply with all of its employee safety and health related policies/procedures including but not limited to its *Staff Safety* policy, its *Incident Report* policy, its *Customer Complaint* policy, its *Fire Evacuation Plan*, its *Physical Security* policy, its *Theft Prevention* policy, its *Safety First* policy, its *Fire, Disaster, and Emergency and Safety Plans*, its *Injury and Illness Prevention Program*, its *Safety Program*, and its *Workplace Violence Prevention* policy.

Employees, in carrying out their duties, must comply with same.

The Employer shall provide governmentally required and/or recommended tests and/or immunizations relative to exposure and contact with infectious diseases and hazards in the workplace during work time at no cost to employees.

Staff shall assess all visit situations for danger. If staff has any doubts, they shall not make the visit. In such situations, staff shall report this to the clinical manager immediately.

If a potentially volatile situation occurs, staff shall leave the premises immediately.

Article XII
Seniority

Full-time and part-time employees who have completed their probationary period shall have seniority. Employees shall have earned seniority for all time prior to the effective date of this Agreement in continuous employment with the Employer.¹ For all time on and after the effective date of this Agreement, seniority shall accrue as the length of continuous employment with the Employer in a position in the bargaining unit covered by this Agreement.

¹ This includes any and all time of continuous employment at any of the Prospect CharterCARE, ChareCARE and/or pre-CharterCARE facilities.

Seniority will govern with respect to matters such as the filling of vacancies, vacation accrual and scheduling, service area (tract) assignments, layoff, recall and as otherwise provided for in this Agreement.

Layoff/Bumping

Management has the right to layoff employees for lack of work. Layoff for lack of work shall be in the order of seniority within the job classification, least senior first.

Employees in the non-professional bargaining unit who have been designated for layoff may fill an available bargaining unit vacancy provided they are qualified. Such employees will be required to fill an available vacancy for which they are qualified if it involves the same department and number of regularly scheduled hours per week as the position the employee held when the employee was designated for layoff.

If an employee in the non-professional bargaining unit does not fill a vacancy pursuant to the preceding paragraph, then she/he will have the option to be laid off or, if qualified, to bump. In that regard, the laid off employee may bump a junior employee in a different job classification provided that the employee exercising the bump can perform the essential functions of the job with an orientation not to exceed fourteen (14) calendar days.

Notwithstanding, a regular part time employee can only bump another regular part time employee - provided however that a part time employee cannot bump into another part time position with a greater number of regularly scheduled hours than the part time position previously held.

Recall From Layoff

Employees who are on layoff with recall rights shall have the right to apply and be considered for such vacancies along with active employees pursuant to Article IX. Employees in the same

job classification as the vacancy who are qualified as defined above and have recall rights shall be given preference over active employee applicants and be recalled to the vacancy in order of their respective seniority.

Employees shall otherwise be recalled in order of their respective seniority. Recall rights shall apply for a period of twelve (12) months from the date of layoff, provided that an employee shall lose recall rights if she/he rejects recall to a position in her/his job classification with the same hours which the employee worked when she/he was laid off. While on layoff status, employees shall continue to be eligible to apply for vacant positions which are posted within the Employer's facilities.

Loss of Seniority

Seniority and all rights and benefits under this Agreement shall terminate and be lost by the employee for the following reasons:

- (a) Voluntary resignation
- (d) Discharge in accordance with Article VIII
- (b) Failure to report to work within three (3) working days following receipt of notice of recall by certified mail
- (e) After a layoff that exceeds twelve (12) months
- (f) Failure to return to work upon expiration of a leave of absence
- (g) An absence from work for more than three (3) consecutive work days without notifying the Employer
- (h) Not performing any work for the Employer for a period of twelve (12) months

Seniority Lists

The Employer will post on the Union bulletin boards and otherwise furnish the Union with seniority lists within sixty (60) days of signing of this agreement. Revised seniority lists will be furnished to the union and to the Local President effective the pay period ending closest to January 1 of each year, unless due to a reduction in the work force, a list is otherwise required. An employee may protest his or her seniority within thirty (30) days after the list is provided.

Article XIII Hours of Work

The normal work week shall begin from the start of the work day on Sunday through the end of the work day the following Saturday.

The normal work week for exempt employees shall be, on average, forty (40) hours per week, eighty (80) hours per pay period.

The normal work week for full time non-exempt employees shall be forty (40) hours per week, eighty (80) hours per pay period.

Exempt employees shall work, on average, eight (8) hours per day, exclusive of a thirty (30) minute unpaid meal period.

Full time non-exempt employees shall work eight (8) hours per day, exclusive of a thirty (30) minute unpaid meal period.

Exempt and full time non-exempt employees shall be entitled to one (1) uninterrupted twenty (20) minute paid rest break during the work day.

Part time employees who work an eight (8) hour work day shall be entitled to a thirty (30) minute unpaid meal period and one (1) uninterrupted fifteen (15) minute paid rest break. Exempt employees are expected to work a full shift of no more than six (6) points per workday. Non-exempt direct patient care staff is expected to work a full shift of no more than seven (7) points per work day.

These expectations shall be pro-rated for employees who work fewer than eight (8) hours in a work day or fewer than forty (40) hours in a work week.

It is understood, however, that such expectations may not be met due to events beyond the control of such employees including but not limited to missed visits, patient cancellations, patients not being discharged from the hospital, patient scheduling delays and/or failures and traffic issues.

The agency shall have sole and exclusive responsibility for assigning home visits.

Point values shall be allocated as follows:

Start of Care (SOC)	2.5 points
Resumption of Care (ROC)	2 points
Re-Certification	1.5 points
Re-Visit	1 point
Initial Evaluation	1.5 points
OASIS Discharge	1 point
Non-Visit OASIS Discharge	.5 point

Article XIV
Work Schedules

Daily Work Schedules

Intake or scheduler will contact the patient to confirm willingness to accept services. Except in circumstances where a patient is pulled from the following day, the intake or scheduler will confirm a day or more in advance of the visit. The assigned admission nurse will call the patient on the day of the admission to set the time of the visit. The clinician shall also confirm all such appointments prior to the visit.

Except in unforeseen circumstances, employee schedules shall be completed by 8:00 am each day. Staff will select patients that require coverage and notify the scheduler by 7:00 am each day, which will facilitate the completion of staff schedules by 8:00 am. No changes shall be made to such schedules unless the employer contacts the employee either by phone conference, secure electronic message or in person. A reasonableness standard shall apply to changes to daily work schedules based on the following factors: visit proximity, patient need and/or acuity and the ability of the employee to complete the visit in a timely fashion.

Work Schedules

The employer shall post employee work schedules in full month (not 4 week) increments physically (e.g. on the union bulletin boards) and electronically (e.g. Teams) and Teams App. Such work schedules shall identify the days on which employees are scheduled to work. Work schedules shall be posted one week in advance of their effective date and may not be changed absent unforeseen circumstances.

Work Week

Except as otherwise provided for in this Agreement, nonexempt employees shall work the weekly hours for which they were hired. For example, an employee hired to work forty (40) hours per week, shall work forty (40) hours per week. Similarly, exempt employees shall work the weekly hours for which they were hired, taking into account the nature of the exempt employment model.

Permanent changes in an employee's weekly hours shall only be permitted for legitimate operational reasons that are exceptional in nature. When such circumstances are present, the employer must first notify the affected employee and the union in writing thirty (30) calendar days in advance of the effective date of the change. Such notice shall set forth the reasons for the change.

Within seven (7) days of receipt of such notice, the employer shall meet and confer with the union regarding the change.

Prior to any change, the employer shall first seek volunteers. Absent a volunteer, the change shall be made to the weekly hours of the least senior employee.

Article XV

Weekends

Weekend work applies to all work departments as the Employer, in its sole judgment, deems warranted. However, employees in the nursing department shall not be required to work more than every third (3rd) weekend.

The agency shall schedule one physical therapist to work each Saturday. PTs shall work Saturdays on a rotating basis and will not be required to do more than two (2) admissions. In the event the agency has eight (8) or more PTs actively employed, the agency reserves the right to employ a second PT on Saturdays. In the event it chooses to exercise that right, the notice requirements in Article XIV (Work Schedules) shall apply.

Consistent with current policy/procedure, admissions shall be limited to orthopedic patients and neurologic patients only.

Notwithstanding the foregoing, employees may be hired or may fill positions which involve them working more frequently than set forth above and current employees may volunteer to work weekends more frequently than set forth above.

Article XVI **On-Call**

The purpose of on-call is to respond to patient distress calls between the hours of 4:30 pm — 8:00 am.

The Employer will pay employees who are assigned to be on-call at the rate of \$3.25 per hour during the on-call period. All employees who are required to provide an on-call visit in a patient's home will be paid a flat rate of \$150.00 per visit.

On-call assignments shall be distributed on an equitable basis. Employees shall not be scheduled to be on-call on a scheduled day off unless they volunteer to be on-call.

Article XVII **Mileage Reimbursement**

Employees shall be reimbursed at the prevailing rate set by the Internal Revenue Service (IRS). In this regard, the employer shall reimburse employees by computing the difference between the odometer reading from the first patient visit, or the agency, whichever is applicable, and the odometer reading at the last patient visit or the agency, whichever is applicable.

Employees shall have the option of being reimbursed based on the auto-calc function in matrixcare (or other similar software).

Article XVIII **Overtime**

Overtime Definition

All hours worked by a non-exempt employee, when approved by the Employer, in excess of forty (40) hours in a work week or in excess of eight (8) hours in a work day shall be paid at time and one half (1^{1/2}) the employee's regular rate of pay. Notwithstanding, in order to get paid 1^{1/2} for hours worked in excess of eight (8) in a work day, the employee must work thirty (30) or minutes or more beyond the end of their shift.

No Duplication or Pyramiding

There shall be no duplication or pyramiding of overtime or premium pay.

Mandatory Overtime

A volunteer sign-up sheet for extra hours shall be posted by email with each work schedule. Extra hours will be assigned equitably among volunteers, first among those who would not be working at overtime and then, if there are none left to work at straight-time, among those who would be working at overtime. Such volunteers shall be assigned to work extra hours before any employee is mandated to do so.

Before mandating an employee to work overtime, qualified volunteers will be sought from among regular and per diem employees both on and off duty. Managers shall keep a written record of their efforts in this regard. If there is not sufficient time prior to the start of the overtime assignment to contact such employees and an employee is mandated to work overtime, efforts will continue to be made to contact such employees to relieve the mandated employee.

Mandatory overtime shall not be used unless volunteers have been sought, as described above.

When the Employer knows at least twenty-four (24) hours in advance that a hole in the schedule will need to be filled, every reasonable effort will be made to fill it in advance so that an employee will not be required to work overtime.

When the Employer determines that an employee may be needed to work mandatory overtime, the Employer will notify the qualified employee who is on duty and has not worked overtime for the longest period of time.

No employee shall be mandated to work overtime beyond his/her regular schedule the day before vacation. Employees will, however, be permitted to work extra hours on the day before their vacation on a voluntary basis.

Mandatory overtime shall only be used as a last resort, only for unforeseen circumstances, and only after a search for volunteers as described above. Mandatory overtime should not be a substitute for proper planning and scheduling.

Article XIX **Differentials**

Weekend Differential

All employees shall be paid a weekend differential of \$3.75 per hour for all hours worked on a weekend.

Preceptor Pay

Employees who are designated and assigned as preceptors shall be paid preceptor pay in the amount of \$1.75 per hour for all hours worked as a preceptor.

Precepting shall be assigned on an equitable basis.

Article XX **Wages**

The wages for all bargaining unit employees shall be increased as follows:

December 1, 2022 - 4%

December 1, 2023 - 2%

June 1, 2024 — 2%

December 1, 2024 — 2%

June 1, 2025 — 2%

The Employer agrees to pay the per diem flat hourly rates set forth in the Appendix B.

Regular staff shall be paid the per visit amounts set forth in the attached chart for any visits they do beyond those set forth in the Hours of Work Article herein.

Whether to offer hiring bonuses and the amount of such bonuses shall be determined by mutual agreement between the parties.

Article XXI
Insurance

Medical Insurance

Employees may enroll in the CharterCare Health Partners medical insurance plans and wellness program. The 2023 plan designs, employee contributions (premium share) and prescription co-pays are set forth in Appendix A to this collective bargaining agreement.

Employee contributions premium share percentage (e.g. 20% of cost) for the Limited PPO, Premier PPO and Value Plan, shall remain the same percentage for the life of this agreement.

With regard to the EPO plan, the current dollar amount that employees in that plan are paying in premiums shall be frozen for the life of the agreement as follows:

EPO premium rates	Full-time	Part-time
Employee only	\$34.75	\$67.18
Employee + spouse	\$72.97	\$141.08
Employee + children	\$69.32	\$134.03
Employee + family	\$104.24	\$201.55

Notwithstanding, nothing herein shall otherwise preclude the Employer from making changes to the above plans provided such changes result in benefits that are substantially equivalent to those in effect as of the date of this Agreement.

Dental & Vision Insurance

Employees may enroll in the CharterCare Health Partners dental and vision plans. The 2023 plan designs and employee contributions (premium share) are set forth in Appendix A.

Notwithstanding, nothing herein shall otherwise preclude the Employer from making changes to the above plans provided such changes result in benefits that are substantially equivalent to those in effect as of the date of this Agreement.

Life Insurance

The Employer shall provide basic life and accidental death & dismemberment (AD&D) insurance benefits at no cost to eligible employees. Eligible employees may also enroll in optional life and AD&D insurance at their own expense. The 2023 plan designs and employee contributions (premium share) for optional coverage are set forth in Appendix A.

Notwithstanding, nothing herein shall otherwise preclude the Employer from making changes to the above plans provided such changes result in benefits that are substantially equivalent to those in effect as of the date of this Agreement.

Long Term Disability

The Employer shall provide long-term disability insurance

benefits, which shall be paid for by eligible employees. The 2023 plan design is set forth in Appendix A.

Notwithstanding, nothing herein shall otherwise preclude the Employer from making changes to the above plans provided such changes result in benefits that are substantially equivalent to those in effect as of the date of this Agreement.

Article XXII
401k Plan

Employees will be offered the employer's defined contribution plan, as it may be amended, provided the benefits remain substantially equivalent to the benefits in effect as of the effective date of this Agreement. There shall continue to be a fifty percent (50%) matching Employer contribution for eligible employees up to a maximum match of two percent (2%) of the employee's yearly pay. The matching contribution is made on an annual basis to the participating employee's account.

Article XXIII
Holidays

Paid Holidays

Regular full-time employees will be eligible for the following paid holidays:

New Year's Day	Labor Day
Washington's Birthday	Indigenous People's Day
Memorial Day	Veteran's Day
Independence Day	Thanksgiving Day
Victory Day	Christmas Day

Regular part-time employees are eligible only for those paid holidays which fall on the employee's regularly scheduled work day.

The holiday will be observed on the day the holiday falls for departments that are open on the holiday, and will be observed on the day on which the holiday is observed by the State of Rhode Island for departments that are not open on the holiday.

If the holiday falls on a Saturday, it shall be observed on the preceding Friday. If the holiday falls on a Sunday, it shall be observed on the following Monday.

Holiday Scheduling

Employees will be expected to work every other holiday from President's Day to New Year's Day on a rotating, annual schedule according to the Group A and Group B placement below:

Year 1 (starting 2022):

Group A — President's Day, Independence Day, Labor Day, Veteran's Day and Christmas Day.

Group B — Memorial Day, Victory Day, Indigenous People's Day, Thanksgiving Day and New Year's Day.

Year 2 (starting 2023)

Group B — President's Day, Independence Day, Labor Day, Veteran's Day and Christmas Day.

Group A — Memorial Day, Victory Day, Indigenous People's Day, Thanksgiving Day and New Year's Day.

Group A and B employees will remain in their previously assigned group as of the effective date of this Agreement. Notwithstanding, the agency reserves the right to assign new hires group placement.

The holiday schedule will be posted by January 15 of each year. In the event that an employee's holiday schedule conflicts with her/his weekend off, the holiday schedule will

prevail. Employees will not be scheduled to work the same major holiday in successive years.

The Employer will make a good faith effort not to schedule an employee to work the day before a major holiday and the major holiday.

Work on a Holiday

Full-time and exempt part-time employees who work a holiday will be paid at their regular rate of pay for all hours worked on the holiday. In addition, the employee will receive a substitute day off with pay (holiday pay) at their regular rate. Nonexempt part-time employees working a holiday shall receive double time for all hours worked on the holiday in lieu of a substitute day off with pay. Per diem employees working on a holiday shall be paid according to the per diem holiday rates set forth in Exhibit 1 of this Agreement.

Holiday Pay

Holiday pay shall be computed on the basis of the employee's base rate of pay multiplied by the number of hours the employee would have worked had it not been a holiday. Such hours are excluded for the purpose of calculating overtime pay under Article XVIII herein.

If a holiday falls on a full-time Employee's regular day off, the employee will receive a substitute day off with pay.

Holiday pay is not cumulative and must be taken within thirty (30) days before or ninety (90) days after the holiday.

Management and the employee will work together to schedule the substitute day off; if the day is not able to be scheduled, the employer will pay out the holiday time to the employee at her/his base rate of pay.

If a holiday falls during an employee's leave of absence, no holiday pay will be granted.

Article XXIV
Earned Time Off

Earned Time Off (ETO) combines paid vacation and sick time benefits into a single ETO bank.

All regular full-time and part-time employees are eligible for ETO benefits. ETO begins on the employee's date of hire, accrues daily, is recorded at the end of each biweekly payroll period, and is displayed on employee pay statements.

Accrual levels are based on continuous years of service as defined in Article XII.

Accrual

Job Category	Initial Accrual/eligible hr worked*	At 6 yrs. You Will Accrue/eligible hr Worked*	At 11 Yrs. You Will Accrue/eligible hr Worked*
Non Exempt (FT/PT)	.0692 Hours	.0884 Hours	.1115 Hours
Max Wkly Accrual	2.769 Hours	3.538 Hours	4.461 Hours
Max Annual Accrual	144 Hours	184 Hours	232 Hours
Max ETO Bank (Stop Accruing)	216 Hours	276 Hours	348 Hours

Job Category	Initial Accrual/eligible hr worked*	At 6 yrs. You Will Accrue/eligible hr Worked*	At 11 Yrs. You Will Accrue/eligible hr Worked*
Exempt (FT/PT)	.08884 Hours	.1076 Hours	.1115 Hours
Max Wkly Accrual	3.538 Hours	4.307 Hours	4.461 Hours
Max Annual Accrual	184 Hours	224 Hours	232 Hours
Max ETO Bank (stop accruing)	276 Hours	336 Hours	348 Hours

*Up to a cap of 40 weekly hours.

*Accrual is based on a 40-hour work week.

No employee will accrue ETO during an unpaid leave of absence.

Payment

Payment of ETO will be at the employee's regular rate of pay for all hours an employee would otherwise work as part of their regular schedule.

Whenever an employee's accrual rate changes, the employee's new accrual rate will begin with the first pay period following the date of the change.

When a holiday falls during scheduled ETO, the day will be paid as a holiday, pursuant to Article XXIII, instead of ETO.

Scheduling

ETO is either scheduled or unscheduled.

If the ETO is unscheduled, the employee must provide her/his manager notice as soon as is practicable.

Scheduled ETO must be approved in advance by the employee's manager but may not be unreasonably denied taking into consideration patient census, patient acuity and staffing levels.

Requests for the time period of January, February and March must be submitted between October 1-15. Responses to such requests must be posted by November 1.

Requests for the time period of April, May and June must be submitted between January 1-15. Responses to such requests must be posted by February 1.

Requests for the time period of July, August and September must be submitted between April 1-15. Responses to such requests must be posted by May 1.

Requests for the time period of October, November and December must be submitted between July 1-15. Responses to such requests must be posted by August 1.

Requests submitted outside of the window periods set forth above will be considered on a first come, first served basis after those which were submitted in a timely fashion.

In the event of conflicting requests within the above request windows a particular department, preference shall be given to the employee with the greatest seniority.

Employees may not take more than one hot week of vacation per year.

The hot weeks are New Year's week, February school vacation week, April school vacation week, 4th of July week, Thanksgiving week and Christmas week.

During prime time (June 1 through Labor Day) preference shall be given to requests for whole weeks.

When considering requests for ETO during prime time, the Employer will first accommodate as many employees within a department as it can for up two (2) weeks of ETO and then, if any additional ETO is granted, further requests will be considered.

Vacation requests that, by necessity, must be approved prior to the opening of the request windows set forth above (e.g. to book a flight, accommodation), may be submitted and approved prior thereto, but not to the detriment of a more senior employee who requests the same time off within the request windows.

ETO Restoration

If an illness, a death of an immediate family member, or an injury preventing work occurs prior to but extends into an employee's scheduled ETO, the ETO shall be postponed and rescheduled pursuant to the scheduling process set forth above. If a death of an immediate family member occurs after an employee commences her/his scheduled ETO, the employee

may take bereavement time, pursuant to Article XXV, in lieu of ETO and reschedule the ETO.

Similarly, if an employee is called to jury duty during scheduled ETO, the employee may use jury duty leave, pursuant to Article XXXIII, in lieu of ETO and reschedule the ETO.

Carryover of Accrued, Unused ETO

An employee may carry over unused ETO up to a maximum of not more than one and one half (1^{1/2}) times the employee's annual accrual. Once the employee reaches that maximum s/he will no longer accrue ETO until her/his bank falls below the maximum.

Utilization

ETO can be used by non-exempt employees in any increment, but ETO may not cause their total worked hours for the week to exceed their regularly scheduled hours.

ETO may be used by exempt employees for partial day absences consistent with federal labor law.

Non-exempt employees may not be forced to use ETO for low census days/time.

Article XXV **Bereavement Leave**

A full-time or part-time employee who has completed thirty (30) days of continuous employment and who suffers a death in the immediate family will be granted time off without loss of pay, not to exceed a maximum of three (3) scheduled work days. Such leave will be allowed within seven (7) days after the date of death.

Immediate family includes parent, spouse, brother, sister, child, domestic partner, grandparent or grandchild.

A full-time or part-time employee who has completed thirty (30) days of continuous employment will be granted time off without loss of pay for a scheduled work day which falls

on the day of the funeral of a grandparent-in-law or mother-in-law, father-in-law, brother-in-law or sister-in-law.

A full-time or part-time employee who has completed thirty (30) days of continuous employment who needs additional time off from work beyond that set forth above may request additional bereavement leave which may be granted or denied in the sole discretion of the Employer. Any request will be given fair consideration by the Employer. If granted, the employee will use their paid time off and, if none, will be placed on excused absence or personal leave of absence.

Article XXVI
Leaves of Absence

General

Leaves of Absences are periods of absence from work, whether paid or unpaid, for the reasons set forth in this article.

Medical Leave

A leave of absence for personal illness or injury will be granted up to the maximum period shown in the following schedule:

Length of Continuous Employment	<u>Maximum Leave</u>
After twelve (12) months and 1,250 hours worked	13 work weeks
2 years - 5 years	26 work weeks
6 years - 9 years	39 work weeks
10 yrs. +	52 work weeks

An employee who returns from a Medical Leave during the first thirteen (13) weeks will be reinstated to the position which the employee held at the start of the leave or to an equivalent position. If an employee is returning from a leave which has extended beyond thirteen (13) weeks, the employee will be offered the opportunity to fill available vacancies for which the employee is qualified. If there are none, the employee will be eligible to bid on vacancies which arise for the period of time set forth under the Maximum Leave listing herein for which the employee is eligible.

An employee will be required to furnish a completed physician or practitioner certification form as a condition of being granted a medical leave of absence and of being reinstated and must be cleared by the employee's health care provider before returning to work. If the Employer has reason to doubt the validity of a medical certification, it may require the employee to obtain a second medical opinion at the Employer's expense. The Employer may designate the physician to furnish the second medical opinion, but that physician may not be employed on a regular basis by the Employer.

If there is a disagreement between the employee's health provider and the Employer-designated physician, the employee will be evaluated by a third healthcare provider selected by the Employer and employee. The third opinion shall be at the Employer's expense and shall be final and binding. If the Employer requires the employee to obtain a second or third medical opinion, the Employer must reimburse an employee or family member for any reasonable out-of-pocket travel expenses incurred to obtain the second or third medical opinion. The Employer may not require the employee or family member to travel outside normal commuting distance for purposes of obtaining the second or third medical opinion, except in very unusual circumstances.

An employee on leave under this Article will have their benefits, such as insurance premiums, continue in effect as if the employee were in active service, for up to 26 weeks. Thereafter, the employee will be offered medical coverage consistent with the Consolidated Omnibus Budget Reconciliation Act of 1985 ("COBRA"). During such time the employee is on leave, he/she shall be required to pay their share of premium, whether under the Hospital plan or COBRA. If premiums are not paid within a month of the date they are owed, benefits for the employee shall be ceased. Employees shall have the option to pay their share of the premium with accrued, unused ETO on a pre-tax basis.

Parental/Family Leave

Leaves for purposes of maternity, adoption, child rearing and for a serious health condition or death of a member of the employee's immediate family (parent, spouse, child, parent-in-law) will be granted for up to thirteen (13) work weeks and employees will be reinstated to the position which they held at the start of the leave. Employee eligibility is subject to State law.

If an employee is returning from a leave which has extended beyond thirteen (13) work weeks, the employee will be offered the opportunity to fill available vacancies for which the employee is qualified. If there are none, the employee will be eligible to bid on vacancies which arise for a period of twelve (12) months from the date the employee is available to return to work. An employee may be required to furnish a completed physician or practitioner certification form, or such other form as the employer requires, to certify care for a serious health condition of an immediate family member, adoption, or placement of a child, as a condition of being granted a parental/family leave and of being reinstated pursuant to State law.

Earned Time Off accrual and benefits continuation shall be as set forth in Article XXIV herein. Intermittent and reduced schedule leave shall be available to an employee to care for a member of the employee's immediate family with a serious health condition. If possible, the employee's schedule should meet the needs of the employee and the Employer.

Intermittent and reduced schedule leave for parental/family reasons other than those set forth above shall be subject to the Employer's approval in its sole discretion. Medical certification may be required for leaves due to a serious health condition of a member of the employee's immediate family.

Worker's Compensation Leave

An employee who is absent because of an accident at work will be granted a leave of absence for up to one (1) year. Leave and reinstatement shall be in accordance with Rhode Island law. Earned Time Off accruals shall be as set forth herein. Benefit continuation shall be in accordance with Rhode Island law.

Educational Leave

Subject to the Employer's operating needs, as determined by the Employer, a leave of absence for educational purposes may be granted by the Employer for a period up to the applicable maximum period shown in the schedule above. Available accrued Earned Time Off (ETO) must be used during an education leave. There is no accrual of ETO during such a leave. The full cost of insurance benefits, to the extent that such are available to employees during an educational leave, shall be paid by the employee. The employer will not hold open the position the employee held at the start of the leave and the employee is not assured of reinstatement at the end of the leave.

Personal Leave

Subject to the Employer's operating needs, as determined by the Employer, a personal leave of absence may be granted by the Employer for compelling personal reasons for a period not to exceed thirteen (13) weeks. Available accrued ETO must be used during a personal leave of absence. There is no accrual of ETO for during such a leave. The full cost of insurance benefits, to the extent that such are available to employees during a personal leave, shall be paid by the employee after thirty (30) days. The Employer will not hold open the position the employee held at the start of the leave. The employee is not assured of reinstatement at the end of the leave.

Article XXVII
Inclement Weather

Visits on severe inclement weather days shall be assigned by geographic locations closest to road staff's own homes.

If road staff is unable to identify a safe location to park within a reasonable distance from the care location, the patient's visit may be missed.

If an employee determines that it is unsafe to be on the road due to inclement weather, s/he may call out and either use ETO or be granted time off without pay, or may request to flex their time if their manager can accommodate the request.

It is understood that the agency does not provide emergency services. As such, patients who are in need of such services shall be directed to a hospital emergency department.

Article XXVIII
Tuition Reimbursement

Tuition reimbursement for course work shall be as follows:

Full-time employee maximum annual benefit of \$3,000.

Part-time employee maximum annual benefit of \$1,500.

Article XXIX
Staff Development

Employees shall be paid for time spent attending elective programs related to but not required for their respective positions. Such programs shall include but not be limited to classes, conferences, seminars and the like, both in person and online.

Attendance shall be considered as time worked; employees, therefore, shall be compensated at their regular rate of pay for all hours of attendance. Employees must, however, get prior approval from management.

Approval shall not be unreasonably denied, and such opportunities shall be granted on an equitable rotating basis among those employees who request permission to attend elective programs.

Employees shall also be afforded the opportunity to be cross-trained. Such opportunities shall be distributed on a rotating basis among those employees who express an interest.

Time spent cross-training shall be considered as time worked and shall be compensated at an employee's regular rate of pay.

Article XXX
New/Changed Policies/Procedures/Equipment

Prior to introducing new policies, procedures and/or equipment, or making changes to an existing policy, procedure and/or equipment, the Employer shall provide adequate training or instruction for affected employees.

Affected employees shall attend such training or instruction during their regularly scheduled work hours and be paid at their regular rate of pay.

Article XXXI
Equipment & Supplies

The Employer shall provide employees with the equipment and supplies necessary to perform their jobs safely and in conformity with their job descriptions, assignments and applicable codes, guidelines and laws.

Employees are required to properly utilize all equipment and supplies provided by the Employer in compliance with training, policies, procedures and supervisory directives.

Article XXXII
Organizational Changes

Vacancies at other Employer Facilities. An employee who is laid off as a result of the discontinuance in whole or in part of a service program of the Employer shall be given preference over external applicants for vacancies at other Prospect CharterCARE, LLC facilities.

Such preference shall be given only if the employee who has been laid off is fully qualified to perform the duties of the vacant position.

Article XXXIII
Other Benefits

Miscellaneous Benefits

The Employer provides an employee assistance program and discounts for Hospital Services. The Employer shall provide at least 30 days' notice to the Union of any change in these programs. Any request from the Union to discuss the changes shall not delay their administration at the end of the notice period.

Subpoena Pay

An employee who is subpoenaed and appears as a witness in any court or agency proceeding which arose out of or as a result of the employee's employment will be paid at her/his base rate for the time required for such appearance and testimony.

Jury Duty Pay

An employee who has completed her/his probationary period is eligible for jury duty pay. The Employer will pay an employee the difference between the amount received for jury duty and the amount the employee would have earned at their base rate of pay plus shift differential, if applicable, for each day of jury service on which the employee was scheduled to work. To be eligible for pay under this section, an employee must furnish documentary evidence from the court which sets forth the amount of such fees received by the employee as a juror.

Annual Military Reserve Training

A full-time employee who has completed at least

twelve (12) continuous months of employment and who is required to attend annual military reserve training as a member of the Armed Force Reserves or National Guard will be paid the difference between the employee's military training pay received for the period of training and her/his regular pay computed at the employee's base rate plus shift differential, if applicable, and based on the regularly scheduled hours which the employee would have worked during the period. An employee shall not receive supplemental pay for more than fifteen (15) days on which the employee would have worked in any calendar year. Payment will be made following receipt of documentation evidencing the military pay received.

Mandatory In-Service Education Programs

Employees are required to attend mandatory in-service education programs for their area of practice. Employees who are unable to attend a scheduled mandatory program will be required to attend a make-up program as scheduled by the employee's manager no later than 30 days before the deadline for completion of such mandatory program. An employee who fails to successfully complete a mandatory program associated with her/his area of practice within required time frames will not be allowed to continue to practice in her/his position until such mandatory program has been successfully completed. The employee's manager shall provide written notice of the make-up program and written notice that failure to attend the program will result in the employee not being allowed to continue to practice in her/his position until she/he has successfully completed the mandatory program. The Employer will make mandatory programs accessible to employees during paid time. The Employer will make available to employees a schedule of in-service program offerings.

Article XXXIV **Printing of Agreement**

The parties will share equally in the cost of the printing of this Agreement. The number of copies printed shall be sufficient to provide each employee and each manager and manager with responsibility for employees with a copy and provide a reasonable number of additional copies for newly-hired employees.

Article XXXV
Miscellaneous

Completeness of Agreement

This Agreement contains the complete agreement of the parties, and no additions, waivers, deletions, changes or amendments shall be effective during the life of this Agreement unless evidenced in writing, dated and signed by the parties hereto. A waiver or failure to enforce any provision in a specific case shall not constitute a precedent with respect to future enforcement of all the terms and conditions of this Agreement, nor preclude either party from relying upon or enforcing such provision in any other case.

Precedence of Laws of Regulations

It is understood and agreed that this Agreement is subject to all applicable laws now or hereafter in effect and to the lawful regulations, rulings and order of regulatory commissions or agencies having jurisdiction.

Accordingly, if any provision of this Agreement is in contravention of such laws, regulations, rulings or orders such provision of the Agreement shall be null and void and the parties shall meet for the purpose of endeavoring to negotiate a substitute provision.

Severability

The provisions of this Agreement shall be severable, and the illegality or

invalidity of any such provision shall not affect the validity of any other provisions.

Article XXXVI
Successors & Assigns

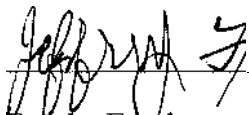
This Agreement shall remain in effect and shall be binding on all successors and assigns of the employer. The employer shall include this requirement as a condition of sale or transfer of ownership or operation. Provided, however, that nothing herein shall operate to impose this Agreement on any employees not included in the bargaining unit described in Article I herein as a matter of law, or to prevent the discontinuance, or the reduction or transfer of operations to another entity or location.

Article XXXVII
Bargaining Unit Work

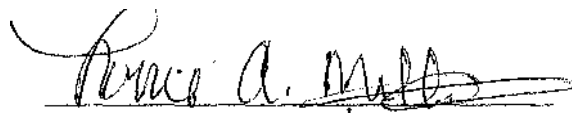
The performance of bargaining unit work by non-bargaining unit Employees shall not result in the erosion of the scope of the bargaining unit as set forth in Article I herein and shall not result in the displacement or layoff (defined as one shift or longer) of bargaining unit employees, unless there is an emergent situation, such as an act of God, preventing the Employer from being able to get a bargaining unit employee to perform the work within a reasonable period of time.

Article XXXVIII
Duration

This Agreement shall be effective on December 1, 2022 and shall expire at 11:59 pm on November 30, 2025



For the Employer



For the Union

Side Letter — Subcontracting

Notwithstanding the employer's right to subcontract as set forth in Article IV herein, the employer agrees that during the life of the December 1, 2022-November 30, 2025 collective bargaining agreement, it shall not subcontract any bargaining unit work.

Appendix A

g13Benefits

CharterCARE
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PROSPECT
MEDICAL

2023 Contributions - Service Workers Union at Our Lady of Fatima Hospital and CharterCARE Health Partners

Eligibility for Benefits

	Full Time Employees	Part Time Employees
Hours Requirement	32 - 40 hours per week	20 - 31 hours per week

Medical - 26 Pay Periods

	Payroll Deductions* Bi-Weekly - 26 Pay Periods	
	Full Time	Part Time

EPO

Employee Only	\$34.75	\$67.18
Employee + Spouse	\$72.97	\$141.08
Employee + Child(ren)	\$69.32	\$134.03
Employee + Family	\$104.24	\$201.55

Limited PPO

Employee Only	\$61.39	\$85.94
Employee + Spouse	\$128.92	\$232.06
Employee + Child(ren)	\$122.48	\$220.45
Employee + Family	\$184.17	\$331.51

Premier PPO

Employee Only	\$141.41	\$282.84
Employee + Spouse	\$281.77	\$563.54
Employee + Child(ren)	\$267.68	\$535.37
Employee + Family	\$318.66	\$637.32

Value PPO

Employee Only	\$33.53	\$33.53
Employee + Spouse	\$76.50	\$134.10
Employee + Child(ren)	\$67.04	\$117.32
Employee + Family	\$83.80	\$166.09

If you have not completed the required Wellness activities, you will pay an additional \$50 per month surcharge. Also, if you use tobacco products, you will pay an additional \$50 per month surcharge. For more information, please see the Wellness section of your Employee Benefits Guide for details.

Contributions may differ slightly from published rates due to system rounding.

2023 Contribudois (conAlued)

Dental & Vision

	Payroll Deductions 26 Pay Periods	
	Full Time	Part Time
Dental: DPPO		
Employee Only	\$1.82	\$3.64
Employee + Spouse	\$4.09	\$8.17
Employee + Child(ren)	\$3.88	\$7.76
Employee + Family	\$6.55	\$13.11
Employee Only	\$3.42	
Employee + Spouse	\$6.84	
Employee + Child(ren)	\$7.32	
Employee + Family	\$11.70	

Optional Life

Monthly Rate per \$1,000 of Coverage	
Employee or Spouse (Based on Employee Age as of Jan. 1)	
Under age 25	\$0.06
Age 25 to 29	\$0.07
Age 30 to 34	\$0.08
Age 35 to 39	\$0.10
Age 40 to 44	\$0.12
Age 45 to 49	\$0.19
Age 50 to 54	\$0.43
Age 55 to 59	\$0.65
Age 60 to 64	\$0.78
Age 65 to 69	\$1.27
Age 70 or older	\$2.06
Age 14 days to 26 years	\$0.12

Optional AD&D

Monthly Rate per \$1,000 of Coverage	
Employee Coverage	\$0.02
Spouse Coverage	\$0.03
Child Coverage	\$0.03

Sample Optional Life Calculation:

34 year old employee elects \$50,000 for himself, \$25,000 for his 36 year old spouse, and \$10,000 for children.

Employee: \$50,000/1000 = 50 x 0.08 = \$4.00 per month	\$4.00 x 12/26 = \$1.85 per pay period
Spouse: \$25,000/1000 = 25 x 0.08 = \$2.00 per month	\$2.00 x 12/26 = \$0.92 per pay period
Child(ren): \$10,000/1000 = 10 x 0.12 = \$1.20 per month	\$1.20 x 12/26 = \$0.55 per pay period

Sample Optional AD&D Calculation:

Employee elects \$50,000 = 50 x .02 = \$1.00 x 12/26 = \$0.46 per pay period
 Employee elects \$50,000 for spouse = 50 x .03 = \$1.50 x 12/26 = \$0.69 per pay period

Optional Long Term Disability (LTD)

	age
Under age 25	\$0.10
Age 25 to 29	\$0.16
Age 30 to 34	\$0.24
Age 35 to 39	\$0.55
Age 40 to 44	\$0.76
Age 45 to 49	\$1.01
Age 50 to 54	\$1.08
Age 55 to 59	\$1.11
Age 60 to 64	\$1.37
Age 65 to 69	\$1.49
Age 70 or older	\$0.47

Sample Optional LTD Calculation:
 Your deduction is based off your monthly salary.

For example, if you are 36 years old, your monthly rate per \$100 of coverage is \$0.55.

Then if you make \$2,500 per month:
 \$2,500 100 x 0.550 x12 --. 26 =
 \$6.34 per pay period



2023 Contributions

CharterCARE Health Partners, CharterCARE Medical Associates, Roger Williams Medical Center, Blackstone Valley Surgicare, Home Health and Hospice, Our Lady of Fatima Hospital

Eligibility for Benefits

	Full Time Employees	Part Time Employees
Hours Requirement	32 - 40 hours per week	20 - 31 hours per week

Medical - 26 Pay Periods

	Payroll Deductions*	
	Bi-Weekly - 26 Pay Periods	
	Full Time	Part Time
		EPO
Employee Only	\$47.06	\$83.19
Employee + Spouse	\$103.54	\$183.02
Employee + Child(ren)	\$97.78	\$164.72
Employee + Family	\$130.73	\$261.46
Limited PPO		
Employee Only	\$68.02	\$136.05
Employee + Spouse	\$148.86	\$297.73
Employee + Child(ren)	\$141.41	\$282.84
Employee + Family	\$198.01	\$396.02
Premier PPO		
Employee Only	\$155.89	\$287.60
Employee + Spouse	\$341.15	\$603.96
Employee + Child(ren)	\$324.09	\$573.76
Employee + Family	\$453.77	\$862.79
Value PPO		
Employee Only	\$32.94	\$32.94
Employee + Spouse	\$72.48	\$128.11
Employee + Child(ren)	\$68.45	\$115.31
Employee + Family	\$91.51	\$183.03

If you have not completed the required Wellness activities, you will pay an additional \$50 per month surcharge. Also, if you use tobacco products, you will pay an additional \$50 per month surcharge. For more information, please see the Wellness section of your Employee Benefits Guide for details.

Contributions may differ slightly from published rates due to system rounding.

2023 Contributions (continued)

Dental & Vision

	Payroll Deductions	
	Full Time	Part Time
Dental: DPPO		
Employee Only	\$1.82	\$3.64
Employee + Spouse	\$4.09	\$8.17
Employee + Child(ren)	\$3.88	\$7.76
Employee + Family	\$6.55	\$13.10
<hr/>		
Employee Only	\$3.42	
Employee + Spouse	\$6.84	
Employee + Child(ren)	\$7.32	
Employee + Family	\$11.70	

Optional Long Term Disability (LTD)

Monthly Coverage	Coverage
Under age 25	\$0.10
Age 25 to 29	\$0.16
Age 30 to 34	\$0.24
Age 35 to 39	\$0.55
Age 40 to 44	\$0.76
Age 45 to 49	\$1.01
Age 50 to 54	\$1.08
Age 55 to 59	\$1.11
Age 60 to 64	\$1.37
Age 65 to 69	\$1.49
Age 70 or older	\$0.47

Optional Life

Employee or Spouse	Monthly Rate per \$1,000 of Coverage
Under age 25	\$0.06
Age 25 to 29	\$0.07
Age 30 to 34	\$0.10
Age 35 to 39	\$0.12
Age 40 to 44	\$0.19
Age 45 to 49	\$0.43
Age 50 to 54	\$0.65
Age 55 to 59	\$0.78
Age 60 to 64	\$1.27
Age 65 to 69	\$2.06
Age 70 or older	\$0.12

Age 14 days to 26 years

Sample Optional LTD Calculation:

Your deduction is based off your monthly salary.

For example, if you are 36 years old, your monthly rate per \$100 of coverage is \$0.55.

Then if you make \$2,500 per month:

$$\begin{aligned} & \$2,500 \div 100 \times 0.550 \times 12 \div 26 = \\ & \$6.34 \text{ per pay period} \end{aligned}$$

Optional AD&D

Monthly Rate per \$1,000 of Coverage	Coverage
Employee Coverage	\$0.02
Spouse Coverage	\$0.03
Child Coverage	\$0.03

Sample Optional Life Calculation:

34 year old employee elects \$50,000 for himself, \$25,000 for his 36 year old spouse, and \$10,000 for children.

Employee: $\$50,000/1000 = 50 \times 0.08 = \4.00 per month $\$4.00 \times 12/26 = \1.85 per pay period

Spouse: $\$25,000/1000 = 25 \times 0.08 = \2.00 per month $\$2.00 \times 12/26 = \0.92 per pay period

Child(ren): $\$10,000/1000 = 10 \times 0.12 = \1.20 per month $\$1.20 \times 12/26 = \0.55 per pay period

Sample Optional AD&D Calculation:

Employee elects \$50,000 = $50 \times .02 = \$1.00 \times 12/26 = \0.46 per pay period
Employee elects \$50,000 for spouse = $50 \times .03 = \$1.50 \times 12/26 = \0.69 per pay period

Medical: Exclusive Provider Organization (EPO)

The Medical Exclusive Provider Organization (EPO) plan requires that you receive your health care from providers in the PMH National Network (Tier 1). The EPO Plan offers a full range of coverage with low out of pocket costs and is designed to be a cost-effective means of obtaining your health care services to protect you and your family in the event of an illness or injury.

All services must be received from providers in the Tier 1 Network when available, regardless of where you reside. If utilizing a Tier 1 Network provider, benefits will be paid based on your covered benefits where you are employed. Out-of-network benefits are only available for emergency services; otherwise the service will not be covered. If services are not available within the Tier 1 Network, you may access care through the Blue Cross Blue Shield BlueCard PPO Network (Tier 2). Tier 2 benefits apply when services are rendered by a Tier 2 provider.

Blue Cross Blue Shield EPO		
	Tier 1 Roger Williams Medical Center, Our Lady of Fatima Hospital, St. Joseph Health Center, Blackstone Valley Surgicare, CharterCARE Medical Associates and affiliated providers" and PMH National Network"	Tier 2 Services Not Available in the CharterCARE Network"
Lifetime Plan Maximum (per individual)		
Essential Health Benefits	Unlimited	
Calendar Year Deductible		
Individual	\$0	\$250
Family	\$0	\$750
Year Out of Pocket Maximum (includes Deductible)		
Individual	\$2,750	\$2,750
Family	\$8,250	\$8,250
Physician Services		
Office Visit (Primary Care Physician)		\$35 copay
Office Visit (Specialist)		\$40 copay
Surgeon, Assistant Surgeon, Anesthesia	No charge	No charge*
Teladoc (Telemedicine Visit)	\$10 copay	\$10 copay
Inpatient Hospital Room & Board		
	No charge	\$600/admit, then 10%*
Outpatient Services - IAW14 - Facilities		
Outpatient Lab, X-Ray, Diagnostic	No charge	10%*
Outpatient Surgery	No charge	\$300/service, then 10%*
Ambulatory Surgical Center	No charge	\$300/service, then 10%*
Hospital-Outpatient Treatment (nonsurgical & other expenses)	No charge	\$300/service, then 10%*
Emergency Care		
Urgent Care		\$35 copay
Emergency Room (copay waived if admitted)	No charge	\$170 copay**
Emergency Room Physician	No charge	No charge*
Ambulance	10%	10%*
Preventive Care / Wellness Services		
Physical Exams and Periodic Check-Ups	No charge	No charge
Well Baby and Well Child Care	No charge	No charge
Well Woman Exams	No charge	No charge
Immunizations	No charge	No charge

* After deductible

** When service is available

*** When service is available and based on covered benefits where you are employed

**** Members may access BCBS/BlueCard Participating Providers only when services are not available in the Preferred EPO network or Emergency Services

	Tier 1 Roger Williams Medical Center, Our Lady of Fatima Hospital, St. Joseph Health Center, Blackstone Valley Surgicare, CharterCARE Medical Associates and affiliated providers ¹ and	Tier 2 Services Not Available in the CharterCARE Network ¹
	\$40 copay	\$40 copay
Physical, Speech, Occupational & ABA Therapy (60 combined visits/cal yr)	Not covered	Not covered
Chiropractic Care (unlimited)	Not covered	Not covered
Acupuncture	\$35 copay	\$35 copay
Allergy Services - Primary Care	\$40 copay	\$40 copay
Allergy Services - Specialist	No charge	No charge
Allergy Services - Injections & Serum	No charge	No charge
Pre-Natal Care (Initial Visit)	No charge	No charge
Inpatient Hospital Room <u>and Semi Private</u>	No charge after OV copay	\$600/admit, then 10%*
Physician's Office, Lab and X-Ray	No charge after OV copay	OV copay, then 10%
Independent Lab and X-Ray	No charge	OV copay, then 10%
Advanced Imaging	No charge	\$100 copay
Skilled Nursing or Extended Care Facility (up to 100 visits/cal year)	No charge	\$100 copay/day
Home Health Care (up to 100 visits/cal year)	\$35 copay/visit	\$35 copay/visit
Hospice Care	No charge	\$100 copay/day
Durable Medical Equipment	No charge	No charge*
Hearing Aid Services & Ancillary Equipment	No charge, deductible waived \$2,000 allowance every 24 months (does not count towards OOP Max)	
Inpatient Facility	No charge	\$600/admit, then 10%*
Inpatient Physician	No charge	No charge*
Outpatient Visits (physician)		\$35 copay
Deductible (Individual/Family)	\$15 copay	None
Out-of-Pocket Max (Indiv/Family)	\$45 copay	\$2,500 /
\$5,000	\$60 copay	\$2,500 /
\$5,000		
Generic	\$30 copay	\$90
Formulary Brand		copay \$120
Non-Formulary Brand ²	copay 25%	(\$150 max.)
Generic		
Formulary Brand		
Non-Formulary Brand ² Specialty (30-day supply)		

* After deductible

** When service is available

*** When service is available and based on covered benefits where you are employed

**** Members may access BCBS/BlueCard Participating Providers only when services are not available in the Preferred EPO network or Emergency Services

- 1 If a brand name drug is dispensed and a generic drug is available, member will be responsible for the Brand copay plus the difference in cost between the brand and generic drug.
- 2 Prior authorization is required for non-formulary and specialty prescriptions.

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Medical: Limited PPO

With the Limited PPO plan, you have flexibility to use the PMH National Network (Tier 1) or the Blue Cross Blue Shield Network (Tier 2). Your cost sharing will depend on whether you use Tier 1 or Tier 2 networks. There is no out-of-network coverage unless it is an emergency.

		Blue Cross Blue Shield Limited PPO	
		Tier 1	Tier 2
		PMH National Network"	Blue Cross / Blue Shield Preferred Network
Lifetime Plan Maximum (per individual)			
Essential Health Benefits			Unlimited
Calendar Year Deductible			
Individual	\$ 0		\$1,630
	\$ 0		\$4,890
Calendar Year Out-of-Pocket Maximum (includes Deductible)			
Individual	•\$2,750		\$5,000
Family	\$8,250		\$10,000
Physician Services			
Family	\$35 copay		20W
Office Visit (Primary Care Physician)	\$40 copay		20%*
Office Visit (Specialist)	No charge		20%*
	\$10 copay		\$10 copay
Inpatient Services - Facility			
Inpatient Hospital Room & Board	No charge		20%*
Outpatient Services - Facility			
Surgeon, Assistant Surgeon, Anesthesia	No charge		20%*
Teladoc (Telemedicine Visit)	No charge		20%*
Outpatient Lab, X-Ray, Diagnostic	No charge		20%*
Outpatient Surgery	No charge		20%*
Ambulatory Surgical Center			
Hospital-Outpatient Treatment (nonsurgical & other expenses)			
Emergency Care			
Urgent Care		\$35 copay	
Emergency Room (copay waived if admitted)	No charge		20%*
Emergency Room Physician	No charge		20W
Ambulance	10%		10%*
Preventive Care / Wellness Services			
Physical Exams and Periodic Check-Ups		No charge	
Well Baby and Well Child Care		No charge	
Well Woman Exams		No charge	
Immunizations		No charge	

* After deductible

** When service is available and based on covered benefits where you are employed.

Medical: Limited O (c ued)

Blue Cross Blue Sh - mute •

	Tier 1 PMH National Network"	Tier 2 Blue Cross / Blue Shield Preferred Network
PHETIPATTTI	\$40 copay	20%*
Physical, Speech, Occupational & ABA Therapy (60 combined visits/cal yr)	Not covered	Not covered
Chiropractic Care (unlimited)	Not covered	Not covered
Acupuncture	\$35 copay	20%*
Allergy Services - Primary Care	\$40 copay	20%*
Allergy Services - Specialist	No charge	20%*
Allergy Services - Injections & Serum		
Pre-Natal Care (Initial Visit)	No charge	No charge
Inpatient Hospital Room and Semi Private	No charge	20%* 20%*
Physician's Office, Lab and X-Ray	No charge after OV copay	20%*
Independent Lab and X-Ray	No charge	20%*
Advanced Imaging	No charge	20%*
Skilled Nursing or Extended Care Facility (up to 100 visits/cal year)	No charge	20%*
Home Health Care (up to 100 visits/cal year)	\$35 copay/visit	20%*
Hospice Care	No charge	20%*
Durable Medical Equipment	No charge; \$2,000 allowance every 24 months (does not count towards OOP Max)	20%*
Hearing Aid Services & Ancillary Equipment		
Inpatient Facility	No charge	20%*
Inpatient Physician	No charge	20%*
Outpatient Visits (physician)	\$35 copay	20%*
Prescription Drug Coverage	Mecli4act Mandatory Generic Retail'	
Deductible (Individual/Family)	None	
Out-of-Pocket Max (Indiv/Family)	\$2,500 / \$5,000	
		\$30 copay \$90 copay \$120 copay 25% (\$150 max.)
Generic		\$15 copay
Formulary Brand		\$45 copay
Non-Formulary Brand²		\$60 copay



Generic

Formulary Brand Non-Formulary Brand² Specialty (30-day supply)

* After deductible

** When service is available and based on covered benefits where you are employed.

1 If a brand name drug is dispensed and a generic drug is available, member will be responsible for the Brand copay plus the difference in cost between the brand and generic drug.

2 Prior authorization is required for non-formulary and specialty prescriptions.

Medical: Premier PPO

The Premier PPO plan offers the ultimate freedom of choice and is the richest plan offered. You may obtain services from any provider you choose, but your costs will be lower when utilizing the PMH National Network (Tier 1) or the Blue Cross Blue Shield Network (Tier 2) Provider. For services received Out-of-Network, you will be responsible for any difference between the covered expense and actual charges.

Blue Cross Blue Shield Premier PPO			
	Tier 1 PMH National	Tier 2 Blue Cross / Blue Shield preferred Network	Tier 3 Out-of-Network
Lifetime Plan Maximum (per individual)			
Essential Health Benefits		Unlimited	
Calendar Year Deductible			
Individual	\$ 0	\$500	\$500
Family	\$ 0	\$1,500	\$1,500
Calendar Year Out-of-Pocket Maximum (includes Deductible)			
Individual	\$2,250	\$2,650	\$4,650
Family	\$5,625	\$6,625	\$13,950
Physician Services			
	No charge	10%*	30%*
Office Visit (Primary Care Physician)	\$20 copay	\$30 copay	30%*
Office Visit (Specialist)	\$25 copay	\$30 copay	30%*
Surgeon, Assistant Surgeon, Anesthesia	10%	10%*	30%*
Teladoc (Telemedicine Visit)	\$10 copay	\$10 copay	\$10 copay
Inpatient Hospital Room & Board			
Outpatient Lab, X-Ray, Diagnostic	No charge	10%*	30%*
Outpatient Surgery	No charge	10%*	30%*
Ambulatory Surgical Center	10%	10%*	30%*
Hospital-Outpatient Treatment (nonsurgical & other expenses)	No charge	10%*	30%*
Urgent Care	\$25 copay	\$30 copay	30%*
Emergency Room (copay waived if admitted)	No charge		\$120 + 10%*
Emergency Room Physician	10%	10%*	10%*
Ambulance	10%	10%*	10%*
Physical Exams and Periodic Check-Ups			
Physical Exams and Periodic Check-Ups	No charge	No charge	Not covered

Well Baby and Well Child Care	No charge	No charge	Not covered
Well Woman Exams	No charge	No charge	Not covered
Immunizations	No charge	No charge	Not covered

* After deductible

** When service is available and based on covered benefits where you are employed.

*** When utilizing Out-of-Network benefits, the Plan payment will be based on the Maximum Allowable Charges for the services. You will be responsible to pay the provider / facility any difference between the Plan's payment and the provider's / facility's full charge for the services.

Medical: Preenler PPO (continued)

Blue Cross Blue Shield Premier PPO			
	Tier 1 PMH National Network**	Tier 3 Out-of-NPI: V	
	\$25 copay	\$30 copay	30%*
	\$30 copay	\$30 copay	Not covered
	\$30 copay	\$30 copay	\$30 copay
	\$25 copay	\$30 copay	30%*
	\$25 copay	\$30 copay	30%*
	\$25 copay	\$30 copay	30%*
	Tier 2 Blue Cross / Blue Shield Preferred ISTAIRak ¹⁷		
Provider Services			
Physical, Speech, Occupational & ABA Therapy (60 combined visits/cal yr)			30%*
Chiropractic Care (unlimited)			30%*
Acupuncture			30%*
Allergy Services - Primary Care			
Allergy Services - Specialist			
Allergy Services - <u>Injections & Serum</u>			
Pre-Natal Care (Initial Visit)	No charge	No charge	30%*
Inpatient Hospital Room and Semi Private	10%	10%*	30%*
Physician's Office, Lab and X-Ray	No charge after OV copay	No charge after OV copay	
Independent Lab and X-Ray	No charge	\$40 copay*	
Advanced Imaging Skilled Nursing or Extended Care Facility (up to 100 visits/cal year)	No charge	\$40 copay*	
Home Health Care (up to 100 visits/cal year)	No charge	10%*	30%*
Hospice Care	10%	10%*	Not covered
Durable Medical Equipment	No charge	10%*	Not covered
Hearing Aid Services & Ancillary Equipment	10%	10%*	30%
	10%	10%	30%
	\$2,000 allowance every 24 months (does not count towards OOP Max)		
	L		
Inpatient Facility	No charge	10%*	30%*
Inpatient Physician	10%	10%*	30%*
Outpatient Visits (physician)	\$25 copay	\$30 copay	30%*
Prescription Drug Coverage			Tier 3

Deductible (Individual/Family)	None	None
Out-of-Pocket Max <u>(Indiv/Family)</u>	\$2,500 / \$5,000	N/A
Generic	\$15 copay	
Formulary Brand	\$45 copay	Not covered
Non-Formulary Brand ²	\$60 copay	
Generic	\$30 copay	
Formulary Brand	\$90 copay	
Non-Formulary Brand ²	\$120 copay	Not covered
Specialty (30-day supply)	25% (\$150 max.)	

* After deductible

** When service is available and based on covered benefits where you are employed.

*** When utilizing Out-of-Network benefits, the Plan payment will be based on the Maximum Allowable Charges for the services. You will be responsible to pay the provider / facility any difference between the Plan's payment and the provider's / facility's full charge for the services.

1 If a brand name drug is dispensed and a generic drug is available, member will be responsible for the Brand copay plus the difference in cost between the brand and generic drug.

2 Prior authorization is required for non-formulary and specialty prescriptions.

Medical: Value PP

The Value PPO offers freedom of choice and allows you the ability to go out-of-network. You may obtain services from any provider you choose, but your costs will be lower when utilizing the PMH National Network (Tier 1) or the Blue Cross Blue Shield Network (Tier 2) Provider. This PPO has high deductibles and cost sharing but your annual preventive exams are always covered at 100% within the Tier 1 or Tier 2 networks. For services received Out-of-Network, you will be responsible for any difference between the covered expense and actual charges.

	Tier 1 PMH National Network	Tier 2 Blue Cross / Blue Shield —Preferred Network	Tier 3 Out-of-Network**
Lifetime Plan Maximum (per individual)			
Essential Health Benefits		Unlimited	
Calendar Year Deductible			
Individual	\$3,000	\$5,900	\$10,000
Family	\$6,000	\$11,800	\$20,000
Calendar Year Out-of-Pocket Maximum (includes Deductible)			
Individual	\$5,000	\$5,900	\$30,000
Family	\$10,000	\$11,800	\$60,000

Office Visit (Primary Care Physician)

Office Visit (Specialist)

Surgeon, Assistant Surgeon, Anesthesia

Teladoc (Telemedicine Visit)

No charge*	50%*
No charge*	50%*
No charge*	50%*
No charge*	50%*

No charge*	10%*
No charge*	No charge*
No charge*	10%*
No charge*	10%*

No charge	50%*
No charge	50%*
No charge	50%*
No charge	50%*

No charge*	50%*
No charge*	50%*

No charge*

50%*

\$10 copay

\$10 copay

Inpatient

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Inpatient Hospital Room & Board

No charge*

50%*

Outpatient Lab, X-Ray, Diagnostic

Outpatient Surgery

Ambulatory Surgical Center

Hospital-Outpatient Treatment

(nonsurgical & other expenses)

Urgent Care

Emergency Room

(copay waived if admitted)

Emergency Room Physician

Ambulance



Physical Exams and Periodic Check-Ups

Well Baby and Well Child Care Well Woman Exams Immunizations

* After deductible

** When service is available and based on covered benefits where you are employed.

*** When utilizing Out-of-Network benefits, the Plan payment will be based on the Maximum Allowable Charges for the services. You will be responsible to pay the provider / facility any difference between the Plan's payment and the provider's / facility's full charge for the services.

Medical: Value PP. (continued)

Blue Cross Blue Shield Value PPO			
	Tier 1 PMH National Network**	Tier 2 Blue Cross / Blue Shield Preferred Network	Tier 3 Out-of-Network**
Physical, Speech, Occupational & ABA Therapy (60 combined visits/cal yr)	No charge*	No charge*	50%*
Chiropractic Care (unlimited)		Not covered	
Acupuncture		Not covered	
Allergy Services - Primary Care	No charge*	No charge*	50%*
Allergy Services - Specialist	No charge*	No charge*	50%*
Allergy Services - Injections & Serum	No charge*	No charge*	50%*
Pre-Natal Care (Initial Visit)	No charge	No charge	50%*
Inpatient Hospital Room and Semi Private	No charge*	No charge*	50%*
Physician's Office, Lab and X-Ray		No charge*	50%*
Independent Lab and X-Ray		No charge*	50%*
Advanced Imaging		No charge*	50%*
Skilled Nursing or Extended Care Facility (up to 100 visits/cal year)		No charge*	50%*
Home Health Care (up to 100 visits/cal year)		No charge*	50%*
Hospice Care		No charge*	50%*
Durable Medical Equipment		No charge*	50%*
Hearing Aid Services & Ancillary Equipment		20%	50%
		\$2,000 allowance every 24 months (does not count towards OOP Max)	
Inpatient Facility		No charge*	50%*
Inpatient Physician		No charge*	50%*
Outpatient Visits (physician)		No charge*	50%*
Deductible (Individual/Family)		None	None
Out-of-Pocket Max (Indiv/Family)		\$2,650 / \$5,300	N/A
Generic		\$15 copay	
Formulary Brand Non-Formulary Brand ²		\$45 copay \$60 copay	Not covered
Generic		\$30 copay	
Formulary Brand Non-Formulary Brand ² Specialty (30-day supply) * After service is available and benefits where you are		\$90 copay \$120 copay 25% (\$150 max.)	Not covered

*** When utilizing Out-of-Network benefits, the Plan payment will be based on the Maximum Allowable Charges for the services. You will be responsible to pay the provider / facility any difference between the Plan's payment and the provider's / facility's full charge for the services.

1 If a brand name drug is dispensed and a generic drug is available, member will be responsible for the Brand copay plus the difference in cost between the brand and generic drug.

2 Prior authorization is required for non-formulary and specialty prescriptions.

Prescription Drugs

Your medical plan includes coverage for prescription medication. When you enroll in the EPO or PPO medical plans, you are automatically enrolled in the prescription drug plan administered by MedImpact. The prescription drug information is combined with your medical ID card. To access a complete listing of MedImpact pharmacies near you, log onto www.medimpact.com.

Exclusive Home Delivery for Maintenance Medications

If you take maintenance medication, such as those used to treat high blood pressure or high cholesterol, you can avoid higher costs by taking advantage of the convenience of home delivery pharmacy services. This program allows you to refill maintenance medications at a retail pharmacy twice without incurring a higher cost. After the second purchase, you'll be responsible for paying the entire cost of the medication when using a retail pharmacy. You can avoid these higher costs by signing up for home delivery by contacting MedImpact at 800-788-2949 or log in to www.medimpact.com.

Crozer Health Pharmacy

Prospect Medical (PM) continues to partner with Crozer Health Pharmacy (CHP) as the preferred pharmacy for Specialty Medications for Prospect Medical (PM) employees and dependents who are enrolled in a PM medical plan. Crozer Health Pharmacy is affiliated with PM, which allows our employees to utilize its own specialty pharmacy services. Crozer Health Pharmacy, located in Upland, PA, will provide mail order and pick-up services for PM employees.

Should you need NEW specialty prescriptions on or after January 1, 2023, please ask your physician's office to e-prescribe or call in a new prescription to the Crozer Health Pharmacy:

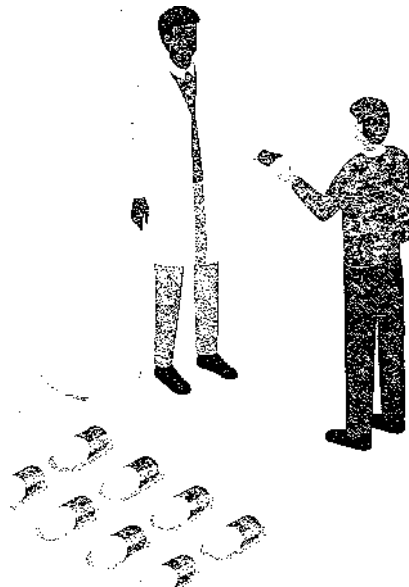
Crozer Health Pharmacy
Crozer-Chester Medical Center
One Medical Center Boulevard
Upland, PA 19013
610-447-2850

Hours: Monday to Friday from 7 a.m. to 4 p.m. EST

24 Hour Access: Ask your physician's office to e-prescribe or call in a new prescription to 610-447-2850.

Refill a prescription using the Refill Telemanager at 610-447-2850.

As part of the Pharmacy Benefits transition to MedImpact, SaveOnSP is going away and will be replaced with MedImpact Assist. Accredo Specialty Pharmacy will no longer be an in-network pharmacy for PM. If Crozer is unable to fill your medication, they will coordinate with a specialty pharmacy who can act on your behalf. BioPlus Specialty Pharmacy will be taking the place of Accredo for most of these drugs.



Wellness



PMH's employees are its greatest assets, and we take your health and well-being very seriously. That's why PMH provides the Healthy Prospects employee wellness program to promote and support wellness among its workforce.

If you are enrolled in the PMH medical benefits plan, you will have access to a wide array of the wellness program services and tools to help you to improve your health, at no cost to you, including:

- J Biometric screening
- J Health assessment
- J Health coaching
- J Chronic condition management
- J Wellness challenges
- Tobacco cessation
- Wellness incentive
- Other wellness program activities and resources

Healthy Prospects Program Vendor: Eligible employees can access the Healthy Prospects ActiveHealth website at www.myactivehealth.com/pmh.

Wellness Incentive

Employees enrolled in the PMH medical plan who do not complete the wellness program requirements in 2023 will pay an additional \$50 per month (\$600 per year) more for their medical premium during the 2024 benefits year.

To avoid the additional \$50 per month medical premium surcharge during 2024, you must meet the following criteria during 2023:

- J Complete a biometric screening option, and
- J Complete an online health assessment on the Healthy Prospects site at www.myactivehealth.com/pmh.

Please note: Newly eligible employees that become active on PMH medical benefits on or after June 7, 2023 will not need to complete the wellness requirements in 2023 to avoid the 2024 medical premium surcharge. Employees who are newly enrolled in medical coverage on or after January 7, 2023 will automatically avoid the 2023 surcharge.

Biometric Screening

Biometric screening involves simple tests that will provide you with information on key indicators for your risk for cardiovascular disease, stroke, diabetes, and other health conditions, including your body fat percentage, body mass index (BMI), blood pressure, cholesterol and triglyceride levels, and blood glucose.

Employees have several options through ActiveHealth's biometrics screening partner - Quest Diagnostics - for completing the screenings during 2023 to meet the wellness incentive requirement. Those options will be communicated to employees throughout the year, based on considerations related to the COVID-19 situation. The screening results will be confidential, and no individual results will be reported to PMH. The screening options can be accessed through the Healthy Prospects site at www.myactivehealth.com/pmh.

Online Health Assessment

An online health assessment evaluates your risks for chronic health conditions. Once you complete your health assessment, you will receive a summary of your results, as well as an action plan customized to your health risks. The online health assessment can be accessed by visiting the Healthy Prospects site provided through ActiveHealth at www.myactivehealth.com/pmh.

Health Coaching through ActiveHealth

PMH employees have access to health coaching through our wellness program vendor, ActiveHealth. You may self-enroll in health coaching through the Healthy Prospects site at www.myactivehealth.com/pmh, or by calling the toll-free number at 855-206-1303. If you are identified as being at moderate to high risk based on your biometric screening or health assessment results, you may receive an outreach call from an ActiveHealth coach to offer you support in developing and pursuing a plan of action to reduce your risk.

Wellness (continued)

Areas of focus for health risk reduction include:

-] Exercise management
-] Nutrition management
-] Weight management
-] Metabolic syndrome
-] Pre-diabetes
-] Pre-hypertension
-] Stress management
-] Sleep
-] Tobacco cessation

If you are living with a chronic health condition (e.g., asthma, COPD, coronary artery disease, hyperlipidemia, heart failure, obesity, chronic back/neck pain, depression, etc.) and are identified as being eligible for condition management assistance based on ActiveHealth's analytics, you may receive an outreach call to offer you the services of an ActiveHealth health coach who specializes in managing chronic conditions. You may also contact a health coach through the Healthy Prospects site at www.mvactivehealth.com/pmh, by calling the toll-free number at 855-206-1303 to request assistance with managing your chronic condition.

Diabetes and Hypertension Management through Omada

To assist individuals living with diabetes (Type 1 or 2) and/or high blood pressure, PMH is now offering employees enrolled in a PMH health plan the opportunity to participate in the Omada Health diabetes/hypertension management program. If you are eligible and enroll in the Omada program, you will be provided with the following resources, at no cost to you:

-] A dedicated specialized health coach
-] Connected wireless device(s) for glucose and/or blood pressure monitoring
-] Medication adherence support
-] Health metrics tracking
-] Interactive online lessons for making healthier choices
-] Online peer support community

If you are identified through Omada's medical/pharmacy claims analytics as having either Type 1 or Type 2 diabetes or hypertension, you may receive an outreach communication from Omada. If you have been diagnosed with one of these conditions, you may also self-enroll through the Omada website at www.omadahealth.com/pmh.

Tobacco Free Incentive

Employees who indicate they are tobacco users during benefit enrollment will be assessed a \$50 per month tobacco surcharge for the 2023 benefit year. As an incentive to be tobacco-free, employees who indicate during benefits enrollment that they do not use tobacco products, or who complete a tobacco cessation program (see below), will receive a waiver of the surcharge.

If you indicate during benefit enrollment that you are tobacco-free, you are verifying that you have not used tobacco products during the past 30 days, are currently tobacco-free, and will not use tobacco products during the 2023 benefits year. Tobacco products include cigarettes, cigars, chewing or pipe tobacco, any other tobacco products (including electronic cigarettes or "vapes"), regardless of the frequency or method of use. Misrepresentation of your tobacco status may result in the imposition of the tobacco-use surcharge for the entire year, as well as disciplinary action.

Tobacco Cessation Program: Employees who are current tobacco users can become eligible for waiver of the tobacco surcharge by meeting the following tobacco cessation program requirements:

-] Complete 6 sessions of telephonic tobacco cessation coaching with ActiveHealth within 90 days of the effective date of medical benefits coverage.
-] Submit written confirmation to your Human Resources representative after completion of the 6 telephonic tobacco cessation coaching sessions. Your completion of the required sessions will be verified by Human Resources through reporting from ActiveHealth.

Once the above requirements are met and verified, the \$50 per month tobacco surcharge will be removed from the employee cost of health care insurance effective the first pay period following the submission of verification of the completed tobacco cessation program, and the tobacco surcharge collected prior to that pay period will be rebated.

To access the tobacco cessation program, contact ActiveHealth at 855-206-1303.

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Dental - Delta Dental of RI

Your dental options promote and encourage preventive dental care and provide benefits for services that are essential to good oral health.

Delta Dental PPO offers a network of dentists who have agreed to reduced contracted rates for their services and they cannot "balance bill" enrollees for additional charges. You are able to visit any licensed dentist of your choice, but you will usually have less out-of-pocket expenses when you visit a Delta Dental PPO network dentist. A Delta Dental Premier dentist is your next best bet; their contracted rates are slightly higher than those of PPO dentists, but you will still enjoy some cost protection. Enrollees who visit Delta Dental dentists receive the advantages of no billing beyond the charges allowed by the plan and the submission of claims by dentists.

Delta Dental of Rhode Island
 Phone: 800-84Z-3582'
 Website: www.deltadentalri.com

To locate a dentist, create an account and print a temporary ID card visit the,Delta Dental website.



Delta Dental PPO*	
Delta Dental PPO Dentists**	Non-Delta Dental PPO Dentists* *
Calendar Year Deductible'	
Individual Family Calendar Year Plan Maximum	
You Pay	
No charge (deductible waived)	20% (deductible waived)
20%	20%
50%	50%
Per Individual	
\$25	\$50
\$75	\$150
\$2,000	\$1,500
- You Pay	

Preventive Care

Oral Exams, X-rays, Cleanings, Fluoride,
Space Maintainers, Sealants

Basic Services

Oral Surgery, Fillings, Endodontic Treatment,
Periodontic Treatment, Repairs of Dentures and
Crowns

Major Services

Crowns, Jackets, Dentures, Bridge Implants

Orthodontia

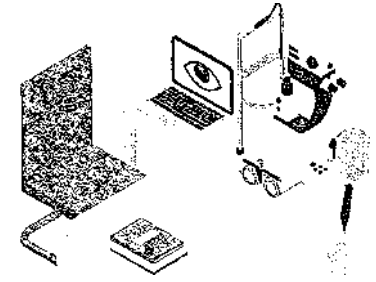
Covered (Adult & Child to age 26)	50%
Lifetime Orthodontia Plan Maximum (Per Individual)	\$1,500

* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan.
Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's
submitted fees.

** Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and
Premier contracted fees for non-Delta Dental dentists.

I a)

Vision care is essential to your overall health. Getting regular eye exams helps your doctor detect a variety of medical conditions before they become big problems.



Your vision plan is administered by Vision Service Plan (VSP), one of America's oldest and largest eye care organizations. VSP offers a network of thousands of eye care professionals located throughout the country. You may use any provider, but you will receive greater benefits when you select a VSP Choice Network Preferred Provider. To use your VSP plan, just call a VSP provider and make an appointment and identify yourself as a VSP member. There are no claim forms to file when you use a VSP provider; you simply pay any amounts not covered by the plan. To use other providers, you will need to pay in full for the services, and then file a claim with VSP.

Vision Service Plan
 Phone: 800-877-7195
 Website: www.vsp.com
 To locate a VSP provider, visit www.vsp.com or call the VSP.

	In-Network	Out-of-Network
	You pay	Reimbursement
Exam & Materials		
Exam	\$15 copay	Up to \$45 reimbursement after \$15 copay
Materials	\$20 copay	Eye wear reimbursement listed below after \$20 copay
1 a 161		
Single	100% after copay	Up to \$45 reimbursement
Bifocals	100% after copay	Up to \$65 reimbursement
Trifocals	100% after copay	Up to \$85 reimbursement
Frames		
Frames	\$250 allowance after copay	Up to \$47 reimbursement
Contact Lenses (in lieu of lenses & frames)		
Medically Necessary	100% after copay	Up to \$210 reimbursement
Elective	\$200 allowance; copay waived	Up to \$150 reimbursement (lenses / exam combined)
Exams	Once every calendar year	Once every calendar year
Lenses	Once every calendar year	Once every calendar year
Frames	Once every two calendar years	Once every two calendar years
Contacts	Once every calendar year	Once every calendar year

* You may use your frame allowance toward ready-to-wear non-prescription sunglasses from a VSP doctor.

** Contacts (every calendar year) in lieu of lenses and frames. \$60 allowance for contact lens exam (fitting and evaluation); members also receive 15% discount on contact lens exam and services.

Life and AD&D Insurance

Basic Life and Accidental Death and Dismemberment (AD&D) Insurance

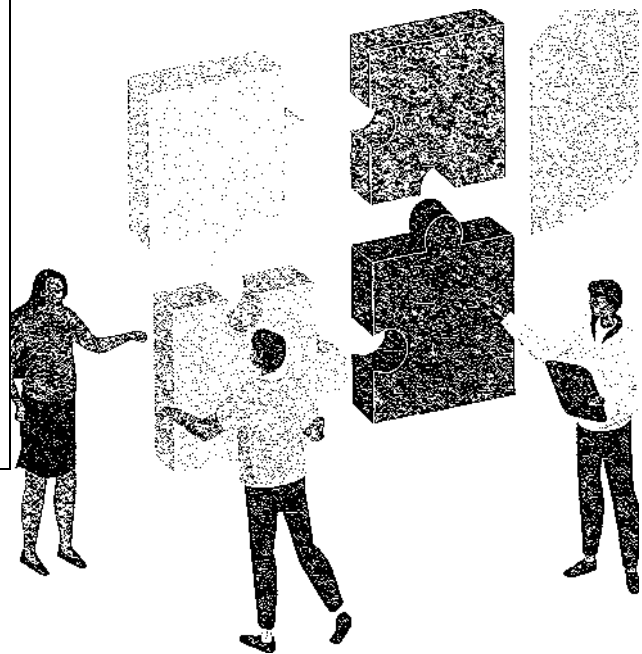
As an important part of your financial planning, you are automatically provided with basic life and AD&D insurance to protect you and your family in the event of an accident or death.

-] Coverage is provided to full-time and part-time employees by The Standard at no cost to you, paid for by CCHP.
-] For both basic life and AD&D insurance, you are covered in an amount of \$25,000.
-] AD&D insurance pays specific benefit amounts for a covered accidental bodily injury that causes dismemberment. If death occurs from an accident, 100% of the AD&D benefit would be payable to your beneficiary.
-] Benefits are paid to the beneficiary you designate. Please keep your beneficiary information up to date.

Things to Keep in Mind

Life and AD&D insurance provides many benefits, but there are a few points to keep in mind:

-] **Imputed Income:** The value of your company-provided life insurance premiums over \$50,000 is considered taxable. Contact your tax professional for more information.
-] **Age Reduction:** Benefit amounts reduce as you age. At age 70, reduction to 67% of the benefit amount. At age 75, reduction to 50% of the benefit amount.
-] **Portability:** If you leave the company, you can convert your policy to an individual policy and continue your coverage.



Addition I Information

Annually, during the Open Enrollment period, you may increase your Optional Life election one level without the Evidence of Insurability requirement up to the Guaranteed Issue amount.

To learn more, please see the schedule of benefits for a full list of benefits and costs.

Life and AD&D Insurance (continued)

Optional Life Insurance

As a full-time or part-time employee, you may purchase Optional Life insurance for yourself and your dependents for additional financial protection through The Standard. Premiums are determined by your age and will be deducted from your paycheck after tax. You may elect spouse and/or dependent life insurance for your eligible dependent children if you elect Optional Life for yourself. You may not be covered as an employee and as a dependent.

For any Optional Life amount elected after your initial eligibility period or above the Guarantee Issue amount, you must complete a medical questionnaire (Evidence of Insurability) and be approved for the amount elected. You do not have to purchase the same amount for Optional Life and Optional AD&D.

Optional AD&D

As a full-time or part-time employee, you may enroll in Optional AD&D at affordable group rates through The Standard. If you elect Optional AD&D for yourself, you may elect Optional AD&D coverage for your family.

Optional AD&D	
Employee	<ul style="list-style-type: none"> • Increments of \$25,000, up to \$750,000, to a maximum benefit of the lesser of 5x annual salary or \$750,000
Spouse	<ul style="list-style-type: none"> • Increments of \$5,000 to \$250,000, not to exceed 100% of employee amount
Child(ren)	<ul style="list-style-type: none"> • \$5,000 or \$10,000

Coverage	Available benefit
Employee	<ul style="list-style-type: none"> • Increments of \$25,000, up to \$750,000, to a maximum benefit of the lesser of 5x annual salary or \$750,000 • Guaranteed issue amount: \$250,000
Spouse	<ul style="list-style-type: none"> • Increments of \$5,000 to \$250,000, not to exceed 100% of employee amount • Guaranteed issue amount: \$50,000
Dependent Child(ren) to age 26	<ul style="list-style-type: none"> • \$5,000 or \$10,000 • Guaranteed issue amounts: - Live birth to 14 days: \$1,000 - 14 days to 6 months: \$1,000 - 6 months to age 26: \$10,000

Guaranteed Issue

Guarantee Issue is the amount of insurance you are guaranteed without having to complete Evidence of Insurability (E01). Any amounts above the Guaranteed Issue amount are subject to underwriting where you will be required to complete an E01 form.

Disability Insurance

An unexpected injury or illness can create a financial burden. Disability insurance replaces a portion on your income when you are unable to work.

Important: Disability benefits are reduced by other income you receive, such as Social Security, state disability benefits, pension benefits, and Workers' Compensation.



Option 1 Long Term Disability

Long Term Disability (LTD) insurance helps pay for ongoing living expenses such as rent, mortgage, car payments, utilities or out-of-pocket medical expenses. You will receive a portion of your monthly income for as long as you are disabled or until you reach your Social Security Normal Retirement Age, whichever comes first. LTD is available through The Standard. Benefits will be coordinated with any income from other sources which may reduce your benefit. If you are interested in enrolling please refer to the rate sheet.

Additional Information

You will be subject to pre-existing limitations under LTD plan if you received medical treatment, consultation, care or services including diagnostic measures, or took prescribed drugs or medicines in the 3 months just prior to your effective date of coverage; and the disability begins in the first 12 months after your effective date of coverage.

To learn more, please see the schedule of benefits for a full list of benefits and costs.

Eligible Class	Full-Time and Part-Time Employees
Monthly Benefit	60% of monthly earnings
Monthly Maximum	\$5,000
Offset by Other Disability Benefits?	Yes**
Elimination Period	180 days sickness / injury
Waiver of Premium*	Included
Benefit Duration	To Social Security normal retirement age (see policy for benefit amounts beyond SSNRA)

* If you become Totally Disabled while insured, the Waiver of Premium Provision may continue your Life and/or Disability Insurance without any further payment of premiums by you.
 **Refer to contract for details

Helpful Disability Insurance Terms

Qualifying disability: A sickness or injury that causes you to be unable to perform any other work for which you are or could be qualified by education, training or experience

Benefit Duration: Maximum amount of time you may receive proceeds for a continuous disability

Elimination or Waiting Period: The time you must wait before you are eligible to receive benefit payments

Phone: 800-422-1549
Website: www.standard.com

The Standard

Appendix B

Non visit per diem hourly rate:

- 0 C.N.A - \$18/hr (flat)
- SW/PT/OT/SLP - \$35/hr (flat)
- 0 PTA/OTA - \$28/hr (flat)
- 0 LPN - \$30/hr (flat)
- 0 RN - \$38/hr (flat)
- 0 On-call (\$2.25/hr for being on-call, if see patient flat \$150 (RN only)) - Eff: 6/9/19
- 0 Preceptor Pay \$1.25/hr

NUMBER	CHECK CAPTION	MNEMONIC	TYPE	3/6/16 Rate Per Visit *	6/9/2019
230	HC DAYVISIT RN	HCWDAYRN	REGULAR	\$45.17	\$ 55.00
231	HC WEEKDAY REHAB	HCWDYREH	REGULAR	\$58.36	\$ 58.36
232	HC WKDAY SOC WORK	HCWKDYSW	REGULAR	\$47.76	\$ 47.76
233	HC WKDAY SPEECH	HCWDYSPK	REGULAR	\$65.03	\$
234	HC PTA	HCPTA	REGULAR	\$36.41	\$
235	HC EVAL REHAB	HCEVLREH	REGULAR	\$68.98	\$
236	HC EVAL WEEKEND	HCEVAWKN	REGULAR	\$71.79	\$ 71.79
240	HC WKDAY ADMIT/ROC RN	HCADMRN	REGULAR	\$80.00	\$ 115.00
241	HC WKDAY ADM REHA	HCADMREH	REGULAR	\$78.03	\$ 115.00
242	HC ADMIT SPEECH	HCADSPEK	REGULAR	\$78.03	\$ 115.00
250	HC WEEKEND RN	HCWKNDRN	REGULAR	\$46.17	\$
251	HC WEEKEND REHAB	HCWKNREH	REGULAR	\$61.55	\$
260	HC WKEND ADMIT/ROC RN	HCWKADRN	REGULAR	\$83.00	\$ 125.00
261	HC WKEND ADM REHA	HCWKADPT	REGULAR	\$76.41	\$ 125.00
262	HC WKDAY CNA	HCDAYCNA	REGULAR	\$25.00	\$ 25.00
263	HC WEEKEND CNA	HCWKNDCNA	REGULAR	\$26.00	\$ 26.00
270	HC HOL VISIT RN	HCHOLRN	REGULAR	\$46.17	\$56.00
271	HC HOL VISIT REHA	HCHOLREH	REGULAR	\$61.55	\$ 61.55
280	HC HOL ADMIT/ROC RN	HCHLADRN	REGULAR	\$83.00	\$ 170.00
281	HC HOL ADMIT REHA	HCHLADPT	REGULAR	\$80.11	\$ 170.00
290	HC CANCEL VISIT	HCCANCEL	REGULAR	\$17.46	\$ 17.46
###	HC RN/LPN WEEKDAY FLU RATE	#####	REGULAR	* Eff: 12/1/2017 \$35.00/hr	\$ 35.00
###	HC WKDAY LPN	#####	REGULAR	\$37.00	\$37.00
###	HC WKEND LPN	#####	REGULAR	\$38.00	\$ 38.00

